

Intervention: Diversity House, Centre for Innovation and Development Evaluation Report

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Executive Summary

The Diversity House, Centre for Innovation and Development (DHCID) intervention was initially designed to last six months (November 21-April 22) and later extended until October 2022 for a total period of 11 months. Supported by the United Kingdom Community Renewal Fund (UKCRF), the project aimed to create a complete cycle of empowerment for a broad range of people from intersecting and diverse social, ethnic, religious and cultural backgrounds marital statuses, economic and life circumstances. The intervention took an intersectional approach rather than one single perspective and took place in Swale and in particular three areas: Faversham, the Isle of Sheppey and Sittingbourne. The project's working assumption or change theory was that individuals and communities needed help reconnecting and rebuilding their mental health, wellbeing and resilience in their daily lives and particularly after the impact of covid-19. Thus, by implementing a holistic intervention, the project was expected to deliver a training and capacity-building intervention that would strengthen the life, social and employability skills while improving the mental health and wellbeing of this broad range of people, including some (a minority) who had professional jobs, spoke good English, were not poor or struggling and were not necessarily marginalised.

In a context of post-covid and high inflation, Swale needs to diversify its employment base and develop employment skills to attract better and higher paying jobs into the area. The intervention targeted people who may be marginalised or face barriers accessing support services and training to access the job market. This included local people from different ethnic, cultural and religious backgrounds; people excluded from the labour market and those who were economically inactive. It offered support to those who were not working to re-enter the labour market; those whose physical and mental health who had been adversely impacted by the already noted adverse socio-economic conditions. The intervention equipped participants with a range of skills and competences related to life and social skills, improving mental health and wellbeing and developing English language literacy, IT and employment-related skills.

The project positively impacted the Swale Employment Improvement plan and the Realising our Ambitions strategy, by improving the employability and work-related skills of the local workforce (840 people in total) and thereby supporting local businesses.

The social groups where there was a greater positive impact were women; populations between 26-45 years old; individuals with mental health problems, and ethnic groups such as: Black/Caribbean/Africans and Black British; and White/English/Welsh/Scottish/Irish and British.

The goals, outputs and outcomes were successfully achieved, exceeding its initial expectations from 500 to 840 beneficiaries. According to the qualitative and quantitative data results, this project was well managed, and the teamwork was well coordinated. The project effectively

performed appropriate practices and procedures surrounding governance, transparency, and documentation. The administration of the project was conducted efficiently, and the Social Return on Investment (SROI) demonstrated that for £1 provided for the DHCID intervention it returned £1.68.

Diversity House (DH) performed successful and replicable operational and methodological techniques especially its outreach techniques and information management systems. These enabled a better understanding of changing socio-economic conditions experienced by the community, and a more accurate interpretation and satisfaction of beneficiaries' individual needs and challenges. Charities and community organisations such as DH are key partners to successfully implementing socio-economic interventions such as this one. For this reason, investing in training and upgrading these organisations should be a priority. It is highly recommendable to give continuity to these kinds of interventions following up, promoting and replicating successful practices and project models such as the one implemented by DH. It can be scaled-up at a regional and national levels while always taking into account the localised economic, social and cultural conditions experienced by different communities.

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1. The Diversity House, Centre for Innovation and Development Intervention or Project

The Diversity House, Centre for Innovation and Development (DHCID) intervention was initially designed to last six months (November 21-April 22) and later extended until October 2022 for a total period of 11 months. Supported by the United Kingdom Community Renewal Fund (UKCRF), the project aimed to create a complete cycle of empowerment for a broad range of people from intersecting and diverse social, ethnic, religious and cultural backgrounds marital statuses, and economic and life circumstances. The project, therefore, took an intersectional rather than one single perspective and took place in Swale and in particular three areas: Faversham, the Isle of Sheppey and Sittingbourne. The project’s working assumption or change theory was that individuals and communities needed help reconnecting and rebuilding their mental health, wellbeing and resilience in their daily lives and particularly after the impact of covid-19. Thus, by implementing a holistic intervention, the project was expected to deliver a training and capacity-building intervention that would strengthen the life, social and employability skills while improving the mental health and wellbeing of this broad range of people, including some (a minority) who had professional jobs, spoke good English, were not poor or struggling and not necessarily marginalised.

According to the project design, the project was designed to improve 18 key skills of the primary beneficiaries or service users of this intervention. These are divided into two categories: Life-social and employability skills, as illustrated by Table 1.

Table 1. 1 Range of skills to be provided by the Diversity House, Centre for Innovation and Development Intervention

Life and Social Skills	Employability
<ul style="list-style-type: none"> 1. Communication skills, confidence building and self-esteem 2. English reading and writing (literacy skills) 3. Financial literacy and independence 4. Citizenship and cultural proficiency 5. Healthy lifestyle 6. Reconnecting with the community (after Covid) 	<ul style="list-style-type: none"> 7. CV Writing Skills and mock interviews 8. Time Management 9. Employment Support and work ethics 10. Volunteering, work placement, internships, and traineeships 11. Digital inclusion – developing IT skills, social media, websites, digital security and being comfortable with Zoom and Teams etc. 12. Entrepreneurial skills – starting a small business, marketing a promotion 13. Sewing and crafts to develop a small business 14. Furniture recycling skills to develop a small business Mental Health and Wellbeing 15. Conflict resolution 16. Building healthy relationships/relationship management 17. Understanding anxiety, depression, and stress – building resilience for these issues 18. Generational issues - working with older people, developing respect for the experience and authority of others

Besides the skills pointed out above, additional activities that complement the holistic intervention were provided such as information provision; help with form filling and making phone calls; advice on how to access financial services; budgeting management, self-

management, life skills and understanding healthy living (see a random weekly timetable of activities in Annex 1).

Further, the DHCID intervention was delivered by a network of people comprised of 2-3 Community Navigators, one overall Project Manager, one receptionist-manager, a group of 7-10 trainers and a group of around 15 local stakeholders (see Annex 2) for stakeholders who were interviewed from the list provided to the evaluators). The exact number of Community Navigators and trainers changed throughout different periods of the intervention including during the evaluation period. The Community Navigators and their outreach activities in other Swale organisations such as the Jobcentre and in locations such as Faversham market, on the Isle of Sheppey and in Sittingbourne were a critical feature of the project.

Similarly, since most of DHCID’s intervention was delivered through a combination of classes in small groups and one-to-one sessions, they were designed to be creative, friendly, real-world oriented and above all, tailored to the specific needs of the targeted people. Therefore, in the project document, the list of targeted groups was designed as follows:

- Not in Employment Education or Training (NEETs)
- People made redundant because of Covid
- People with little formal education and so lacking basic skills
- Workless families
- People for whom further education is not an option
- People who are digitally excluded, have no IT skills
- People at risk of becoming involved in criminal activity or have previously engaged in crime
- People having suffered or have suffered because of domestic violence

However, according to the project document the UKCRF monitoring, and evaluation guidance -- Annex A-- and the monitoring reports submitted by Diversity House (DH) to Kent County Council and the UKCRF manager locally, the quantitative intervention indicators were as per Table 2.

Table 2. 1 Quantitative output indicators

Main Indicator	Indicator subset	Number
People	• Economically Inactive	400 of 500
	• Unemployed	100 of 500
Direct support	• 1 to 1	300 of 500
	• 1 to many	200 of 500
Financial Support	• Voucher	750

Equally, according to the same documents, the outputs to be delivered by DHCID’s intervention were as follows in Table 3.

Table 3. 1 Outputs from UKCRF Annex A

	# of people supported to gain employment	0 of 500
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Investment in skills	# of people supported to engage in job-searching	200 of 500
	# of economically inactive people supported to engage with the benefits system	100 of 500
	# of people supported to engage in life skills	500

Regarding the three main outcomes that DHCID’s intervention needed to deliver, they are outlined below in Table 4.

Table 4. 1 Outcomes

People engaged in job searching following support	200 of 500	TOTAL NUMBER OF PEOPLE TO BE ATTENDED BY THE INTERVENTION 500
Economically inactive individuals engaging with benefits system following support	100 of 500	
People engaged in life skills support following interventions	500	

The short-term qualitative benefits for all beneficiaries expected by DHCID’s intervention were that people would gradually engage in the process of getting back into a positive mindset and in a place where they could acknowledge and recognise how they could change their behaviour and lives. Meanwhile, in the longer term, they would be proud of what they achieved for themselves and others in the community.

2. Evaluation

The aim, methodology and team composition as comprised by the Terms of Reference are as follows:

2.1. Aim

This evaluation report of the DHCID intervention or project will identify the appropriateness of the initial design of this intervention, the progress against the given targets, its delivery and management, expected and unexpected outcomes and possible impacts. In addition, it will address the project’s social return and value for money and finally, the main lessons learnt. These main components identified by the evaluation will be synthesised and disseminated among the different local and national partners and the funder, the United Kingdom Community Renewal Fund (UKCRF) according to the guidance provided in its UKCRF: further monitoring and evaluation guidance for project delivery (1).

As the UKCRF guidance suggests, the evaluation will answer a particular question under each of the above components (see details questions to be responded to in Annex 3).

2.2. Methodology

The evaluation was conducted from the middle of August to the end of October 2022 using various information-gathering tools, including a quantitative survey focused on the service users or beneficiaries, qualitative interviews and focus groups with stakeholders and service users or beneficiaries, assessment of reports and field visits to DH (Annex 4) lists the total number of people, organisations, questionnaires, and other activities that were gathered for this final report.

2.2.1. The survey

A survey focused on the views and experiences of a subgroup of service users or beneficiaries who participated in the DHCID intervention. Questions were developed based on the evaluation tender specification issued by the UKCRF guidance (1).

Draft survey and response items were amended based on feedback from the research team, project manager and community navigators. The formatting of demographic and training information items mirrored that used in Diversity House surveys. However, for data analysis, some of the demographic categories were merged. For example, we merged the 25-35 and 35-49 age groups into one category as data shows similar employment rates in the UK among these two age groups. Also, Arab, Gypsy, Romany Traveller, mixed ethnicity and other ethnicities were merged into one category called 'others' because of the low numbers recorded for each of these.

The survey was designed in Qualtrics software (Qualtrics, Provo, UT) and was available on iPhones, androids, and desktops using different software and hardware configuration (see Annex 5). The survey was piloted prior to the data collection. The survey was distributed via email using a URL link or a quick response (QR) code. Nonetheless, the option of hard copies was offered to DH for those who could not access any electronic means.

The survey included a participant information sheet, a privacy statement and explicitly informed consent. In addition, it was made clear in the study information that participants could withdraw their consent simply by closing their internet browsers.

The survey included closed-question and open-ended questions. Quantitative data on demographics and details of participants' ratings of the training attended were analysed using descriptive statistics (number and proportion). When applicable, a chi2 test was applied to investigate any statistically significant differences ($p < 0.05$) between groups. The qualitative data (open-ended questions) were analysed using thematic analysis and word frequency (word cloud).

The survey was responded to by 130 service users or beneficiaries online, and all completed it with a 100% completion rate. This represents 15.5% (130/840) of people who participated in the intervention and received at least one training. Respondents broadly reflected the overall project population data regarding career age, ethnicity, sex and disability, with some minor deviations to be detailed in the results below.

2.2.2. Interviews, focus groups and field visits

Like the process for developing the survey, the interviews and focus groups focused on all stakeholders, including service users or beneficiaries. Also, the questions for both the interviews and focus groups followed the questions suggested by the UKCRF guidance (1) and are presented in Annex 2.

An overall draft of the questions was circulated and amended according to the feedback from the research team, project manager and community navigators. Interviews were conducted either online or face-to-face mainly at the DH facility, according to the availability of participants.

Before starting either the interviews or the focus groups, participants were asked about their consent for data protection, privacy, their right to withdraw, explicitly informed consent and the approval of recording either on paper or online. In some cases, the 18 questions were sent in anticipation to some respondents to speed up the process, as we were aware that people were busy. In addition, we sent three emails (two collective and one person-by-person) to all participants asking for their participation. The initial list provided by DH comprised 57 people distributed thus: 22 organisations, three community navigators, six trainers, three IT specialists, nine local councillors, one counsellor, eleven local services referring people to DH, one member of parliament and one patron of DH.

Due to difficulties finding a convenient date and time for the focus groups, only two focus groups were conducted with two people each. The rest of the participants were interviewed. In total, 12 interviews, one-on-one and 3 focus groups (5 service users, 2 trainers, 2 community navigators) were conducted. Most of the data were transcribed and put through NVivo software for qualitative data for a preliminary analysis. Instead of conducting an overall thematic analysis, the answers were grouped according to the questions.

Around five field day visits were implemented during the evaluation period. Besides meeting whoever was at that time at DH, the data from the Lamplight database and files of the 820 people supported by the intervention were reviewed.

2.2. Evaluation Team

A team of six people worked on the evaluation's different aspects, and below is each professional's mini biography.

Dr Moreno Leguizamon has a background in anthropology and communication. His research in the last 15 years focuses on the inequalities and intersections in access to and the provision of health services to ethnic minorities and other groups in the UK and globally. He has been pioneering the application of the Learning Alliance as a reverse innovation methodology in the health services area. He has obtained previous grants from the EU, Health Education England, ESRC and HEFCE.

Dr Marcela Tovar-Restrepo has been the Director of the Latin American and Latino Studies Program and a Lecturer in the Anthropology Department at Queens College, The City University of New York and Columbia University in New York, USA. She combines professionally anthropology and city planning and women's studies. In addition, she has been an evaluator of different development projects worldwide.

Dr David Smith has a background in sociology. He is one of the few country specialists in understanding matters related to Gypsy and Traveller communities in the UK from policy, social, political and health angles. Along with Dr Moreno-Leguizamon, he has been involved in applying the Learning Alliance methodology in accessing and providing health services.

Dr Amanda Rodrigues Amorim Adegboye is an Epidemiology and Public Health specialist with a BSc in Human Nutrition. She has a strong background in data analysis, designing nutrition interventions, service evaluation, user research, systematic review, meta-analysis and epidemiological surveys. She also has excellent community engagement and advocacy skills and computer literacy, including using different statistical packages and referencing software.

MSc Ali Estefam has an MSc in urban planning and a BSc in Architecture and Urbanism. She has been working in the field of urban planning and community development for the past eleven years. She teaches public participation at a Brazilian university (INSPER), and her research and practice include engagement and social inclusion of vulnerable populations, focused on women, Latino immigrants, and previously incarcerated individuals.

MSc Yomna Gharib has an MSc in Clinical Trials from University College London, MSc in Global Public Health from the University of Greenwich and a BSc in Pharmacy from Lebanese American University. She worked as a pharmacist for eleven years. Her research dissertation focused on tackling obesity in low- and middle-income countries and comparing the approaches taken to tackle the epidemic in the United Kingdom, Mexico and Uganda.

3. Main Results

The main results identified by this evaluation are presented below according to the main topics suggested by the UKCRF guidance (1): appropriateness of the initial design of the intervention; progress against the targets given; delivery and management of the intervention; outcomes and possible impacts; value for money and lessons learnt. Equally, under each topic, there will be answers to the specific questions suggested by the guidance. To respond in depth the question about perceptions of the quality of activities delivery by the intervention according to the beneficiaries or service users most of the answers to the quantitative survey are included in section 3.4.

3.1. Appropriateness of initial design

What was the project seeking to do?

The project was designed as a holistic wrap-around intervention to support people who may be marginalised or face barriers to accessing support services and training. This included local people from different ethnic, cultural and religious backgrounds; people excluded from the labour market and those who were economically inactive. The project also offered support to those who were not working to re-enter the labour market; those whose physical and mental health had been adversely impacted by the Covid-19 pandemic and people who were experiencing social isolation. The project was designed to equip participants with a range of skills and competencies related to life and social skills; improving mental health and wellbeing and developing English language, literacy, IT and employment-related skills as outlined in table 1.

What was the economic and policy context at the time that the project was designed?

The project's rationale was to address the impact of the Covid-19 pandemic, Brexit uncertainties as well as the current economic uncertainties and cost-of-living crisis driven by global events and political mismanagement nationally all of which have localised impacts. Swale has a gap between the supply and demand for jobs and a disproportionate number of its workforce in elementary occupations (16.6% against a UK average of 9.6%). Unemployment is in line with the national average but workplace earnings are below the regional and national averages. Therefore, there is a need to diversify the employment base and develop employment skills to attract better and higher-paying jobs into the area. The project, therefore, sits within the context of the '*Swale Economic Improvement Plan 2020 – 2023*' which aims to address four core issues in the district designed to boost economic growth.

- Raising Swale's profile
- Securing investment and infrastructure
- Supporting local business
- Improving skills

The project also links to several of Swale Borough Council's key priorities set out in the document '*Realising our Ambitions for Swale: Partnership priorities for the borough to 2031*' in particular:

- To improve the wellbeing and life chances of children and young people growing up in Swale by ensuring a collective effort and joined-up response among partner agencies.
- To see the borough become a more prosperous place, with a distinctive identity image that will help us attract new investment, visitors and jobs.
- To tackle disadvantage and create a borough in which people lead healthier lives, with access to high-quality services and homes which meet their needs, and where people continue to want to live, whether in new or existing communities.
- To reduce crime, reoffending, substance misuse and anti-social behaviour, and to enable stronger and more cohesive communities

What were the specific market failures that the project was seeking to address? Was there a strong rationale for the project?

The project was designed to meet a number of market failures identified in the Local Economic Plan. Firstly, to bridge the gap between labour supply and demand. There is a need for higher-skilled and better paid jobs in the area to reduce out-commuting. The project aimed to improve participants' job readiness and employability and upskill the workforce to attract employment providing better quality jobs.

Secondly, to address economic inactivity and low skills locally. This project complemented the local plan through developing both 'soft' e.g., life skills, wellbeing, behavioural and motivational aspects and 'hard' e.g., practical work, language/literacy and training particularly for those who are 'Not in Education, Employment or Training' and consequently, filling the skills gap.

Third through providing an evidence base concerning the issues and barriers to developing employment skills and employability for the local workforce. The project provides examples of what works in practice and what can be done to support growth in the various sectors locally. It has developed networks and joined-up responses among agencies in Swale and is centrally concerned with tackling disadvantages and creating more cohesive communities thus aligning it to the priorities set out in the *'Realising our Ambitions'* strategy. Lessons learnt from the project have been already shared with the Local Authority and other agencies to inform local policies and interventions going forward on the final conference.

Was it appropriately designed to achieve its objectives? Was the delivery model appropriate?

Qualitative feedback indicates that the main project was well designed to meet its objectives. The holistic methodology that approached issues facing the participants in a joined-up manner was regarded by most of the interviewees as an appropriate design given the project's remit.

"By taking the approach that [DH CEO] talks about, it's about taking that person centred approach to say, what you're presenting with might not be the cause of the problem...that approach where you're saying, what are the barriers to good health, you know, to you having housing to you being able to gain employment, and how can we work together?"

Generally, the delivery model worked well and several references were made during the interviews to the dedication of the management and high-quality teaching staff/trainers.

"I think a high standard, actually. Because I think there's been some excellent consultants and some excellent external trainers. I think [DH CEO] has actually is paying for some of the best that you could possibly have".

"High and medium [standard of activities] – some glitches but overall high standard".

"The tutors gave their best."

The Individual Learning Plan proved to be an effective method of assessing participants' needs and tailoring the delivery and milestones accordingly offering an individualised approach that accounted for people's circumstances and situation.

"Every individual that comes to our centre, we create an Individual Learning Plan, what we get from their capacity capability assessment form, that will tell us their level of education or lack of, that will tell us their well-being that will tell us the skills they have, or life experiences, the goods. They will tell us what they want to do, and we worked to help them and set the milestones for them to reach those goals that were set...to ensure that they reach their goals".

The model of employing community navigators, when engaging and working with local communities and fostering greater cohesion and interaction between different communities.

"I think the key strength of the delivery of the project have been the community navigators. It has been the fact that they have gone into the community. And it feels very much for the community by the community. Yeah, it feels it's not charity. It's not someone telling you what you need to do. It's that kind of co-production".

"Word of mouth recommendations from other family members. Passion and commitment of the Community Navigators. The team have the same vision, communicate and work well together. There's nothing like Diversity House locally-it acts as a cultural centre and because there is nothing else for people whether they are white or migrants they tend to mix more than in places like London."

Were the targets set for the project realistic and achievable?

As shown in page 2 above in table 2 (Quantitative output indicators) Table 3 (Outputs from UKCRF Annex A) and Table 4 (Outcomes) the targets in retrospective are realistic and have been achieved as demonstrated below.

How did the context change as the project was delivered and did this exert any particular pressures on project delivery?

According to interviews with staff and stakeholders familiar with the project some changes issues around staff and staffing did exert pressures in the project delivery.

"I think particularly at the beginning was a bit bumpy, because of the team and all those things. Although [DH CEO] was there. The team was not the best to, you know, to start, running with the project".

Initial problems with the calibre of some of the staff employed on the project was attributed to the short-term nature of the funding which meant that the roles too were short-term and were not an attractive option for more skilled or experienced staff.

"You're not going to get really high-quality people who will leave another job to come for six to eight-month contract. So therefore, I think what she's done is probably the best for a short-term contract, you know, getting people in and paying them as they go."

These issues were resolved by bringing in people on a consultancy basis with the necessary skills and experience to deliver the project.

"I think [DH CEO] found it a little too challenging in the recruitment of staff, and has had to use a lot of consultants and people that are sending invoices in for what they're doing. You know, they're self-employed. She has some staff, but it's taken a bit of a time to bake the team down,"

The project manager left during the project and was not replaced which some of the staff who were interviewed felt was challenging and put additional pressures onto the CEO who took many of the management and operational aspects of the project herself.

“Some part of the funding would be so that she could have a project manager working with? Yes. A lot better than just asking the HR team to take it on. And so I think I think if it was done again, I think that should be part funding should be put forward. To have somebody product managers. Yes. Yeah. To take some of the burden”.

Similar comments from the Community Navigators (CNs) e.g., the failure to replace staff meant that the project did not reach as many people as it could have done due to one of the CNs leaving part way through the project and not being replaced.

3.2. Progress against targets

Has the project delivered what it expected to in terms of spend and outputs?

As can be seen in Table 5 below the project has delivered against and surpassed the expected outputs in general terms and the results drawn from the survey respondents (15.5%).

Table 5. 1 Key project measure and outcome figures

UKCRF monitoring and evaluation targets	Targets achieved by the intervention.	Quantitative Survey (n = 130)
500 people	840 people to the end of October 2022	130 respondents

The quantitative findings from the survey below provide a more granular and detailed analysis of the project’s outcomes indicating that in terms of its specific activities, numbers attending them and the extent to which they achieved the targets that the project aims were met. At a broader level Table 6 indicates outputs were met across the three broad areas of intervention.

Table 6. 1 Outputs from UKCRF Annex A

Investment in skills	# of people supported to gain employment	0	44 of 200 up to September 2022
	# of people supported to engage in job-searching	200	407 of 200 up to September 2022
	# of economically inactive people supported to engage with the benefits system	100	124 of 100 up to September 2022
	# of people supported to engage in life skills	500	601 of 500 up to September 2022

What are the factors which explain this performance?

Qualitative interviews with various stakeholders attributed the project’s performance to a number of factors. Firstly, the project’s holistic ‘wrap around’ support focusing on developing ‘hard’ and ‘soft’ skills and competencies in addition to developing participant’s confidence and wellbeing was regarded as unique in the Swale area and it was noted that there was nothing else like it being offered. As Swale lacked the number of charities and community organisations catering to discrete and specific populations DH had a wide appeal to different communities thus fostering social mixing.

“(There’s) nothing like DH locally -it acts as a cultural centre and because there is nothing else for people whether they are white or migrants they tend to mix more than in places like London.”

Aside from geographical factors the project was not targeted at any one community or people with similar socioeconomic characteristics but was open to all those who felt they could benefit from attending. This encouraged social integration and cohesion.

“Well, diversity house - its main drive is inclusivity, and cohesiveness and [the CEO] is driven by this passion to get all people to engage. So, it is multi-dimensional in that respect, that it's not targeted at just specific sections of the community. So, one strength was it did bring classes together of mixed ethnicity and mixed ability and obviously from people in various financial states. There were those who are probably scraping by from one week to make some and others who may be a little bit more comfortable. So that was a strength in that was a cross community project. It wasn't just aimed at earning under a certain amount more you have to be on benefits.”

Having a range of courses and activities in one place also encouraged people to attend due to the convenience as did the high quality of the resources, training and activities offered by DH.

“Sometimes I think the strengths are that there's a lot going on under one roof. It's a fairly new premises... And it's very well laid out...an IT suite, which is again, there's nothing like it in Swale. So, some of those strengths are really sound equipment for people to use, which makes a difference really...There's space for the coffee mornings, there's space for all sorts of support groups. So, I think some of the successes is in the holistic way that the centre works.”

Despite the project being open for all and attracting a wide clientele a further key factor in meeting the project’s aims was the use of the CN’s who possessed the necessary local knowledge. This enabled them to target marginalised and deprived sections of the local population who would benefit and who may not know where or how to access support.

“It's kind of finding the people who need it the most so often those people who needed that sometimes they feel a bit lost and don't know so they know that the help is there to help them get help if that makes sense. And, I know that there's been quite a push on it. And obviously they've we've been constantly sharing the project with families that we know are struggling”.

The use of CN’s to recruit participants through local channels also made it possible to offer tailored support and made it more collaborative between DH and the participants.

Strong leadership was also vital in steering and inspiring the staff and participants towards meeting the project outcomes and the leadership’s commitment and drive was a frequently mentioned aspect of the project’s success.

"I think [DH CEO] herself is a strength. She can be very forceful when, when needed. She does fight her corner. When you when you become involved with [DH] projects, you're like family take an interest in people. It isn't just oh look, I've got some money in the project".

Despite initial problems with staff in the early phases of the project strong teamwork and the commitment of the staff was cited as another factor behind the project meeting its outcomes.

"Teamwork, I think is the main strength. And I think, now, especially with Christine, and she's got the correct team. That they are, I mean, she's very, very passionate, obviously, as you well know, she's very passionate...I think the mainly the team working as a team".

3.3. Delivery and management

Was the project well managed? Were the right governance and management structures in place and did they operate in the way they were expected to?

Overall and given the existing resources (i.e. time, financial resources, staff), the project was well managed and the team-work was well coordinated. It was reported by stakeholders that DH ran the project effectively in line with appropriate practices and procedures surrounding governance, transparency and documentation. The administration of the project was conducted efficiently.

"...you know how our efficiency is and rigor around... everything is done correctly, such as obviously putting out the finances to third party for transparency. And obviously working with myself and the other trustees in with regular consultations and updates on how things are going."

"Very, very tight with and obviously as you know, [DH CEO] ensured that there was maximum transparency by putting the financial controls out to a third party."

"Teamwork, I think it is their main strength.... She [DH CEO] has gotten the correct team"

The management structures were in place and operated as expected overcoming obstacles during the early project implementation. Initial minor management obstacles were reported due to the following reasons: a) Post-covid context/anxiety experienced by DH staff that had to go into the field (community) and have face-to-face interaction with different actors; and b) timing in the financial resources and information flow from the founders to DH. Due to these reasons, some staff members left during the early delivery phase. Nevertheless, as said these circumstances were successfully overcome on time and the management objectives were met in a satisfactory manner.

"...there was some hesitation of the employees to perform such [face-to-face] activities which might have caused some obstacles and delays in recruiting personnel and putting the team together right away."

Finally, for purposes of evaluation and providing an evidence base to inform future projects, the detailed knowledge and documentation of the project participants was noted as exemplary.

“What I do know is that everything's done by the book. Everything's done by everybody has to sign in the class. And it was their details. So, they know who's been happening. And they weren't not being interviewed, but they know what's going on. They know the safety rules of this building. The way she runs things is everything's documented”.

Has the project delivered its intended activities to a high standard?

Both quantitative and qualitative data demonstrate that most participants who attended the activities and who completed the survey and answered the interviews, believed activities had been delivered to a high standard and that the resources and means that DH had available were used in a proper way.

“I think a high standard, actually. Because I think there's been some excellent consultants and some excellent external trainers. I think [DH CEO] actually is paying for some of the best that you could possibly have.”

“Oh, I'd say why I've seen the facilities at DH and knowing how the team deal with things I'd say that I think they have, I think it'd be delivered to a high standard very much.”

“And it [DH] got an IT suite, which is again, there's nothing like it in Swale. So, some of those strengths are really sound, sound equipment and for people to use, which makes a difference really”

It is important to highlight the “holistic way” in which DH delivered its intended activities -as one of the informants put it. This factor greatly contributes to the perceived high standard of users of their delivered activities. This is: DH delivers and tailors its activities by understanding the user’s cultural, personal, economic, migratory conditions and context. By doing this, the project activities are not delivered in “a one size fits all” fashion. On the contrary, the quality and the standards of the activity/intervention improves because it tries to respond to the felt/real needs and circumstances of the beneficiaries.

“So I think some of the successes is in the holistic way that the centre [DH] works.”

Could the delivery of the project have been improved in any way?

Despite the positive outcomes and feedback from participants and stakeholders a number of areas were identified which could have improved the project delivery.

In terms of management and leadership style while the CEO was described as extremely committed and driven it was also noted that she sometimes had extra work load, was stressed and had to do more of the operational aspects. This could have been prevented by having extra staff members or a second manager.

“It was taking virtually every minute of her [DH CEO] working day. Again, it was lack of having sometimes a number two to take over... at times... it was a lot for one person to manage.”

"It's working, but it's working through one person...we say, look, [DH CEO], you've got to step back with doing too much that some of them get on with it. And you get on with the fundraising, meeting the important people and let them run a few other things."

"Some part of the funding would be so that she could have a project manager working with? Yes. A lot better than just asking the HR team to take it on. And so, I think I think if it was done again, I think that should be part funding should be put forward. To have somebody project manager."

It was observed that new people, new ideas, constructive challenge and an open attitude to more plural leadership approaches could be highly beneficial for DH. That would include the board and all the staff members.

"[DH CEO] has got to be in that sphere where she is open to challenge. Constructive challenge. But actually, what I noticed is if you look at the people, her board and the people, they are very much handpicked of people that that buy into her things, but you wonder where any new ideas come from. So, I think some governance recommendations would be really strong."

Complementary to this, having more staff and/or full-time CNs would have allowed the project to reach more people and engage with the communities as it was noted that building the necessary relations through this approach is time consuming.

"Full time CNs to get out into the communities and build relations which takes time/effort."

"I think, is the kind of the relentlessness and, and the hard work of the diversity House team. Is that like that, you know, they go the extra mile?...They don't stop basically."

In terms of the activities and classes it was suggested: to have more regular classes/courses and more access to virtual sources (i.e. classes via Zoom); increase the outreach and information channels to potential project users that do not know about DH community services; coordinate the activities around school hours; and provide a creche on site to allow more parents of young/school age children to attend.

"From our point of view, as a school, the again, this isn't a criticism, it's just trying to find a way which matches up timing to the school day and that kind of fiddling with diversity house."

"The lack of creche facilities onsite for childcare limited the number of people who could access or limited the attendance of those who did attend."

Trainers also reiterated that more of the most popular courses could be put on to allow more people to attend. Classes such as ESOL in particular could have been more effective if the participants could have been divided by ability to allow more focused teaching though it was acknowledged that this would have needed more staff and resources to be feasible.

“More sessions of the heavily subscribed courses such as ESOL and cybersecurity though less popular courses are also necessary in offering support and progression.”

“Being able to divide learners by ability which would require more experienced teachers and to employ more qualified people.”

A key issue hindering a more effective delivery of the activities was the short-term nature of the funding and the lack of continuity or stability once the project is finished. As was highlighted below, this also prevents participants from progressing to higher level courses and qualifications.

“You should look at these funding streams as pump priming before there was a terminology for doing a trial, you know, I mean, if it works, but this is a project, if it works, then you should be looking at more permanent funding. I think all of this one off, one off, one off, one off. Wrong, it doesn't help people long term you know, you'll help you'll help these people who have benefited, as you say. But what if they want to go to the next level what if they need a bit more help?”

For projects with direct beneficiaries: did the project engage with and select the right beneficiaries? Were the right procedures and criteria in place to ensure the project focused on the right beneficiaries?

The project targeted and engaged the right beneficiaries. Using an intersectional approach, the project selected and involved the diverse social groups and individuals living in the geographical area of interest, especially Swale. As the quantitative and qualitative data show, beneficiaries were engaged and targeted considering the project design criteria. It is important to highlight that the project did target persons who are facing the most significant challenges in the current post-covid/high inflation context.

“...things hit the fan and COVID came along and smacked everyone in the face. It was so hard, many of our community organizations or charities collapsed, there wasn't any funding to provide the service and that kind of thing.”

“One thing [DH CEO] is really good at is that community inclusion. I do sometimes help with the monitoring, and I see spread of employed unemployed, I see the spread of, you know, ...there's unemployed, and there's, like, students and retired and that, and I see the whole spread of the spread of ages as well. And it's, it's a huge spread right across, I'm always quite impressed with that, you know, often you'll find certain age groups, but there's a good spread of age and a good spread of ethnicity.”

It is important to complement this data by noting how special attention was paid to certain groups of people including seniors, the digitally illiterate and excluded persons, non-English speakers and Ukrainian women that have been directly or indirectly impacted by the war.

“There was a big contingent of Ukrainian ladies at one point, yes...Certainly, people wanted to learn English. So, lots of different communities: Bengali, Africans, and Ukrainians definitely benefited from language classes”

“...people that maybe didn't have any access to it [digital resources], were able to come in and use the facilities and be able to go online. The poorest section of the community, obviously, most of most of it, I think, linked up as well with domestic violence people opposite.”

In the final evaluation presentation on the 28th of October 2022 a question was asked about the inclusion of Gypsy/Travellers (G/T) communities was formulated. The response of DH was that they know some of them and some had participated in the activities. However, it was difficult to determine from the data the number of G/Ts participating in the activities. Although a small number identified as G/T this suggests that their participation was low as there are significantly large and long-established communities of G/Ts in Swale many of which are now living in housing but with considerable numbers still living on sites (public and private) or on the roadside. Members of these communities experience the worst social outcomes on a range of indicators (e.g., health, education, in jail/the criminal justice system, experiences of discrimination/racism) and should be a target group for projects like this one. G/Ts are often reluctant to self-identify which presents challenges when monitoring and when engaging these populations in such projects. Past experience working with these communities in health and educational outreach programmes suggests that G/T community members are often best placed to recruit and engage from within their communities. Given the size of the local G/T population it is recommended that in future projects a G/T is employed to work with and engage community members as the CNS did.

In terms of procedures qualitative data shows that the right procedures and criteria were in place to ensure the project focused on the right beneficiaries. Procedures to locate, inform and target beneficiaries were in place by reaching out and working together with libraries, school, super-market.

Lastly, it is important to highlight an interesting procedure already mentioned here: the “Individual Learning Plan” technique described by DH staff as follows:

“We use what we call individual learning, Individual Learning Plan ILP or the capability assessment form. And that means that every individual that come to our center, we create an Individual Learning Plan [for that person] , we go through what we get from their capacity capability assessment form, that will tell us their level of education or lack of feet, that will tell us their well-being that will tell us the skills they have, or life experiences, the goods, and it will tell us what they want to do, and how our work...help them and set the milestones for them to reach those goals that were set, you know, how we can assess the milestones to ensure that they reach their goals”

How are project activities perceived by stakeholders and beneficiaries? What are their perceptions of the quality of activities / delivery?

3.4. Perceptions of the quality of activities delivery by the intervention according to the beneficiaries or service users

Besides reporting the qualitative statements provided by the different stakeholders during the interviews and focus groups throughout the report, in this part we report on the perception of the beneficiaries from the quantitative survey of 130 service users from the total of 840 people who attended the interventions, representing 15.5% and a completion rate of 100%. This represents people who received at least one form of training. Overall respondents broadly reflected the project population data regarding career age, ethnicity, sex and disability, with some minor deviations to be detailed in the results below in Table 7. This table shows the general characteristics of the participants who completed the evaluation (n=130).

Table 7. 1. General Characteristics of responders stratified by sex

Characteristics ¹	Total % (n)	Female % (n)	Male % (n)	p-value ²
Age n=118				0.3
18-24 years	7.6% (9)	44.4% (4)	55.6% (5)	
25-49 years	56.8% (67)	69.4% (43)	30.6% (19)	
50-64 years	27.1% (32)	75% (24)	25% (8)	
65+ years	8.5% (10)	80% (8)	20% (2)	
Gender Identity n=118				
Female	60% (78)	98.7% (75)	1.3% (1)	< 0.001
Male	28% (33)	0% (0)	100% (32)	
Transgender, non-binary and other	5.9% (7)	80% (4)	20% (1)	
Ethnicity n=119				0.107
Asian/Asian British	7.6% (9)	87.5% (7)	12.5% (1)	
Black/African/Caribbean/Black British	22.7% (27)	74.1% (20)	25.9% (7)	
White	44.5% (53)	74.5% (38)	2% (13)	
Others ³	25.2% (30)	51.9% (14)	48.1% (13)	
Household Number⁴ n=119				0.714
Up to 3 people	68.1% (81)	68.8% (53)	31.2% (24)	
>3 people	31.9% (38)	72.2% (26)	27.8% (10)	
Household with minors n=73				0.558
Households with 1 minor	17.8% (13)	66.7% (8)	33.3% (4)	
Households with 2 or more minors	47.9% (35)	76.5% (26)	23.5% (8)	
Prefer not to say	34.2% (25)	63.6% (14)	36.4% (8)	
Civil Status n=117				0.261
Married/Cohabiting/living with a partner	47.9% (56)	74.5% (41)	25.5% (14)	
Single/ No partner	26.5% (31)	55.2% (16)	44.8% (13)	
Divorced/Separated	12.8% (15)	78.6% (11)	21.4% (3)	
Others ⁵	12.8% (15)	69.2% (9)	30.8% (4)	
Religion n=119				
No religion	17.6% (21)	40% (8)	60% (12)	0.01
Christian	61.3% (73)	78.9% (56)	21.1% (15)	
Others ⁶	13.4% (16)	66.7% (10)	33.3% (5)	

Prefer not to say	7.6% (9)	71.4% (5)	28.6% (2)	
Disability⁷	n=114			0.746
Yes	26.3% (30)	69% (20)	31% (9)	
No	73.7% (84)	72.2% (57)	27.8% (22)	

¹ Total sample size of 130 participants, unless otherwise stated

² p-value for the Chi2 test unless otherwise stated

³ Others include: Arab/Gypsy/Romany/Traveller/mixed ethnicity and other ethnicities specified

⁴ None reported having 6 people living in their household, 1 reported more than 6 people, 4 preferred not to say

⁵ Others include: widow, prefer not to say and other civil status

⁶ Others include: Muslim, Jewish, Sikh, Buddhist, Hindu

⁷ 2 participants preferred not to say and were reported as missing

To contrast the percentage above related to the 130 beneficiaries or service users who responded the survey table 8 presents Swale population characteristics according to the 2021 and 2011 Census.

Table 8. 1 Swale Population Characteristics (Census data)

Swale Census	% (n)
Sex ¹	
Female	50.36% (76400)
Male	49.64% (75300)
Age ²	
4-19 years	23.8% (36100)
20-24 years	5.3% (8000)
25-49 years	32% (48600)
50-64 years	19.9% (30200)
65+ years	19% (28800)
Ethnicity ³	
Asian	1.1% (1489)
Black	1% (1395)
White	96.5% (130425)
Mixed	1.2% (1575)
Others	0.2% (221)
Religion ⁴	
Christian	63% (85075)
Buddhist	0.2% (274)
Hindu	0.3% (366)
Muslim	0.6% (788)
Sikh	0.1% (157)
Others ⁵	35% (48445)

^{1,2} According to the 2021 Swale census

^{3,4} According to the 2011 census

⁵ Others include no religion or prefer not to say

Not all of the 130 survey participants provided complete information and some variables have missing data. Of those who provided information on sex, 69.9% (n=79) were females and 30.1% (n=34) were males (Table 7). According to Swale population estimates published by ONS in 2021, females accounted for 50.36% whereas males represented 49.64% of the total Swale population (Table 8) indicating that females were over-represented in the DHCI programme.

There was no statistically significant difference between males and females regarding age, ethnicity, household number, number of minors living in the household, civil status and disability.

However, there was a statistically significant difference between groups regarding gender identity and religion. 98.7% (n=75) of females who responded to the survey reported their gender identity as females whereas 1.3% (n=1) of males identified themselves as having a female gender. Among those who reported their gender identity as transgender, non-binary and others, 80% (n=4) were female and 20% (n=1) were males. None reported being a transgender male.

Regarding religion, Christianity was the most commonly reported religion (61.3%; n=73). The majority of female participants reported being Christian (78.9%; n=56) compared to 21.1% of males (n=15). Of those reporting other religions such as Muslim, Buddhist and Hindu, 66.7% were females (n=10) compared to 33.3% of males (n=5). None reported belonging to Sikh or Jewish religion. According to the 2011 Swale census, most of the population of Swale were Christian (63%; n=85075) and 35% of the population reported no religion or people who preferred not to identify any religion (Table 8).

The majority of the respondents to the survey (56.8%) were aged between 25-49 years (n=67) and 27.1% were aged 50-64 years (n=32). The age structure in Swale showed that the working-age population (20 to 64 years) accounted for 57.2% of the population (n= 86,800) according to Swale population estimates published by ONS in 2021.

Of the 130 respondents who completed the survey, only 117 and 119 participants provided information on their civil status and ethnicity respectively. The majority of the sample (49.7%; n=56) were married/cohabiting or living with a partner. Asians and Blacks represented 30.3% of the sample (n=36), 44.5% were white (n=53) and 25.2% (n=30) reported other ethnicities (including Gypsy, Romany, Traveller, mixed ethnicity and prefer not to say). None of the respondents was of Arab/Middle Eastern background. According to the 2011 census, Swale population was predominantly white (96.5%; n=130425) whereas non-white represented the remaining 3.5% of the population (n=4680) indicating that ethnic minorities were over-represented in the project activities.

The majority (68.1%) of the sample lived in a household with 3 or fewer people (n=81). Almost half of the sample reported living in a household with 2 or more minors (47.9%; n=35) whereas 34.2% preferred not to disclose such information (n=25). According to Swale population estimates published by ONS in 2021, the number of households with at least one usual resident accounted for 39.88% of the population (n=60500).

The majority of the survey sample did not report disabilities (73.7%; n=84). Among those who reported disability, the most frequent disabilities were physical disabilities (39.47%), mental health (36.84%) and learning disabilities (10.53%).

3.4.1. Employment Status and Engagement with the Social Welfare System

Table 9 shows employability and job search before, during and after the Diversity House – Innovation and Development project training according to disability status.

Table 9. 1 Employability position of the study population according to disability status

Characteristics	Total	With disability	Without disability	p-value ¹
	% (n)	% (n)	% (n)	
Paid work in the past 6 months n=117				0.082
Yes	38.5% (45)	15.6% (7)	84.4% (38)	
No	53.8% (63)	35% (21)	65% (39)	
Prefer not to say	7.7% (9)	25% (2)	75% (6)	
Employment status before training n=118				0.286
Employed	13.6% (16)	12.5% (2)	87.5% (14)	
Self-employed	8.5% (10)	20% (2)	80% (8)	
Unemployed	58.5% (69)	25.4% (17)	74.6% (50)	
Others ²	19.5% (23)	40% (8)	60% (12)	
Current employment status n=118				0.063
Employed	33.9% (40)	12.5% (5)	87.5% (35)	
Self-employed	11% (13)	30.8% (4)	69.2% (9)	
Unemployed	34.7% (41)	30% (12)	70% (28)	
Others ³	20.3% (24)	42.9% (9)	57.1% (12)	
Currently searching for job⁴ n=114				0.254 ⁵
Yes	36.8% (42)	18.9% (7)	81.1% (30)	
No	63.2% (72)	30.6% (22)	69.4% (50)	

¹. p-value for the Chi2 test unless otherwise stated

^{2,3}. Others include: Retired, student in training, economically inactive/not doing any paid activity and prefer not to say

⁴. 3 participants preferred not to say their current job search status

⁵. Fisher's Exact test 2-sided p-value

The majority of the sample reported not being involved in paid work in the past 6 months (53.8%; n=63) and being unemployed prior to the training (58.5%; n=69). Only 22.1% (n=26) reported being employed (13.6%; n=16) or self-employed (8.5%; n=10) prior to the training. However, this number markedly increased to 44.9% (of participants reporting being currently employed (33.9%; n=40) and self-employed (11%; n=13)). In total, 36.8% of the sample were still searching for jobs (n=42) and 63.2% were not engaged in a job search (n=72) after undertaking training. Among those not currently job-seeking (n=72), 45.8% (n=33) are currently employed (data not shown in table 9)

Surprisingly, there was no significant difference between people having disabilities and people with no disabilities regarding paid work in the past 6 months, employment pre-and post-training and current job search.

Figure 1 below shows whether participants are receiving Job Seeker Allowance, who are in the Intensive Work Search Regime and who are within one of the specific conditionality regimes in Universal Credit Allowance because of the training in Diversity House.

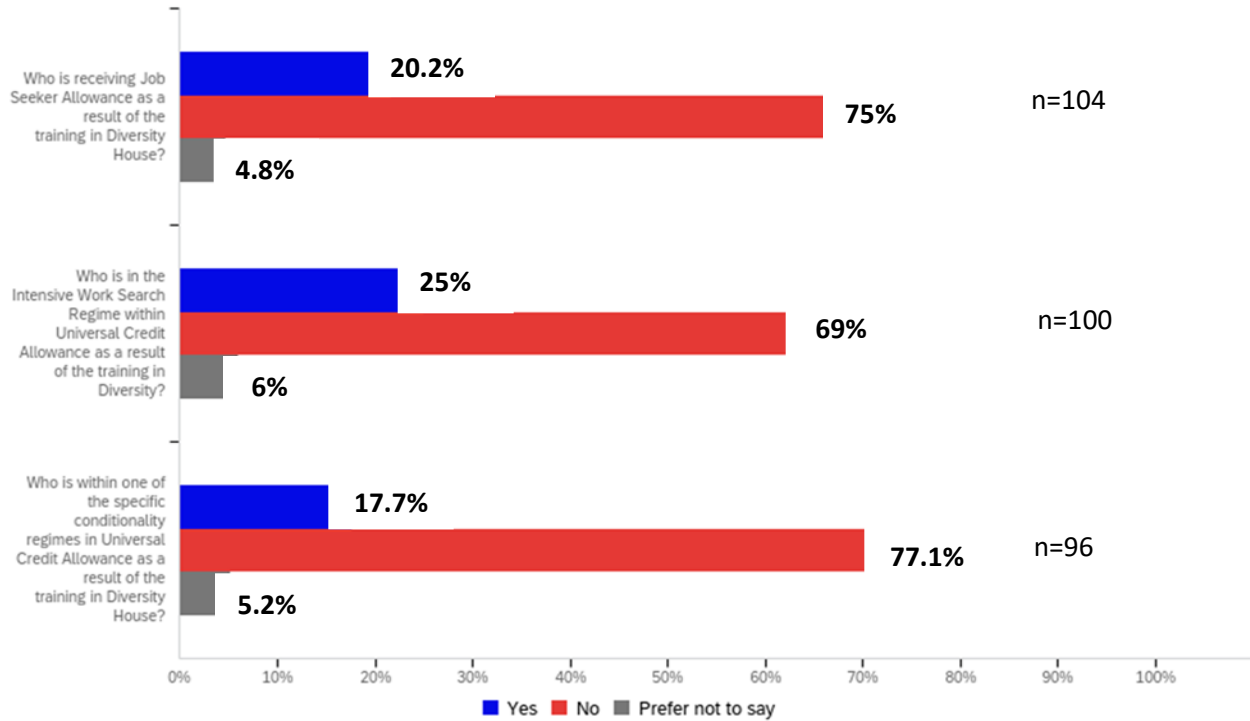


Figure 1. 1 Frequency of receiving Job Seeker Allowance, being in the Intensive Work Search Regime and being within one of the specific conditionality regimes in Universal Credit Allowance

20.2% of participants reported receiving a job seeker allowance or universal credit as a result of attending training at the Diversity House (n=21). However, we do not have information if those who responded 'no' (75%; n=78) were already receiving these allowances or benefits before taking part in the project. We acknowledge the sensitivity of these questions and the lack of generality of their answers.

25% of participants reported being in the Intensive Work Search Regime within Universal Credit Allowance as a result of the training in Diversity (n=25) whereas 17.7% reported being within one of the specific conditionality regimes in Universal Credit Allowance as a result of the training in Diversity House (n=17).

Figure 2 highlights the change in the level of knowledge of the benefits system and financial support available to participants as a result of attending the courses and training at Diversity House.

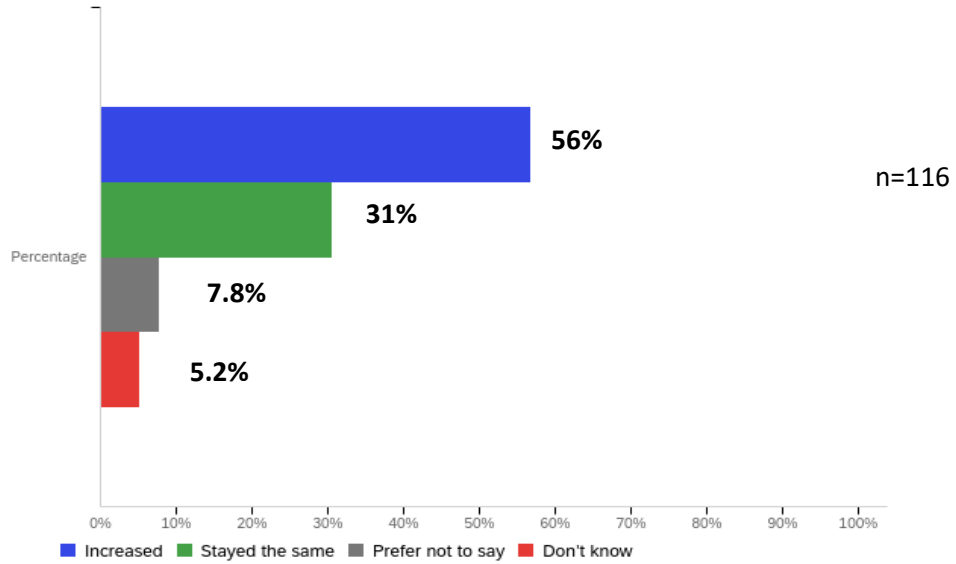


Figure 2. 1 Level of Knowledge of the benefit system and financial support because of attending Diversity House courses and training

56% of participants reported that their knowledge of the benefits system and financial support (e.g., universal credit) available has increased as a result of attending the course(s), training or activities (n= 65), while 31% of respondents reported that their knowledge of benefits system and financial support stayed the same after attending the courses, training or activities (n=36).

Figure 3 below shows whether participants applied for jobs, were invited for interviews, were offered a job or accepted a job offer after completing the training, courses and activities at the DHCID

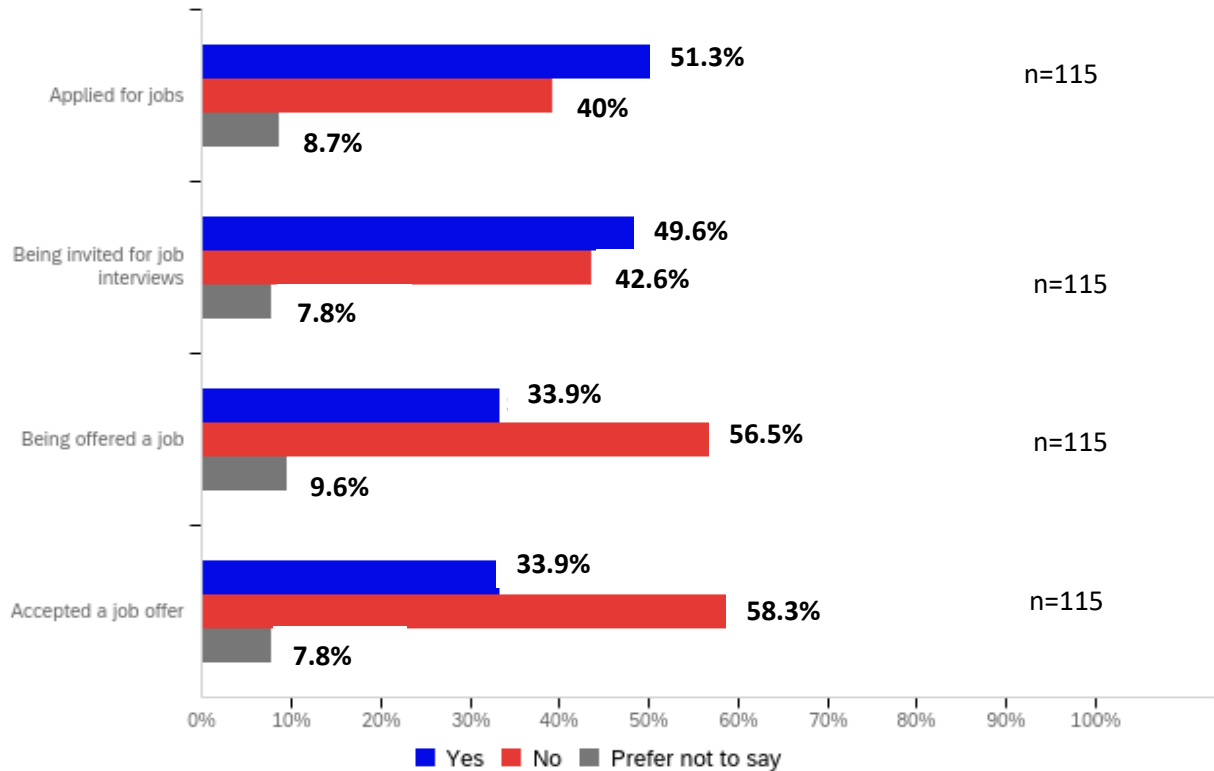


Figure 3. 1 Job-status after the completion of courses or training at the Diversity House Centre for Innovation and Development

After completing the courses or training at the Diversity house, 51.3% of respondents had applied for a job (n=59), 49.6% were invited for a job interview (n=57), 33.9% were offered and accepted a job offer (n=39).

3.4.2. Participation in the Training and Relevance of the Training

Figure 4 shows that the majority of respondents (67%; n=77) completed the training within 3 months and 21.8% completed it between 4 and 9 months. 12.2.% did not report when they completed the training (n=14). This is because participants who completed the training more than 9 months ago might be less likely to remember the date of completion and therefore more likely to report 'prefer not to say.'

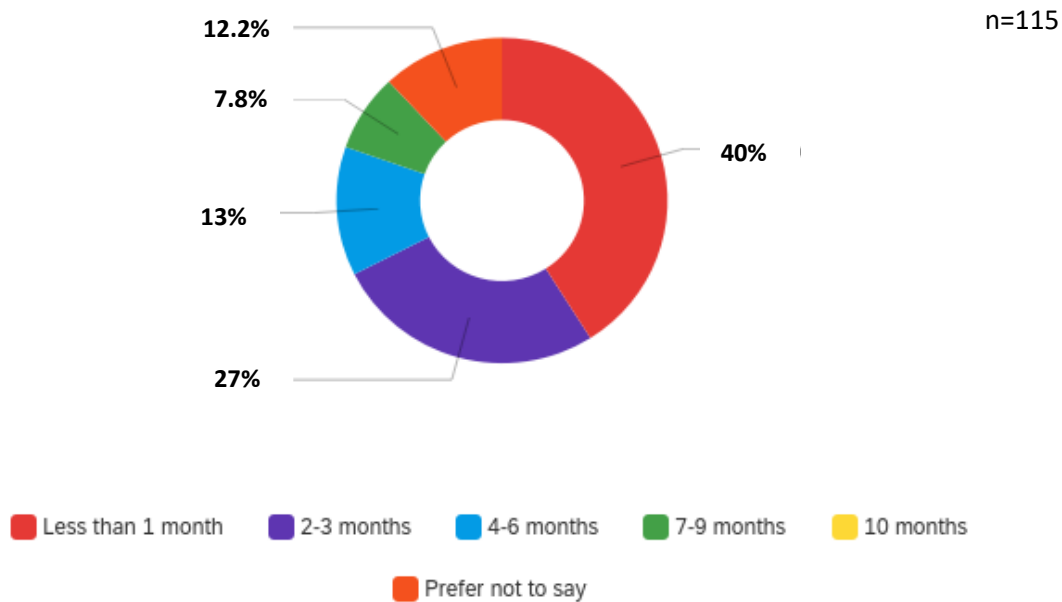


Figure 4. 1 Innovation and Development Project completion time

Table 10 below shows the types of training attended by the participants and their rating regarding the relevance of training and courses attended.

Table 10. 1 Training and courses attended and relevance rating by participants

Training	Attendance ¹		How relevant was the training to you?				
	%	N	Completely relevant	Partially relevant	Partially irrelevant	Completely irrelevant	Prefer not to say
Mentoring, Career Advice, Employability or Business skills	54.7%	64	92.2% (59)	6.3% (4)	1.6% (1)	0% (0)	0% (0)
Cyber Security	25.6%	30	93.3% (28)	6.7% (2)	0% (0)	0% (0)	0% (0)
IT, Internet, and Digital Skills	58.6%	68	97% (65)	3% (2)	0% (0)	0% (0)	0% (0)
ESOL (English to Speakers of Other Languages)	22%	26	96.2% (25)	3.8% (1)	0% (0)	0% (0)	0% (0)
Creative Art	11.2%	13	69.2% (9)	23.1% (3)	0% (0)	0% (0)	7.7% (1)
Health, Yoga/Armchair Yoga, or Cycling classes	43.6%	51	100% (51)	0% (0)	0% (0)	0% (0)	0% (0)
Counselling session(s)	17.1%	20	100% (20)	0% (0)	0% (0)	0% (0)	0% (0)
Graphic Design	5.1%	6	33.3% (2)	66.7% (4)	0% (0)	0% (0)	0% (0)
Hair and Beauty	6.8%	8	100% (8)	0% (0)	0% (0)	0% (0)	0% (0)

1. n=130

The most attended courses were i) IT, internet and Digital Skills (58.6%; n=68), followed by ii) Mentoring, career advice (54.7% n=64), iii) Health, Yoga/Armchair Yoga, or Cycling classes (43.6%; n=51), v) Cyber security (25.6%; n=30), vi) ESOL (22%; n=26) and vii) counselling sessions (17.1%; n=20). In general, the participants found the courses highly relevant.

Among those who attended counselling sessions (n=20), 95% reported that their ability to cope with problems has increased (n=19) and 5% preferred not to say (n=1) (data not shown in Table 9).

Figure 5 below shows whether the courses, training and activities at Diversity House have improved career employability, promoted skills building, improved wellbeing, confidence and the ability to build healthy relationships.

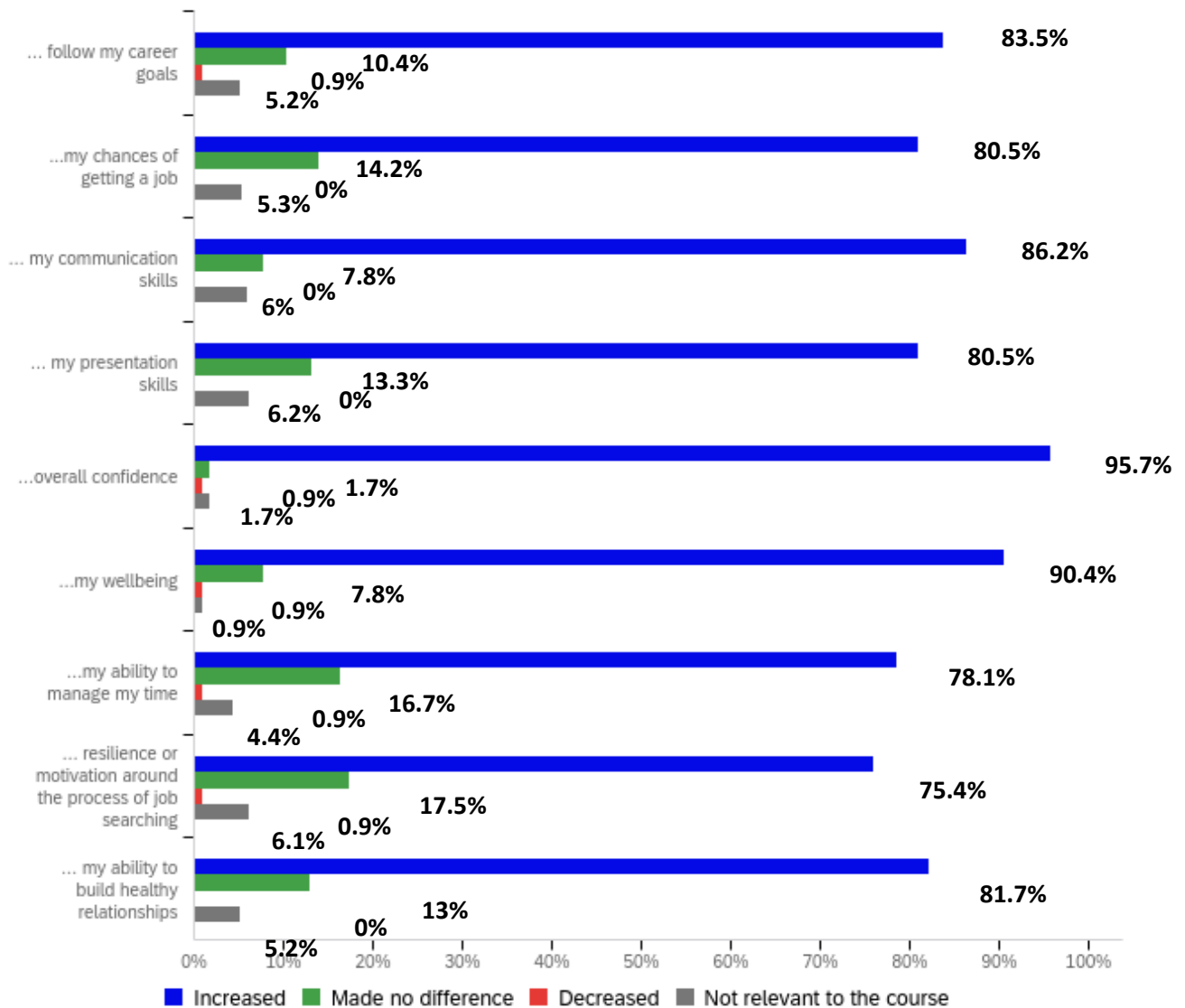


Figure 5. 1 The outcome of courses, training and activities in improving career and employability, building skills and improving confidence and well-being

In general, participants reported an increase in most of the skills assessed. 95.7% of participants reported an increase in overall confidence (n=110) followed by improved wellbeing (90.4%; n=104), communication skills (86.2%; n=100) and the ability to follow career goals (83.5%; n=96) as a result of training, courses and activities attended as part of the Diversity House Innovation and Development project.

The percentage reporting that the training had made no difference ranged from 7.8% (overall wellbeing) to 17.5% (resilience and motivation around the process of job searching). Only a minority (~1%) reported a decrease in their ability to follow their career goals (n=1), time management skills (n=1), confidence (n=1), resilience and overall wellbeing as a result of attending the training (n=1).

Figure 6 highlights the impact of courses or training on the agreed action plan and personal goals.

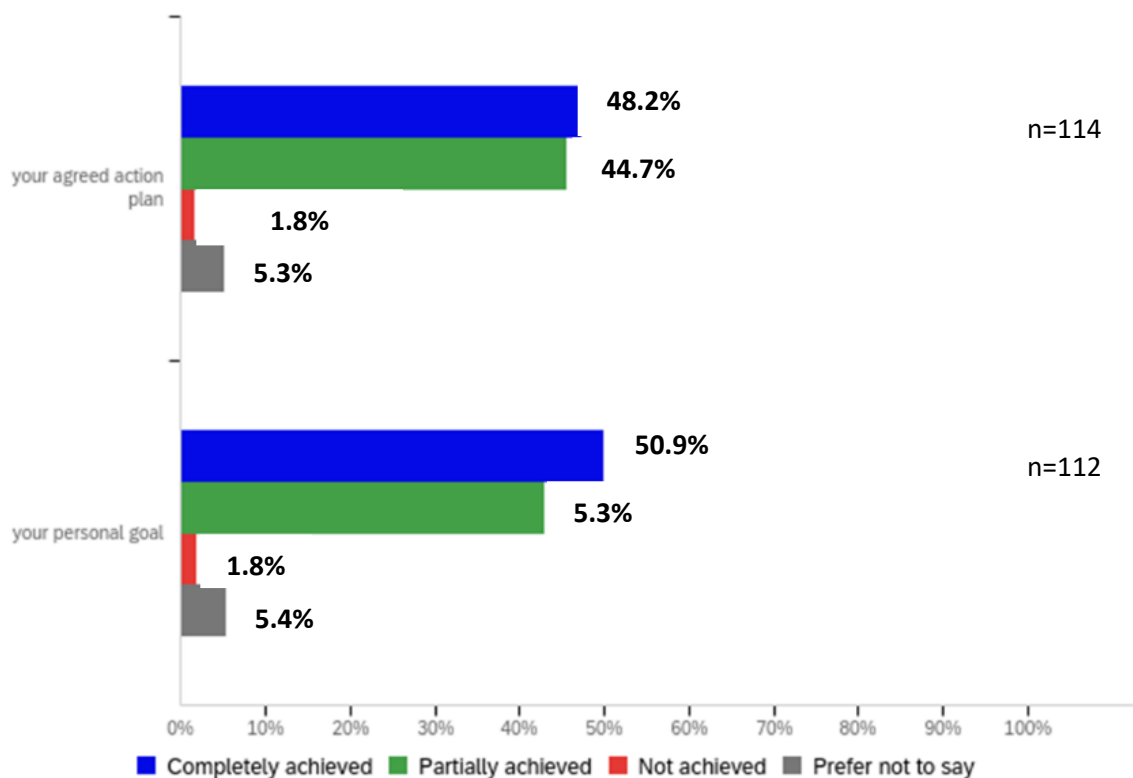


Figure 6. 1 Effect of completing the course(s) or training on the agreed action plan and personal goals

In total, 48.2% reported that they completely achieved their agreed action plan (n=55) and 44.7% stated that they partially achieved their action plan after completing the courses and training (n=51). 50.9% noted that they completely achieved their personal goals (n=57) compared to 42% who partially achieved their personal goal (n=47).

Figure 7 shows the effect of training and course completion on applying skills and knowledge in daily life, applying for further training in other organisations, attending other training in other organisations and reading and watching other related materials.

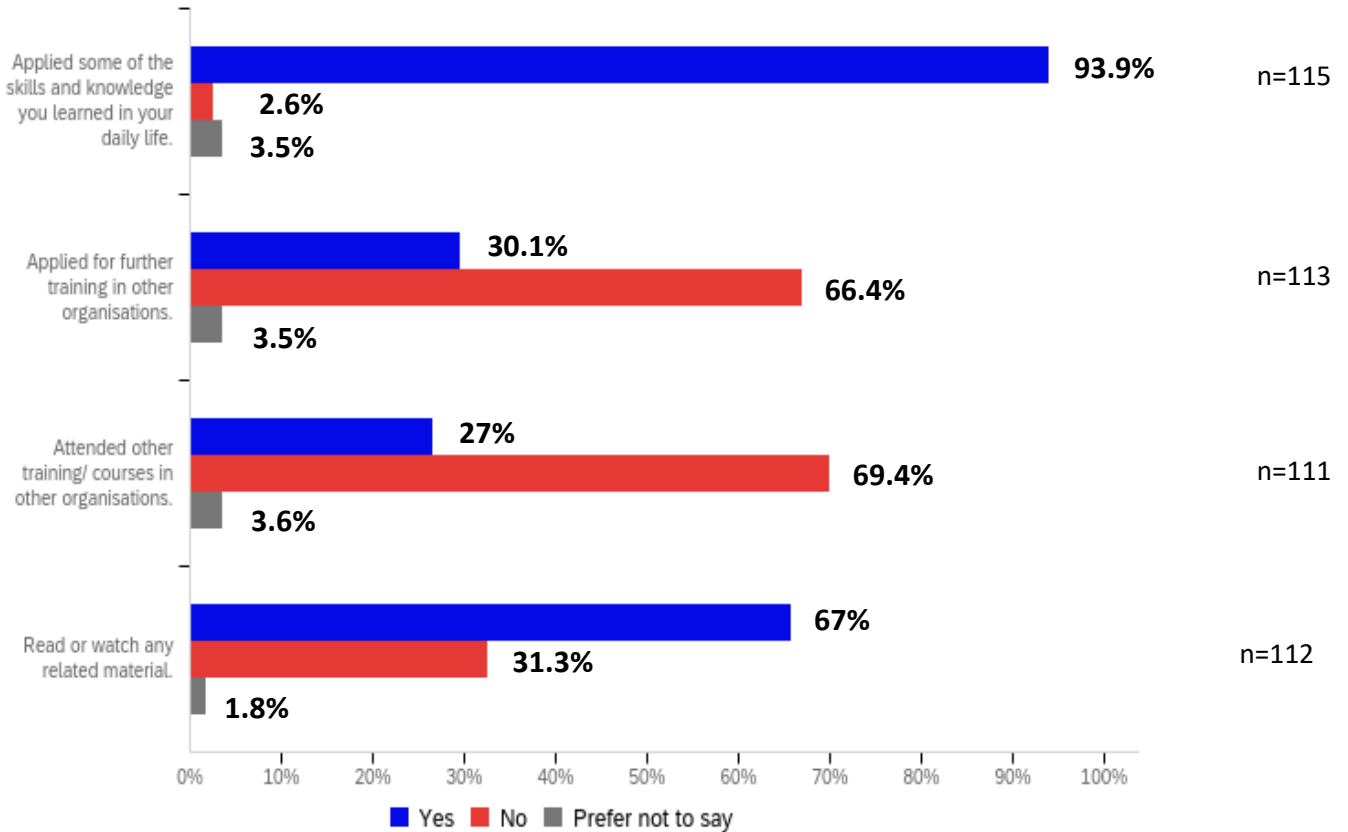


Figure 7. 1 Training impact on applying skills in daily life, applying for or attending further training in other organisations and reading and watching other related materials

The majority of participants (93.9%; n=108) reported that they applied the skills and knowledge they learned in their daily life. 30.1% reported applying for further training in other organisations (n=34), 27% stated that they attended other training/courses in other organisations (n=30) and 67% stated that they read and watched related materials (n=75). The majority reported not applying for or attending further training in other organisations probably because they just finished the training within the last 3 months, and they didn't have time to apply for or attend

other training in other organizations or because they are currently employed and don't have time.

3.4.3. Participants' Experience

The majority of participants reported that Diversity House was a welcoming place (98.3%; n = 114) and would recommend the training they attended to other people (96.5%; n = 110).

Figure 8 and 9 highlights the common themes and comments identified by the participants regarding what went well and the benefits of attending DHCID.

The main themes reported were the welcoming, supportive, and friendly staff; the increase in overall confidence as a result of courses attended; building different skills, networking, socialising, increased ability to find a job and improved mental health as a result of the training attended.



"The training and support Diversity House provided has boosted my self-esteem and confidence, my mental health has also improved greatly. I have found part time work with their help and am happy with the hours I complete due to my medical conditions which prevent me working full time sadly."

"The training I am receiving has helped me start my own online business selling items I have made from recycled clothes and materials. My mental health has improved greatly by attending regular weekly sessions socialising and making new friends. I am unable to work full time due to numerous health issues but I no longer let these prevent me going out as I used to isolating indoors for months. Thank you." "Diversity House for giving me the right amount of support and encouragement."

"Supporting and improving my physical and mental health and wellbeing improving my skills developing social networks as well."

"Diversity House helped me improve my written and spoken English which gave me the chance to apply for employment."

"Diversity House is very welcoming the staff are helpful and kind, my training has helped me gain the confidence to apply for work. I am still attending training at Diversity House and hope to get part time or full time very soon."

Figure 8. 1 Benefits and comments of Diversity House Training and courses: What went well?

3.5. Outcomes and impact

What progress has the project made towards achieving the intended outcome and impacts?

Table 11. 1 Outcomes

Outcomes	Targets	Results
People engaged in job searching following support	200 out of 500	<u>407 Sept 22</u>
Economically inactive individuals engaging with benefits system following support	100 out of 500	<u>461 Sept 22</u>
<u>People engaged in life skills support following interventions</u>	500	<u>840 October 2022</u>

According to DH's Lamplight database the main characteristics of the 840 people are as shown in tables 12-15.

Table 12. 1 Gender

Gender	Number of attendances	Number of sessions	Number of different people	People - hours	Total length of activity records
Female	2960	734	545	7519:58	1381:15
Male	1087	442	203	2841:58	846:06
Non-binary (he/they)	4	4	1	8:44	8:44
Non-binary (she/her)	16	16	2	44:30	44:30
Transgender	2	2	1	4:30	4:30
No data	394	158	88	1208:59	309:51
Total	4463	1356	840	11628:39	2594:56

Table 13. 1 Age

Age Bracket	Number of attendances	Number of sessions	Number of different people	People - hours	Total length of activity records
0-5	4	3	4	17:23	13:23
11-16	81	33	47	372:53	133:38
17-18	68	50	37	227:30	137:30
19-25	153	122	42	411:30	308:00
26-35	412	264	103	1111:28	604:37
26-59	1	1	1	2:00	2:00

Age Bracket	Number of attendances	Number of sessions	Number of different people	People - hours	Total length of activity records
36-45	610	334	119	1645:16	736:21
46-55	1431	703	109	3186:34	1282:00
5-10	24	22	10	92:45	78:45
56-65	479	316	67	1259:54	732:09
66 and over	347	162	44	634:00	321:00
No data	853	315	257	2667:26	639:17
Total	4463	2325	840	11628:39	4988:40

Table 14. 1 Disability

Has disability	Number of attendances	Number of sessions	Number of different people	People - hours	Total length of activity records
No	2250	739	317	5966:26	1398:15
Prefer not to say	6	6	4	18:21	18:21
Yes	626	350	85	1343:01	696:42
Yet to be diagnosed	24	24	3	26:00	26:00
No data	1557	578	431	4274:51	1142:43
Total	4463	1697	840	11628:39	3282:01

Table 15. 1 Ethnicity

Ethnicity	Number of attendances	Number of sessions	Number of different people	People - hours	Total length of activity records
Any other Black/African/Caribbean background	103	92	8	278:38	245:08
Any other Mixed/Multiple ethnic background	34	32	3	116:15	106:45
Any other White background	130	119	9	313:49	283:49
Any other ethnic group	55	47	10	150:45	125:45
Arab	1	1	1	4:00	4:00
Asian - Asian British	212	152	16	579:15	379:45
Asian/Asian - Asian	125	107	17	291:00	244:00

Ethnicity	Number of attendances	Number of sessions	Number of different people	People - hours	Total length of activity records
Black/ Caribbean/ African - Black British	1300	698	165	3330:58	1269:15
European	429	212	53	1007:56	463:04
Middle East	3	3	1	3:00	3:00
Mixed - White and Black African	33	26	9	142:38	107:38
Mixed- White and Black Caribbean	2	1	2	13:30	6:45
Mixed/Multiple ethnic groups - White and Asian	17	17	3	31:00	31:00
Prefer not to say	2	2	2	9:30	9:30
White - English/ Welsh/ Scottish/ Irish/ British	1484	530	395	3698:03	1000:36
White - Gypsy or Irish Traveller	3	3	1	8:30	8:30
No data	530	223	145	1649:52	514:29
Total	4463	2265	840	11628:39	4802:5

Regarding impacts at the immediate level, by training 840 people this intervention has impacted a higher number of people than was projected or budgeted. In its turn, this has had a profound impact on some parts of Swale's population. Also, because of the nature of the intervention (improving life and employability skills), the employability of 840 people has increased. Thus, the impact has been on employability and the potential increase in employment. This needs to be monitored and sustained to observe how many of the 840 people get employed in the mid to long-term.

The long-term impact will be on the wider society once this emerging holistic model a close ear in, and for, the community-- is extended to other local areas and hopefully nationally.

To what extent are the changes in relevant impact and outcome indicators attributable to project activities?

For an intervention that was given a concrete target of 500 people and delivered or covered 840 people is attributable to the intervention. DH has a file for each one of these 840 individuals manually and in its Lamplight database. Each file consists of the Individual Learning Plan, the Capability Assessment Form, the DH Outcome STAR and a Commitment Agreement.

Can these benefits be quantified and attributed to the project in a statistically robust way?

The Social Return on Investment (SROI) below is the most robust quantitative measure of benefits that can be attributed to the intervention.

How has the project contributed to the wider strategic plan under which it was developed?

The project has positively contributed to the Swale Employment Improvement plan by improving the employability and work-related skills of the local workforce and thereby supporting local businesses. Improving the profile of Swale and securing investment and infrastructure are longer-term goals towards which it is intended the project will contribute. The project has also had an impact on the Realising our Ambitions strategy particularly in tackling disadvantage and improving community cohesion.

3.6. Value for money

To calculate the overall benefits of this intervention the Social Return on Investment (SROI) as recommended for charities was estimated. This demonstrates that for £1 provided for the DHCID intervention it returned £1.68.

Table 16. 1 SROI

Time	Cost based on Target Agreed (£423,631.00)		Cost Realised on Achieved Outcome		Benefit on Achieve Outcome	Savings
11 months	500 people	Per person £ 847.27	840 people	Per person £ 504.32	840 people x £ 847.27 = £711,706.80	£288,132.60
Present Value		£711,706.80		1.68	RETURN £ 1: 1.68	
Value of input		£423,631.00				

3.7. Lessons learnt

What are the lessons for the grant recipient / project delivery body?

DH has proved to be a charity which experience, and flexibility allows it to effectively identify and satisfy diverse community needs in adverse contexts albeit more effort could have been made to engage the local Gypsy/Traveller population to participate. Historically, DH has extended its outreach to populations in need and has faced different project management demands because of its growth and successful performance. Training its personnel in human resources/project management would help this organisation to productively keep developing and coping with future demands and new projects.

The leadership, commitment and experience of DH personnel were acknowledged and highlighted by informants:

“[At DH there is] leadership, genuine, genuine commitment. A lot of experience, and then as we've been discussing, I think there's relevance to what they're doing. I think they create a positive atmosphere. But also, I'd have to say are very good.”

Nevertheless, it would be apposite to consider if more personnel -especially a project manager- are eventually needed due to the high demands facing DH. It was expressed by the informants:

“[DH CEO] she's very, very passionate, obviously, as you well know. Anything, you know, and I say to her, I say, slow down and take time for yourself. But she never sleeps, does she? So she's always got new projects going on.”

Hiring community members to participate as navigators created confidence within the community and a sense of connectivity among its members. At the individual level: Implementing the Individual Learning Approach (ILA) to tailor the project activities to users' life paths, circumstances, needs, and interests is an effective way to deliver project activities and achieve project goals.

At the community level: as a complement of the above-mentioned ILA technique, running an asset mapping research technique within the community, could be beneficial to identify opportunities, collective goods and capacities, and windows of action to design and implement future projects.

What are the lessons for those designing and implementing similar interventions?

DH is using a database management tool (Lamplight) that allows this organisation to gather necessary quantitative information to monitor and evaluate its projects and interventions. This tool is used to gather key information about its project beneficiaries. This data management model can be replicated or scaled-up by other charities and community-based organisations (CBOs).

Likewise, as noted above, implementing the DH – ILA and an asset mapping methodology would favour more efficient and effective interventions both at the community and individual levels. Consulting and working together with different stakeholders such as libraries, schools, supermarkets, churches, enables a more cohesive and harmonic working environment that allows for better outreach of potential interventions targeting hard to reach social groups.

The fact that DH outsource the financial and human resources management to another charity, Swale Community and Voluntary Service (CVS), shows recognition of complementarity of resources and local coordination in which both organisations learn from each other. So other charities should be aware of these possibilities in particular in Swale in which the availability of work force and resources is low.

What are the lessons for founders of similar interventions?

To be mindful of the implementation potentialities and challenges of short-term projects. Founders/donors must be sure that the recipient/project implementation body has enough means and time to hire, train and adequate its team and capacities to implement the project. Next, as a general lesson to acknowledge the different rhythms/timings of stakeholders including managers and implementing bodies, especially if the implementers are CBOs or Charities who do not have permanent personnel/staff or means to maintain an extensive infrastructure.

Donors should ensure that the economic means and information flow is delivered on time to project participants, especially fund recipients. A failure to do so causes delays and management problems, especially at the beginning of the project.

What are the lessons for policy makers?

Working with a gender and intersectional approach when designing and implementing projects remains an urgent need.

To guarantee sustainable social processes/positive changes among communities in need, ongoing funding needs to be made available for successful projects funded by the UKCRF.

Be sure that the managers and implementers of these interventions monitor, evaluate, and document the cost-benefit ratio and know their financial viability in times of scarce resources.

These interventions should be extended following the experience of this intervention which has proved that the outcome can be delivered at a lower per capita cost than anticipated.

The experiences and lessons learned from the DHIC project should not be lost but applied and extended at the national scale.

For this type of intervention, funding should be targeted across districts or county-wide organisations that provide capacity building and skills acquisition.

3. Conclusion

This short-term (6-11 months) intervention (DHCID) aimed to create a complete cycle of empowerment for a broad range of people from intersecting and diverse social, ethnic, religious, and cultural backgrounds, marital statuses, economic and life circumstances. The intervention was focused on Swale, in particular three areas: Sittingbourne, Faversham and the Isle of Sheppey.

The working assumption or change theory was that individuals and communities needed help reconnecting and rebuilding their mental health, well-being, and resilience in their daily lives particularly after the impact of Covid-19 and in a context of high-inflation and the cost-of-living crisis. By implementing a holistic intervention from an intersectional perspective, the project delivered successful training and capacity-building intervention that strengthens the life, social and employability skills, mental health, and well-being of this broad range of people. This included not only social groups that were disproportionately/negatively impacted by Covid-19 and difficult economic conditions, but it also targeted a minority who still needed help despite having had professional jobs, good English skills, who weren't the poorest of the poor or were especially marginalised.

The project was evaluated following the United Kingdom Community Renewal Fund (UKCRF) monitoring and evaluation guidance for project deliverers. <https://www.gov.uk/guidance/uk-community-renewal-fund-further-monitoring-and-evaluation-guidance-for-project-deliverers>

The evaluation was conducted from the middle of August to the end of October 2022. A team of six experts worked on the evaluation's different aspects using various information-gathering tools, including: a quantitative survey focused on the services users or beneficiaries; qualitative interviews and focus groups with stakeholders and service users or beneficiaries; assessment of reports and field visits to DH (See methodological annexes).

The main results were as follows:

Appropriateness of the initial design of this intervention

The initial design of the project was appropriate given the current socio-economic conditions and work force/employment patterns of supply and demand in the targeted area. In this location there is a need to diversify the employment base and develop employment skills to attract better and higher paying jobs into the area. The project design sought to support people who may be marginalised or face barriers accessing support services and training to access the job market. This included local people from different ethnic, cultural and religious backgrounds; those excluded from the labour market and those who were economically inactive. The project offered support to those who were not working to re-enter the labour market; those whose physical and mental health who had been adversely impacted by the Covid-19 pandemic, high inflation and people who were experiencing social isolation. The project was designed to equip participants with a range of skills and competences related to life and social skills; improving mental health and wellbeing and developing English language literacy, IT and employment-related skills.

Targets

The project targeted and engaged the right beneficiaries considering the project design criteria. Using an intersectional approach, the project selected and involved the diverse social groups and individuals living in the geographical area of interest, especially Swale.

Targets were successfully met and exceeded the initial expectations. The initial goal was to target 500 people but by the end of October/2022 DH had targeted 840 persons. This means that regarding impacts at the immediate level, the project has impacted a higher number of people than it was projected or budgeted. In its turn, this has had a profound impact on some parts of Swale's population.

Project delivery and management, outcomes/outputs and impacts

The goals, outputs and outcomes were successfully achieved. According to the qualitative and quantitative data results, this project was well managed and the teamwork was well coordinated. The project effectively performed appropriate practices and procedures surrounding governance, transparency, and documentation. The administration of the project was conducted efficiently.

Most participants and stakeholders agree that the project activities had been delivered to a high standard and that the resources were used in a proper way. As stated, this perception was

reflected in both qualitative data (informants' interviews and focus groups) as well as in the quantitative survey of 130 service users from the total of 840 people who attended the interventions, representing 15.5% of participants and a completion rate of 100%. This represents people who received at least one form of training. Overall survey respondents broadly reflected the project population data regarding career age, ethnicity, sex and disability.

Nevertheless, despite the positive outcomes and feedback from participants and stakeholders a few areas were identified which could have improved the project delivery. These are: to increase the number of classes offered at DH - especially for digitally excluded people, and increase and train DH personnel in HR areas and project management. Shortness of staff and lack of management personnel created initial obstacles in the project implementation. However, these problems were successfully overcome despite the post-covid anxiety when having collective gatherings and face to face interactions with beneficiaries.

The project has positively impacted the Swale Employment Improvement Plan by improving the employability and work-related skills of the local workforce and thereby supporting local businesses. Improving the profile of Swale and securing investment and infrastructure are longer-term goals towards which it is intended the project will contribute. The project has also had an impact on Swale Borough Council strategies particularly in tackling disadvantage and improving community cohesion.

Given the nature of the intervention --improving life and employability skills--, the employability of 840 people has increased in the Swale Borough Council area. Thus, the impact has been on employability and the potential increase in employment. Ideally, this impact needs to be monitored and sustained to fact check how many out of the 840 beneficiaries were employed in the mid to long-term and the sustainability of that employment.

The social groups that received a greater positive impact are: women; populations between 26-45 years old; individuals with mental health problems, and ethnic groups such as: Black/Caribbean/Africans and Black British; and White/English/Welsh/Scottish/Irish and British.

The long-term impact could be scaled-up on the wider and broad society if this project model and its lessons learnt are extended to other local areas and hopefully nationally.

Social return and value for money

To calculate the overall benefits of this intervention the Social Return on Investment (SROI) was estimated as recommended for charities. This demonstrates that for £1 provided for the DHCID intervention it returned £1.68.

Lessons learnt

Principal lessons learnt suggest the following important aspects to be considered by different stakeholders including policy makers. The main ones are:

Short-term projects like this one must ensure that implementers have access to necessary information on time and the financial means, time, and infrastructure to guarantee realistic results and impacts. It is well documented that positive social change processes require continuity, perseverance, evaluation, and monitoring to be sustainable and successful. Charities and community organizations such as DH are key partners for the public sector/private sector to pursue socio-economic plans and programmes. For this reason, investing in training and upgrading these organisations should be a priority.

The DH model as well as its operational and methodological techniques, contain elements that can be replicated at different territorial scales. First, the outreach techniques to engage users/beneficiaries was positively perceived by stakeholders. Hiring community members as “community navigators” (CN) created a sense of community cohesion in a participatory/co-production environment. As one user stated: “It did not feel as charity work”, “the community comes to the community”.

Second, the project implementation was framed within a community perspective while respecting and adapting its activities and deliverables to individual’s needs, circumstances, and interests. Different techniques such as “Individual Learning Plan”, the “Capability Assessment Form”, the “DH Outcome STAR” and the “Commitment Agreement” were implemented to tailor project’s activities to individual realities.

Third, DH’s methodology to gather, store and monitor key information about users/beneficiaries, is highly useful. Throughout information protocols and the use of the Lamplight software programme, DH identifies key characteristics of people and social groups that are seeking/need assistance (i.e., by age, gender, ethnicity, disability, sexual option, social class etc), as well as individual felt needs, personal obstacles/constraints and contextual barriers. This enables a better understanding of changing socio-economic conditions experienced by the community and a more accurate reading of collective/individual challenges. This tool is very helpful to formulate, implement and monitor projects, plans and programmes.

Finally, it is highly recommendable to give continuity to these kinds of interventions following up, promoting, and replicating successful practices and project models as the one implemented by DH. It can be scaled-up at a regional and national levels always taking into account the economic, cultural conditions being experienced by different communities.

4. References

1. <https://www.gov.uk/guidance/uk-community-renewal-fund-further-monitoring-and-evaluation-guidance-for-project-deliverers> (accessed on 18/10/2022)