



# Case Study: St Paul's Community Development Trust



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## ARCHES research project

This case study forms part of the ARCHES (Arts and Culture in Health Ecosystems) research, led by Leeds Beckett University (LBU) in partnership with Dr Janet Harris, Social Life and Locality.

The ARCHES study focussed on arts/ culture/ natural spaces offer provided by four community anchors. The research team worked with these organisations to explore what they understood ‘scaling up’ their services to mean, the challenges they faced with regards to scaling and sustainability, and what would help them to be more effective at meeting their ambitions.

### The role of community anchors in addressing health inequalities

Community anchor organisations (CAOs) are well-placed to respond to the wider determinants of health, with many services for specific prevention priorities embedded in broader support programmes to take a “whole-person” approach (Locality et al., 2022).

#### The research showed that:

- these activities are being effectively delivered, in ways that address health inequalities by fostering connections, enabling people to become capable of managing life circumstances, increasing wellbeing and health.
- CAOs are a key mechanism for building long standing and trusted relationships with communities who are experiencing inequalities.
- CAOs can provide spaces that allow people to come together for positive reasons, building on their creativity, strengths, and interests.
- We found examples of collaboration with more specialist organisations in the arts, health and care fields who benefited from the connections and trust that the anchors had developed.
- For all of the community anchor organisations, arts, cultural and nature-based activities were often used as a gateway to connecting community members to other services (e.g. ESOL classes, employment services) within the organisations or externally, in order to address social determinants of health.

### Arches Report

## St Paul's Community Development Trust

[www.stpaulstrust.org.uk](http://www.stpaulstrust.org.uk)

St Paul's Community Development Trust has its origins in the desire of people in Balsall Heath to make a better future for their children. It developed from three small community projects which all began between 1968 and 1972. The primary community served by St Paul's is the wards Sparkbrook and Balsall Heath East. The ward has a population of over 25,000. It is ethnically diverse with a majority Asian population. It is one of the most deprived wards in Birmingham. (Information Birmingham City Council)

St Paul's provides a wide range of services that includes a nursery, children centre, school and city farm.

The ARCHES research team focussed on the way in which St Paul's use a mixed offer built around the city farm and a number of creative classes such as storytelling to engage with people from its community. The project looked at perspectives within St Paul's on scaling these services and what opportunities and barriers exist to achieving this.

Method	Number	Who
In-depth interviews	Six interviews with internal stakeholders (staff, management, volunteers and service users, trustees)  Two interviews with external stakeholders which includes commissioners and partners	Staff, volunteers, partners, commissioners, users – carried out by ARCHES team
Survey	80 people from the general public	Carried out by community researchers

Because interviews involved a relatively small number of people to maintain anonymity, we use the following classification in the case study;

- **Internal Interview (II)** Staff, Management Committee, Volunteers
- **Internal User (IU)** Service users
- **External Interview (EI)** Organisations who are collaborators or partners, Commissioners

### Context

The staff, volunteer and trustee interviews confirmed participants' views of the perceived value of arts, cultural and nature activities. There is already a shared narrative in terms of the vision of St Paul's and how it wants to act as a resource to local people. This vision includes offering space and support to local people who want to run their own groups, enabling autonomy and self-leadership; offering support and opportunities to people who want to become more connected and to develop skills; and offering practical and

tangible support in terms of helping people to access what they need in relation to education, employment and training. This narrative, however, is challenged by the current context for community anchor organisations, particularly for arts, culture and natural environment activities. One of the views expressed was that commissioning at a city level did not show an understanding of the role of St Paul's and how it contributes to community development, particularly in terms of arts, culture and natural environment activities. In part this is likely to be because of the scale of Birmingham as the UK's second largest city and the difficulty the research team found in identifying a specific commissioner to speak to. Our set of interviews, however, found that although arts and natural environment activities to promote wellbeing are mentioned in the health and wellbeing plan for Birmingham, the funding for these activities has significantly decreased over the past several years.

The pandemic has affected public health funding structures and strategies, making it difficult to realise the existing health and wellbeing strategies. Birmingham is a very large city, with a number of competing demands for funding. Smaller organisations may be more competitive if they become part of a larger neighbourhood network consortium to develop joint proposals that cover wider geographical areas. There is some indication that commissioners would like to move away from a service provision model toward a model that supports people to become autonomous.

St Paul's already aligns with commissioners' interests in funding transferable skills, empowerment, development of agency, enabling people to discover their own direction and increase their ability to achieve what they would like to do. The potential to scale-up via partnership working has been recognised by St Paul's, and there are ongoing partner relations that could be exploited in the future. Further, there is plenty of evidence from previous case studies, as well as the current ARCHES project, that St Paul's addresses health inequalities.



### Addressing health inequalities

Interviews, along with the survey conducted with local people, and discussions with the community researchers showed that St Paul's addresses health inequalities in a variety of ways. Reaching out, engaging, and fostering connections **"that is the art. The art is to see people, to talk to people and to find out what it is they want and require. You identify with that, so it's not one-size-fits-all, it's a person-centred approach."** (II)

Data from the survey documented the path that people follow in terms of developing confidence. Activities that promote

conversation, interaction, reading and writing skills **"helps people with their literacy. This in turn makes people more confident and more likely to even read aloud, and this then breeds confidence in oneself and people are able to socialize. Who have been isolated."** (II)



People go on to many other activities after the initial engagement, **"working on the farm, working on the gardens. Working together and attending other groups that have been taking place at Saint Paul's; people have been learning great skills."** (II) Survey participants say that these things **"get us out of the house; give us respite from the usual tasks; enable socialising; enable mindfulness"** which leads to the **"ability to take care of yourself."** (II).

They say that participation leads to wellbeing, which means **"feeling well mentally, physically, spiritually – mind, body and soul."** (IS) Being able to move from one activity to the next means that many people can form long-term relationships with staff, volunteers and other people. This reduces isolation, and promotes recovery for people who are challenged by mental health issues because there are "good support networks". Those who refer people to St Paul's say that the "structured activities give people meaningful things to do" and opportunities to "socialise...and utilise people skills which they'd lost" from being isolated, which promote recovery and prevent relapse". (IS) St. Paul's is a place where people who may be challenged to fit in elsewhere **"can get jobs and stay for a long time"**. It also provides a safe environment as **"women, and especially Asian women, seem to feel safe at St. Paul's."** (II)

People feel that they can **"be part of society and to be part of the community, then what's happening is people make friends and it's wonderful. Places like St Paul's, they're worth their weight in gold, they are absolutely essential for our community because it ties a lot of people together."** (II)

In all of these ways, St Paul's contributes to reducing health inequalities by reducing stress, improving wellbeing, increasing capability promoting development and ability to address and manage health conditions and improve health outcomes.

### Scaling

Outreach has been enabled in the past when there was ongoing funding for core activities such as early years development and the school. Sure Start, for example, provided a basis for parents and children to draw upon St Paul's resources for a range of needs.

**"In those days we had a very wide range of groups and people coming through the door. Our play schemes used to have other play schemes coming along, because we had so many facilities. There would be 150 kids here on a play scheme."** (II)

This in turn led to scaling because participation generated ideas about what people needed beyond the play scheme. People continued to attend long after funding was cut for the original programme, creating "generational participation" e.g. long-term relationships that extended to children and grandchildren. Local people who do not know about St Paul's are people who were not involved in the Sure Start programme. This indicates that a change in funding model, with ongoing core funding, could significantly change the need to do outreach to raise the profile of the organisation, as the programmes themselves would generate connections over time.

## Opportunities and challenges for scaling

There are many ideas for how scaling could be done in the current situation. These include:

- Increasing access for more of the target group. For example, extending the storytelling group and **"include a befriending element, someone to bring them, because it takes time to connect with people with mental health needs."** (II)
- Expanding the resources available for existing groups: **"The storytelling group, which is another part of the ARCHES focus, are adults with learning disabilities. All the members of that group also have mental health needs. That's an area I'm keen to develop, so they can enjoy the environment. There's also a grant from the Royal Horticultural Society to develop new gardening projects, and my thoughts were that it would be good to have a new group for adults with learning disabilities, expanding in that direction."** (II)
- Using grants to offer extra support across a range of groups is also being considered: A small grant from Versus Arthritis and Sport Birmingham is being spread across different groups, with a worker is coming in to do **"a session with the gardeners, helping their backs and limbs; he's doing a session with the Yemeni ladies and he's got a session where members of the community can come in."** (II)
- Broadening access to more independently run groups: The Yemeni women's group pay rent to use the space, in return some support is provided in terms of helping with funding applications and letting them know about resources that they might be interested in using. Several people mentioned that it would be good to include other outside groups. Staff also want to consider how to engage with people who are traditionally home-bound and/or socially isolated, who have not attended any previous events or activities. For example, finding culturally acceptable activities for Muslim women to attend.

## Enablers/constrainers

There are factors that either enable or constrain all of the scaling ideas. Potential challenges include outreach to different groups. Over time, there has been a shifting mix of ethnic groups in the neighbourhood. Some of the ethnic and faith groups already have communities that are relatively closed, centring on their local mosque.

In some ethnic groups, women's ability to participate outside of the house is dependent upon the type of activity that is offered. Also, participation competes with other aspects of managing life, such as raising children and managing a household. Maintaining the garden in summer was mentioned as a challenge by many people. **"Over the summer they didn't really come in, so I've got to work with the group to say 'If you want to do the gardening you can but it's not a term time only thing.'"** (II) People who are isolated will often need someone who initially brings them in. Offering 'taster' activities, such as the recent Women's Wellbeing event, can be an effective way to raise awareness and encourage ongoing participation. Expanding to rent space to other outside organisations takes a certain amount of staff resources

and oversight. Space constraints also need to be considered - holding activities in the school and the farm is limited by the fact that the farm cannot expand beyond its current geographical boundaries and the school space is mostly dedicated to educational activities.

The team at St Paul's has used the ARCHES project to gain more insight into what needs to be done next. Some of the key learning so far, building upon what was already known, is that core funding for long-term initiatives, such as Sure Start, raised the profile of the organisation across several generations in the neighbourhood, which has had a positive impact on participation. The recent survey showed that, in contrast, those that didn't get involved via the school initiative have little knowledge of St Paul's.



### Mapping local ecosystems

St Paul's has an in depth knowledge of the surrounding neighbourhood, gained in part by the fact that it has a number of staff who have been in post for many years, in addition to staff and volunteers who started as users of services and moved on to work in one of more of the activities. Many of them live in the area. On a 'hyper-local level' e.g. working with local people and organisations, the anchor organisation uses their local knowledge to keep abreast of what people want and need. There is a history of partnership working, and there will likely be more



collaborative ventures as a result of long-term relationships with people working in other neighbourhood organisations. Balsall Health has a Neighbourhood Network, recently established with some funding from Birmingham City Council, which is developing collaborative proposals for funding. St Paul's is recognised as a valuable asset by other local organisations, and the local social prescribing service. Sustaining network relationships appear to be key in terms of addressing funding issues. The way that activities are currently funded challenges staff to knit various project funds together. There might be **"one funder that's really interested in wellbeing or mental health and another funder that's really interested in employment [when] actually we see that an individual needs a holistic package of support that is**

**addressing them as an individual."** (IP) One potential enabler to creating holistic support is via organisational partnerships. Linking up with other local organisations has happened in the past and continues under the Balsall Health Neighbourhood Network. Organisations that have been

involved with St Paul's in the past and at present agree on the value of arts, cultural and natural environment activities. Examples of previous partnership activities were provided positive attitudes towards continuing partnership working in the future were expressed.

Involvement in the Neighbourhood Network is likely to help St Paul's to interact on a place-based level with the local authority, across a wider footprint. **"It's making sure I've got networks and partners in the community that we can signpost to. It's trying to establish this site as a place for adults as much as it is for children. I think people see it as a farm for children, with the nursery opposite. So it's that kind of reputation, they need to know that adults can come here for their wellbeing."** (IS) People within Balsall Heath know about St Paul's, but **"outside Balsall Heath, we are less well known."** (II)

The main constraint is the lack of resource – taking time to co-produce proposals and do area-wide strategic planning takes staff away from day-to-day activities in the organisation. There has been increased demand during the pandemic, so organisations are forced to choose between 'immediate-response' mode and 'long-term planning' mode. Funding also tends to be short term, with people noting that there is an expectation that after a project is developed it's up to the organisation to find **"continual funding for these kind of wellbeing projects. It seems difficult to get funding for something you've created to continue. Someone wants a new project, and there's always the core costs for the building and staff time that's difficult to get hold of."** (II)

A general decline of funding over time, coupled with increased demand, means that the organisation is **"trying to maintain the same services with fewer and fewer people."** (II)

**"When you're hammered down by the amount of work you're having to do to maintain the services you're running, it's very difficult to have the will to expand services, unless there's somebody attached to it."** (II)



This research has been funded by the Arts and Humanities Research Council and National Centre for Creative Health as part of a three-stage national initiative to mobilise community assets to tackle health inequalities.

## Locality

Locality supports local community organisations to be strong and successful. Our national network of over 1,800 members helps hundreds of thousands of people every week. We offer specialist advice, peer learning and campaign with members for a fairer society. Together we unlock the power of community.

## Leeds Beckett University

The Leeds Beckett University Centre for Health Promotion Research (CHPR) is a leading academic institution for health promotion research in the UK. Research focusses on community health, active citizenship and volunteering. Our emphasis is on what communities can contribute to health and how participation can be stimulated and sustained.

[www.leedsbeckett.ac.uk/research/centre-for-health-promotion](http://www.leedsbeckett.ac.uk/research/centre-for-health-promotion)

## Social Life

Social Life was created by the Young Foundation in 2012 to become a specialist centre of research and innovation about the social life of communities. All our work is about the relationship between people and the places they live and understanding how change, through regeneration, new development or small improvements to public spaces, affects the social fabric, opportunities and wellbeing of local areas. We work in the UK and internationally.

[www.social-life.co](http://www.social-life.co) @SL\_Cities

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