

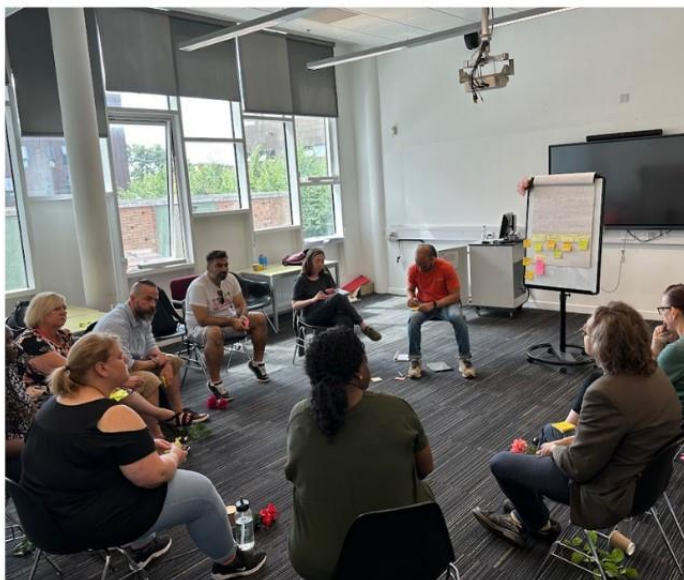
# Community chest

in Barking and  
Dagenham

Pilot impact report



# 01 Report scope



This report provides an overview of the Community Chest (CC) pilot in Barking and Dagenham and what the impacts were. It covers:

- the process behind setting up the CC grants
- the activity that was funded through the grants
- the outcomes that were achieved both through the process of setting up the grant programme and as a result of the funded activities
- learnings and next steps

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# 02 Approach

## WHO WAS INVOLVED IN SETTING UP THE COMMUNITY CHEST AT PLACE-LEVEL?

- Initial set up was led by Zoinul Abidin (Head of Universal Services, Community Solutions) and Jacqueline Hutchinson (Service Manager, Community Solutions) who leads on the social prescribing programme on behalf of the primary care networks.
- Two Social Prescribing Relationship Managers (who manage and assign the social prescribing referrals on behalf of the GP practices) were also engaged, Emma Gillan and Adele Famuerwa.
- Local Authority (LA) representation was also from Public Health who were managing the Health Inequalities Fund across the Borough. Mike Brannan (Public Health Consultant) and Sophie Keenlyside (Public Health Strategist) offered leadership and direction.
- There was a strong commitment from the Local Authority to match fund.
- Public Health also offered additional funds from the Borough Partnership's Health Inequalities Programme to support Voluntary, Community, Faith and Social Enterprise organisations (VCFSE) remuneration as they recognised the importance of meeting this need in the context of setting up a participatory fund where a steering group of VCFSE colleagues were involved in the direction and delivery of the fund.
- Dr Jagan John, Personalised Care Clinical Director for the London region at NHS England, in addition to being a Barking and Dagenham GP, attended the launch of the Community Chest for Social Prescribing at Barking Learning Centre and was able to build momentum and passion for the scheme through an inspiring talk.



Roding rubbish - advert for event

# 02 Approach



Sam, from Green Shoes Art CIC

- Through BD\_Collective, the network of networks of the local VCFSE sector, Matt Scott (Thames Life) was engaged to lead the VCFSE involvement and develop the Community Chest programme. The opportunity to join a VCFSE sector steering group was promoted by Matt via discourse (September 2022) Several VCFSE leaders of groups were then approached who represented a diversity of small to very small organisations from around the borough.
- **Members of the VCSE steering group are in the table here:**

In addition, support was given by Alex Eisenberg (ACO Projects/Soda) who guided and enabled the process, through workshops, meetings and one on one conversations.

## WHO WAS INVOLVED IN SETTING UP THE COMMUNITY CHEST AT PLACE-LEVEL?

- Dr Amit Sharma, a Barking and Dagenham GP and BHR ICP Clinical Lead for Personalised Care, was engaged in two meetings but due to role changes was unable to join the steering group. Representation from the NHS as part of the direction and delivery remained a challenge.
- There was a strong commitment to devolve the fund (where possible) to the VCFSE sector.
- Delivery support was provided by BD\_Collective via Avril McIntyre and Ruth Robertson. This consisted of production support for the participatory budgeting day and the use of the existing BD Collective 'Open Collective' online portal for holding and distributing funds.

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Green Shoes Arts	Sam Miller	sam@greenshoesarts.com
Thames Life	Matt Scott	matt@thames-life.org.uk

# 02 Approach

## WHAT WAS THE PROCESS FOR SETTING UP THE COMMUNITY CHEST? WHAT WAS UNIQUE ABOUT THIS GRANTS PROGRAMME COMPARED TO OTHER GRANTS PROGRAMMES?

### Devolving the Community Chest to the VCFSE sector

In Barking & Dagenham there was a desire to devolve the fund to the VCFSE sector in order to:

- Empower VCFSEs to have a say in how the fund was going to be distributed
- Lower competition between VCFSEs
- Enable ways for VCFSEs to work in partnership with each other (to foster connections and support joint application)
- Shift the relationship between VCFSEs and LA to support more collaboration and equality.

This led to the decision to create a Participatory Funding model for the CC which was based on the Participatory Budgeting method, pioneered in Brazil. Differently to this method, which tends to engage residents, a consortium of organisations was developed. It was only members of this consortium who were able to apply, pitch and vote on applications collectively.

- **Steering Group** - a Steering Group was formed which consisted of members from the local authority and VCFSE sector. The Steering Group initially met weekly during the setup of the process and then on demand once the scheme was up and running and projects were funded. Attendance whilst not mandatory varied significantly which caused conflict when process, funding and decisions were contested in within the group.

[You can read more about the role of each steering group member on page 4-5 here.](#)

- **Priorities** - a workshop with Social Prescribing Link workers supported the sharing of priorities. Through presentations and group activities, these were then fed into the Community Chest Day, which kicked off the process for organisations in the consortium. Priorities were also aligned with existing LBBB priorities as outlined in the Joint Health and Wellbeing Strategy.



The Steering Group

# 02 Approach



Emma from the Social Prescribing team

- **Joy Marketplace** - All VCSFE organisations were invited to attend an information session about the Joy Marketplace to find out how this was used by social prescribing link-workers to make onward referrals for patients and how cross referrals to other organisations could be made. The benefits to organisations being 'onboarded' to the marketplace were explained, including increased referrals and also access to an outcomes dashboard. Organisations were invited to sign up to be featured on the marketplace. The session was also recorded so it could be shared with those who were unable to attend the session. 9 organisations signed up to receive direct referrals through the marketplace.

## WHAT PRIORITY AREAS WERE SET FOR THE CC (IF ANY)?

There was no specific priority area for the CC in LBBD. It was important to the steering group that the consortium members were:

1. Innovative
2. Foregrounding Diversity Equality and Inclusion (minority and user led).
3. Building capacity to deliver their activities.
4. Committed to providing good data on their activities.

Proposals were sought from groups who:

- May have struggled to access funding in the past.
- Were interested in building relationships between each other to foster local and collegiate support structures.
- Were interested in offering services in relation to social prescribing.

A flyer for the 'Speak English with Ease' program. The top left features the text 'SPEAK ENGLISH WITH EASE' in large white letters on a purple background. To the right, it says 'IMPROVE YOUR COMMUNICATION SKILLS' in green. Below this is a circular graphic with the word 'ENGLISH' in colorful letters. Two dates are listed: 'THURSDAY, 15th June 2023 2.00pm to 4.00pm' and 'THURSDAY, 22nd June 2023 2.00pm to 4.00pm'. The bottom left lists 'IMPROVE YOUR: Pronunciation, Vocabulary, Interview Skills, Group Discussions, Confidence speaking English'. The bottom right shows the 'RADIANT AMBITIONS' logo and 'Barking &amp; Dagenham' text, along with the address 'Room G12, Barking Learning Centre, 2 Town Square, IG11 7NB'. A small text box at the bottom explains the project's purpose.

Radiant ambitions

# Approach 02

## REFLECTIONS AND LEARNINGS

The CC pilot included a significant amount of learning from the VCFSE Steering Group while establishing and carrying out the process, and a number of reflective sessions were included as part of this to develop a best practice going forward. There were a series of thoughts and considerations around the approach taken that may give insight to those who want to run a similar process, sharing what worked well and what didn't.

### WHATS WORKED WELL?

- Funds were successfully disseminated to 15 organisations.
- A significant number of these groups were not previously involved in BD Collective and have little or no history of funding success.
- Of these organisations, 10 are Global Majority-led.
- There was significant collaboration with both LBBB officers and the external consultant, with increased positive relationships formed as a consequence. This points to future positive collaboration between LBBB and VCFSE organisations.
- The first event was very successful with organisations co-creating effectively in a positive and hopeful atmosphere. This suggests that future events with a creative focus could be an effective way for future engagement.
- LBBB matched the initial funding.
- The VCFSE Steering Group effectively distributed awarded funds.
- The Open Collective platform worked smoothly.

### WHAT COULD BE IMPROVED?

- Communication and handling of conflict: There needs to be an understanding that once assertions of invested interest are made within the group that perceptions of bad faith are challenged and or managed in a supportive and timely way. Communication is key and it should be non-accusatory, shared, open and transparent. More concrete commitment levels and communication pathways need to be established at an early stage to avoid this.
- More clarity is required at all stages as to who will and will not be paid for their contribution, and who is eligible for funding. When remuneration levels are changed this also requires more clarity.

# Approach 02

## REFLECTIONS AND LEARNINGS

There were some specific challenges faced within the approach. These are identified below, along with ways in which they were overcome to inform any future use of the approach.

### HOW HAVE THE CHALLENGES BEEN OVERCOME?

- There was a variance in attendance and hence of leadership and fulfilment of roles. The space for supportive and flexible team working cannot be assumed hence roles should be tightly defined at the outset, with a clear definition of the responsibilities and workload for each member of the Steering Group.
- There needs to be greater awareness of the reality that participation in funding is shaped by demand. If expected applications exceed or are less than the budget this impacts the participatory process. Questions as to if this was really a participatory process for those receiving the funding need to recognise the need to adapt to this demand. The participatory element needs to be defined at the start of the process and adhered to throughout, with all steering group members taking responsibility for oversight.
- VCFSE capacity building was identified at the start as needing to be light touch given limited time and budgets. Resources and attention to capacity building and cohesion became more of a priority for the group after the second event, including additional remuneration for this role. Going forward, this should be embedded from the outset.
- There was a lack of linking in with social prescribers and having time and information to embed this into funded projects. This was also because there was a lack of knowledge of Social Prescribing with a number of funded groups. This knowledge needs to be conveyed more clearly at the start of the process, with an increased emphasis on including this in projects.
- The current Social Prescribing model in Barking & Dagenham could benefit from review because the VCFSE sector has evolved significantly since this was developed. The creation of a new model would require significant research and would need to involve contributions from a wide variety of VCFSE organisations, ensuring that less represented groups are engaged. As well as engagement with the primary care networks (PCNs)
- Due to the variance in demand for funding, from what was anticipated there was some ambiguity about the scoring process. This led to a view that there should have been a scoring threshold with the understanding that not all groups can or should be funded, even if the funding exists to fund all groups.



# 03 Outputs

## HOW MANY APPLICATIONS WERE RECEIVED?

15 grant proposals were received. This took the format of an initial application form requesting project information, intended outcomes, and provisional budget. Applicants then presented a 5-minute pitch to a consortium of other applicants, with all applicants taking part in voting on the quality of the project presented to determine which projects met the desired outcomes most effectively. As a number of organisations requested under the maximum award of £5000, there were sufficient funds available to fund each project.

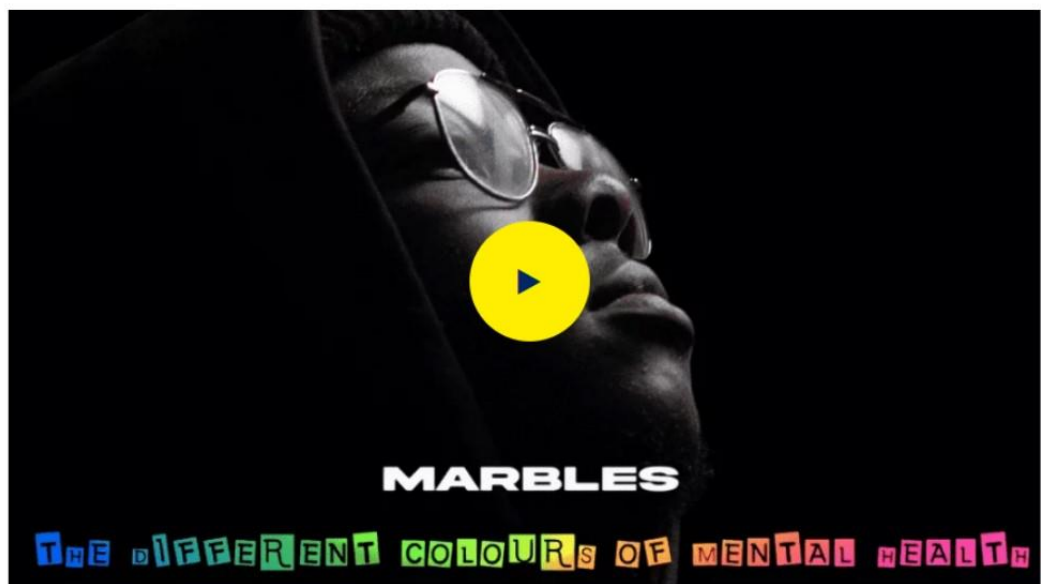
The remainder of the Community Chest will be used to cover some additional time required to remunerate Steering Group members for creating the final report with the rest of the fund being rolled over into next year.

## HOW WAS THE GRANT MONEY SPENT?

£65,235 was used to fund projects. Applicants were paid £179.30 each for participating in the participatory budget events which took place on 31st January 2023 and 28th February 2023.

Four of the five members of the Steering Group were paid a fee of £2,400 each to remunerate them to follow up with awardees for next steps which included carrying out due diligence checks on their assigned organisations and supporting them to be compliant with the eligibility requirements of the fund prior to receiving the Community Chest grant.

Members of the Steering Group also carried the administration requirements of the disbursement process and supported grant awardees with knowing how to receive their grant through the Open Collective platform. The Steering Group also attended post participatory budget meetings and check-in meetings with the Local Authority and supported funded organisations through the monitoring and evaluation process.



True Cadence

# Outputs 03

## WHAT TYPES OF PROJECTS WERE FUNDED?

The projects covered a wide range of activities. These included rubbish collection, drama and music projects for young people, film production, positive physical and sporting activities for young children and families, positive social activity for the elderly, community gardening, cooking activities, language activity for women whose second language is English, creative craft skills such as tshirt design, sports and physical activity for children, and shared community and family activities. Each project had a number of points in common:

Had a focus on wellbeing.
Engaged community members in positive learning experiences.
Had a focus on combating social isolation through positive shared activities.
Aimed to improve community and social cohesion.
Aimed to increase happiness amongst participants.
Allowed participants to improve connections to similar activities.

## WHAT TYPES OF GROUPS WERE FUNDED?

The groups ranged from small charitable organisations and community interest companies to extremely small community groups that deliver activity on a part-time basis.

Every funded group was a grassroots organisation with strong community connections. Some of these groups were previously unaware of social prescribing and had never received funding.

Of the 15 funded groups, 10 were Global Majority-led. Most groups were led by 2 or 3 part-time staff and volunteers.



Diversely strategised

# Outputs 03

## FEEDBACK FROM APPLICANTS/GRANTEES ON THE PROCESS

### FEEDBACK THEMES

- There was a lack of clarity on leadership and roles. These should be defined at the outset, The first participatory budgeting event was positive and excellent in terms of encouraging creative thinking and collaboration between groups; achieving engagement in the process.
- The second event felt more rushed and less organised, and while it was a positive experience there were challenges in terms of clarity of how funds were allocated.
- The monitoring and evaluation process could have been clearer at an earlier stage so that grantees were able to gather information during the first part of delivering their projects.
- Monitoring and evaluation appeared to be complex and asked for more information than was necessary to evidence the impact of each project.
- The entire process 'felt different' from previous funding opportunities in terms of a focus on collaboration, outcomes, and engaging less represented groups.
- As this was a pilot scheme, it was challenging to determine the level of capacity required from VCFSE Steering Group members.
- The evaluation process was felt, in some cases, to be intrusive in terms of the deep level of data required to be gathered from participants.

A number of learning points have been taken from this to apply going forward:

- A clear and transparent process needs to be established and communicated from the start, including clarity on who is eligible to apply for funds.
- The purpose and requirements of the grant must be made clear from the start, especially in regards to meeting the needs of patients that have had a 'social prescription' and referrals to the planned activities as an expected outcome.
- An increased amount of training and communication on how best to achieve referrals from social prescribing link workers needs to be available to applicants and embedded early on
- The monitoring and evaluation process could be simpler and established at the outset.
- There should also be the recognition that a one-size fits all evaluation system may not be the true benchmark for measuring the impact of each organisation's project. This is because projects differ in scope and delivery.
- In the event of applicants not being funded, a long term support system could be put in place to give organisations the opportunity to increase capacity overtime for future funding pots beyond the Community Chest. This would allow for capacity building to become a stronger outcome and strengthen the delivery mechanisms for the VCFSE sector.
- Groups who have not previously requested demographic or feedback data from participants should receive training/mentoring on how best to approach this from Steering Group members.

# 04 Outcomes

This section shares how the grants impacted capacity and skills of VCFSEs as well as the residents they served, what were gaps filled, how this related to their ability to tackle health inequalities. And on the individual person level, what was the impact of activities on the recipients, in terms of health, wellbeing and more.



Soul and Sound CIC

## SOME QUOTES FROM GRANTEES:

*'[The funds allowed us] to help create social cohesion and relationships amongst participants, facilitating a low pressure environment where they can connect, do, learn, exchange, and help each other. Some people started to take it in turns to look after children while others work; and to battle social isolation, especially for families and children.'*

*'Most, if not all of the children would probably not have participated in any regular activity without the camps provided by the funding.'*

[READ MORE QUOTES HERE ON PAGE 11/12](#)

## WHAT WERE THE OUTCOMES OF THE FUNDING FOR VCSFE CAPACITY?

Grantees reported the following outcomes:

- This fund allowed them to carry out activities that they would not otherwise have been able to do.
- They were able to reach a greater number of participants than would have been the case without funding.
- Knowledge and understanding of how social prescribing works, how to receive referrals, and how to incorporate it into activity going forward were all greatly increased.
- 9 of the funded groups had never received funding before and have now increased their ability to apply for future funding through a supportive and collaborative process.
- Groups that have not previously received funding nor completed monitoring and evaluation of a funded project, now have the understanding, knowledge and experience to monitor and report on the impact of their project, if and when they receive funding in the future.
- There has also been a growth in confidence of some of the groups to begin to understand the eligibility requirements of grant-making bodies and some of the skills that are required to build future resources as an organisation.
- A number of the funded groups had limited understanding of the structures needed to be put in place in order to receive funding. These structures now remain in place and will positively impact the governance and resilience of these organisations going forward.

# Outcomes 04

## SUPPORTING COMMUNITIES & TACKLING INEQUALITIES

### WHO ACCESSED VCFSE ACTIVITIES?

Funded activities were accessed by a wide variety of residents of all ages, ranging from young children to the elderly. Each target demographic represented at least one of the below criteria:

Socially isolated
Economically disadvantaged
Seniors and the elderly
People with physical and/or learning disability
Looked After Children
Women with no recourse to public funds
Social prescribing referrals
Children - aged 1 and above
Families - intergenerational

With some support from the Steering Group, funded groups approached resident participants for their feedback as to how they felt about the impact of funded activities and what their experience was. The next pages shows a selection of comments from resident participants that illustrate their outcomes



Roding Rubbish CIC

Each group reported that at least half or in some cases most of the participants were from a Global Majority background. With the exception of groups aimed at a specific demographic, the majority of participants included a wide range of ages, cultural backgrounds, and levels of ability.



Moms on a Mission CIC

# Outcomes 04

## OUTCOMES FOR RESIDENTS

### SOCIAL ISOLATION

1. 'I Look forward to my visits from my Companion, I live in a high-rise flat, obviously I do not have a garden. When she comes, she will always take me in my wheelchair down to the park opposite my home. Plus she arranges for my sister to meet us there sometimes which is lovely. I always feel better after my visit'
2. 'When I was referred to Harmony House I was at a very low ebb, I was losing my eyesight and I was becoming isolated. I live alone and lockdown had hit me very hard. I was assigned to my Companion Lynda and the service I receive is irreplaceable. I look forward to my visits. All the staff are kind and they truly listen to me. I would recommend this service to anyone.'

### COMMUNITY

1. 'Young Actors Club has helped me make new friends and find a sense of community. Thank you for this opportunity to attend Green Shoes as I believe it has improved my acting skills and I believe it's made me a happier person so I'm very grateful.'
2. 'I gain a sense of community which improves my mental health and lifts my mood - every time without fail. Getting stuck into tasks at hand becomes a welcomed distraction from work and life stresses and fills me with a sense of achievement and pride after a few hours of hard work with the team.'

### MENTAL HEALTH

1. 'BoxFit helps my son to regulate his emotions. He has never been so serious about anything as he is to go to the sessions, and qualify as a tutor.'
2. 'Absolutely love the sessions! They provide me an opportunity to get out of the house with my son and also give me the chance to talk about my feelings with friendly attendees and the organiser - this significantly impacts my mental health positively.'
3. 'It's a warm and cosy space and different to other groups available as there is also a focus on the wellbeing of parents attending.'

### ENVIRONMENT

1. 'I am very proud and pleased to be part of the group. The litter pick days I find very satisfying to help clean up and the companionship of other enthusiastic friends is beneficial to my mental well-being. I reside on a houseboat on the river and see a lot of plastic debris accumulating in the water. It is rewarding to clear out the pollution and give wildlife a better environment.'
2. 'When we meet we change an area from being neglected to being loved. That has a huge impact on us as individuals and also as a community. We know we change things if we get together with a common purpose.'

# Outcomes 04

## OUTCOMES FOR RESIDENTS

### CHILDREN AND FAMILIES

'Brilliant, no faults at all. My child really enjoyed it and felt safe. Amazing camp, will be back in May. She had a fantastic time. Great holiday club.'

'My daughter is disabled, and she enjoyed the workshops so much. Marcy is very great at accommodating families, especially my daughter, who can be a handful sometimes. She really enjoyed making the pasta dish, and I really learned a lot about the importance of the gut-brain connection, which was fascinating. I have made some of the recipes at home as well. Thank you for this!'

'We had so much fun today! The games were perfectly suited for children, and they had a fantastic time participating in activities like the sack race and face painting. The atmosphere was great and everyone was friendly. We had the opportunity to meet new people. It was an amazing day.'

Resident participants were asked a series of questions to assess their self-reported improvements over the life of the project. These varied for each project based on the activity and included:

- I stepped outside my comfort zone
- I made new friends
- I would come back again
- The activity improved my wellbeing
- I have a good level of happiness
- I play an active part in my community

Where no change would be represented as a score of 1, an average change over all self-reported resident participant data was 1.59. Some examples are below.

Moms on a Mission received feedback from 16 participants. Of these, 12 reported that they now played a more active part in their community, and all reported improvements in both happiness and physical wellbeing.

Net Meds received feedback from 30 participants. Of these, 24 reported increased involvement in their community, 25 reported increased happiness, and 18 reported improved physical wellbeing.

# 05 Relationships and Social Prescribing



Wunmi Oyewole from Radiant Ambitions

## WHAT WERE THE OUTCOMES FOR CONNECTEDNESS BETWEEN VCFSE ACTIVITY AND SOCIAL PRESCRIBING SYSTEMS?

Of the 15 funded groups, only 5 were previously aware of social prescribing. Through participation in this process, most groups reported a stronger knowledge of social prescribing and how to receive referrals from link workers. Many groups reported that while they did not currently receive referrals from social prescribing link workers and had previously been unaware of it, they would incorporate this into their activity going forward. Below are a series of quotes from funded groups reflecting on their experience:

### QUOTES AROUND UNDERSTANDING

'Through engaging in this funding, we have developed a greater understanding of how to use Joy and engage with link workers to help facilitate referrals.'

'My understanding of how important & pivotal social prescribing is for the community has greatly increased after this Chest Funding grant. I can now see how important this pot of funds is in order to help organisations/individuals in the community and to serve the community.'

'We understand better now that social prescribing doesn't necessarily need to be referred by local authorities or doctors, through outreach and word of mouth there was regular participation.'

### QUOTES AROUND IMPACT

'Social prescribing link workers are the main source of our referrals. However through the Community Chest we have seen an increase in referrals.'

'I have enjoyed piloting and project managing an offer which has social prescribing at its heart. Participating in this Community Chest programme has enabled us to test out a new offer, but also improve upon work we have previously delivered...'



# 05 Relationships and Social Prescribing



Tots n Tunes and Youth Spot Bar



Soul and Sound CIC

## WHAT WERE THE OUTCOMES OF THE CC PROCESS FOR PARTNERSHIP WORKING BETWEEN VCFSE AND STATUTORY PARTNERS?

There were a number of conversations amongst the Steering Group regarding the role of social prescribing in the Borough, and the following points were identified:

- There was a recognition that the Council was very positive and collaborative in terms of managing the Community Chest in conjunction with VCFSE organisations.
- The approach of the Steering Group indicates a more joined-up VCFSE sector, indicating a potential readiness for deeper collaborative work in relation to social prescribing within our Borough.
- BD\_Collective is facilitating a series of workshops with organisations who engaged in the Community Chest (and wider) to co-design a community based approach for social prescribing. This will feed into the mini-conference (see below).
- A helpful step in this direction would be a mini-conference for VCFSE organisations and Council colleagues to celebrate the successes of this project with a view to improving and finding better means of delivery.

# 06 Next steps

## CHANGES TO BE IMPLEMENTED FOR NEXT THE FUNDING ROUNDS?



- A lead organisation should be identified and established at the initial stages and a dispute resolution process put in place along with a mandatory number of attendances at meetings agreed upfront.
- Any management fee to be apportioned to the Steering Group should be realistic and reflective of the time commitment required to administer the fund.
- The evaluation process should be established and communicated at an early stage.
- An agreement should be in place as to how unallocated funds will be used.
- Rigour is needed in regards to what groups receive funding. It may be the case that not all groups are able to receive funding if they do not meet the eligibility criteria agreed. In this case, a process for giving constructive feedback needs to be decided.
- A process should be agreed to support groups who do not receive funds, potentially suggesting collaborations between organisations carrying out similar activities.

## ANY KEY LEARNINGS / TAKEAWAYS FROM THE APPROACH?

- The trade-off between a light touch approach, the desire for clarity over roles and requests for more remuneration for support roles has not been fully reconciled. It is important that participating organisations do not feel controlled by the process and that a safe and supportive environment with conflict management protocols are in place.
- There is a need to implement a wider capacity building offer in the VCFSE sector in Barking and Dagenham.
- The fund requires clear criteria from the beginning especially on how this links to social prescribing and the JOY social prescribing platform.
- Attention to what was agreed by the steering group around how organisations should pitch for the funding and who is eligible would be useful going forward.
- The evaluation process combined different funding models. Further consideration of the event-led process used to engage organisations at the beginning, perhaps inviting organisations to present a short report as part of a 'festival' event would be a suitable alternative. This could be filmed or presented in a creative and collaborative way.
- If a written report is necessary from each organisation, we would suggest that this should be used to improve organisations' ability to create and submit reports; thereby improving their skills in engaging with other funders.

# Next steps 06

## WHAT HAS IMPACTED THE CONVERSATIONS REGARDING CONTINUATION OF THE COMMUNITY CHEST?

- There were concerns about the capacity of Steering Group members to effectively oversee the process, and a recognition that a more significant investment of time would greatly improve ability to carry out the process effectively.
- There is a need for a wider conversation about the process of Social Prescribing in Barking and Dagenham, and a recognition that the Community Chest could be a useful stimulus for re-examining this process with a view to the VCFSE sector becoming more involved in an organisational capacity. The extent of this involvement should be investigated over the coming months, engaging multiple VCFSE groups, Primary Care Networks and the Local Authority to determine the best approach.
- It is essential that we effectively identify and engage promising organisations, given that the majority of funded groups were small, Global Majority-led organisations who were previously unaware of Social Prescribing.
- A strong positive from the process was improved communication and collaboration between the Council and VCFSE organisations, and efforts need to be made to develop and continue these conversations.

### Glossary

A number of acronyms are used across this report. For ease of understanding, these are detailed below.

- VCFSE - Voluntary, Community, Faith and Social Enterprise sector
- LBBD - London Borough of Barking & Dagenham
- SG - Steering Group
- SP - Social Prescribing
- CC - Community Chest
- LA - Local Authority

