



**Kensington  
& Chelsea  
Social Council**

Working to strengthen  
local voluntary and  
community organisations



# Healthier Futures:

North Kensington  
Self-Care Impact Report  
2025



# Table of Contents

<b>Executive Summary</b>	2
<b>Introduction</b>	4
<b>Programme Overview</b>	5
<b>KCSC's Role and Impact</b>	8
<b>Evaluation Methodology</b>	11
<b>Reach and Demographic</b>	14
<b>Outcomes and Impact</b>	16
<b>Satisfaction and Service Feedback</b>	24
<b>Case Studies</b>	25
<b>Exploring Value for Money</b>	30
<b>Learnings and Legacy</b>	34
<b>Conclusion</b>	36



# Executive Summary

The Healthier Futures: North Kensington Self-Care Programme was established to address the ongoing health and wellbeing needs of communities affected by the Grenfell Tower fire. Delivered between October 2020 and March 2025, the programme supported over 3,300 residents through 14 core services and several pilot initiatives, all led by local voluntary and community sector (VCS) organisations.

Commissioned by the NHS and coordinated by Kensington and Chelsea Social Council (KCSC), the programme embodied a culturally responsive, trauma-aware, and relationship-based approach. Operating within a context of collective grief, structural inequality, and mistrust in statutory systems, it demonstrated the unique value of community-led interventions.

This report evaluates the programme's five-year impact, exploring reach, delivery mechanisms, outcomes, and costs. It offers strategic insights to inform health and care systems across the UK.

## Key Achievements

- **Service Reach:** Over 11,600 sessions delivered, reaching 3,313 unique participants and a total recorded attendance of 13,025 participant sessions.
- **Diverse Engagement:** Strong participation from underserved communities, including older adults, youth, disabled individuals, and members of Global Majority ethnic groups.
- **Targeted Support:** Strong participation from residents aged 45 to 64, with tailored interventions for families, isolated individuals, and people with long-term health conditions.

## Impact on Wellbeing

Participants reported significant improvements across key wellbeing indicators:

- **Happiness:** +27% (+1.61 points)
- **Reduced Anxiety:** -24% (-1.37 points)
- **Confidence:** +16% (+0.94 points)
- **Feeling Close to Others:** +9% (+0.54 points)
- **Overall Wellbeing (EQ5D):** +44.5% (+18.6 points)



These outcomes were especially pronounced in services offering consistent, relational support, such as peer mentoring, group activities, and trauma-informed advice.

### Value for Money

The programme achieved a strong cost-impact ratio:

- Average cost per participant: £119.71 (median: £95.19)
- Average cost per session: £147.92 (median: £138.14)
- Cost per 1% wellbeing improvement: £5.11 (median: £4.12)

Several services delivered high impact at low cost, particularly in emotional and mental wellbeing domains.

### Lessons for Local Systems

The programme offers valuable lessons for future commissioning to improve population health and equity through community-led approaches.

- 1. Community-rooted delivery builds trust:** Local VCS organisations reached residents disengaged from statutory services, especially in areas of high deprivation and communities affected by trauma or exclusion.
- 2. Trauma-aware practice supports recovery:** This approach enabled sustained engagement and is increasingly relevant across wider health and care systems.
- 3. VCS-led outcome measurement is achievable:** With the right tools and support, VCS partners collected meaningful data and clearly demonstrated impact.
- 4. Equity-focused commissioning extends reach:** Co-designed services, translated materials, and self-referral routes helped engage a diverse mix of residents across age, ethnicity, ability, and health needs.
- 5. Integrated partnership infrastructure:** Shared monitoring, regular coordination, and clear roles between sectors improved delivery and supported system learning.
- 6. Self-referral pathways ease primary care pressure:** High self-referral rates suggest that accessible, community-based models empower residents to self-navigate support, potentially reducing GP workload.
- 7. Shared data tools strengthen system insight:** Investment in local evaluation tools enabled consistent outcome tracking and informed commissioning decisions.

The Healthier Futures programme serves as a model for community-led health recovery, demonstrating the value of the voluntary and community sector (VCS) in improving wellbeing, particularly after collective trauma.

**Cost per 1% wellbeing improvement: £5.11**



# Introduction

The Grenfell Tower fire in June 2017 reshaped the lives of thousands across North Kensington. The tragedy had lasting impact not only on survivors and bereaved families but on the wider community, many of whom witnessed, or were connected to, the events in deeply personal ways. The psychological and emotional impact was profound and long-term, compounded by existing social inequalities and historic mistrust in public services.

In response to the emerging needs for health, healing, and community resilience, a range of support services were established. While mainstream NHS care remained central to the recovery effort, many residents turned to local organisations offering culturally relevant, trauma-aware, and relationship-based support. These included art and music therapy, family wellbeing groups, massage, physical activity, befriending, and holistic health interventions. Often rooted in the community itself, these services filled critical gaps, particularly for individuals who felt unable to access formal healthcare or who required more flexible and sustained support.

One of the drivers for this approach was the Healthier Futures Programme, a multi-year initiative designed to promote recovery, wellbeing, and self-care through community-led services. Coordinated by the Kensington and Chelsea Social Council (KCSC) in partnership with the NHS, the programme funded and supported local voluntary and community sector (VCS) organisations to deliver services responsive to residents' evolving needs.

This report provides a comprehensive evaluation of Healthier Futures from its inception to its final phase in March 2025. It examines how services were delivered, who they reached, and the impact they had, drawing on both quantitative data and the lived experiences of residents and delivery partners. At a time when health systems are increasingly recognising the value of community resources, this report offers lessons on what locally rooted, trauma-informed support can achieve, both in times of crisis and in the long process of recovery.

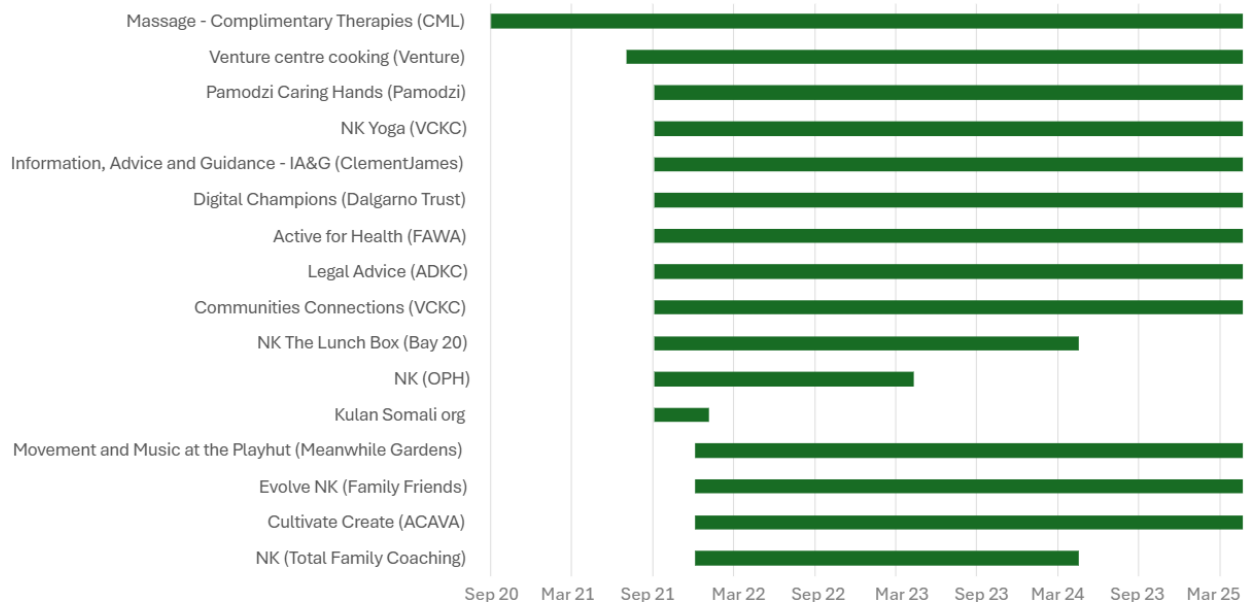


# Programme Overview

Healthier Futures was delivered over five years, beginning with a single core service in October 2020 and expanding to twelve core services by March 2025, along with several pilot and complementary initiatives. The programme aimed to address a wide range of wellbeing needs arising after the Grenfell tragedy, offering accessible, community-led services tailored to the North Kensington population. Services supported families, children and carers, older people, disabled residents, and other marginalised groups, and included therapeutic, practical, creative, and social interventions. Delivery of the healthier futures programme was led by voluntary and community organisations, many of which were rooted in the local area and experienced in trauma-informed support.

In the early stages of the programme, the COVID-19 pandemic was still having a major impact on people's lives. Local voluntary and community organisations adapted quickly so they could keep supporting residents safely. KCSC helped coordinate the response, working with the Council and NHS to set up a food distribution centre, create new referral routes, and launch a phone helpline for professionals. Many services moved online or offered support by phone — including guided meditation, group cooking sessions, and self-care advice. Others provided safe in-person options, like socially distanced walks or limited massage appointments. These changes meant that support could continue even during lockdowns, helping residents stay connected, cared for, and less isolated at a very difficult time.

*Figure 1. Timeline of commissioned services through the programme*



The following organisations delivered the core services that made up the Healthier Futures programme.

**ACAVA (Cultivate Create)** – Delivered gardening sessions to build emotional resilience and wellbeing for children and families. Sessions took place twice weekly on Saturdays.

**Action Disability Kensington & Chelsea** – Provided specialist legal advice on disability rights, benefits, transport access, and housing, alongside trauma support and empowerment groups for disabled residents. Legal advice was available Monday–Friday 9am–5pm, with support groups held fortnightly and monthly.

**Clement James (Information and Advice)** – Offered one-to-one appointments and group workshops to help individuals resolve practical and personal issues. Available to all residents, Monday–Friday, 9am–5pm.

**Community Massage London** – Delivered massage, reflexology, and phone-guided meditation for adults aged 18 and over. Services were available every day throughout the week.

**Dalgarno Trust (Digital Champions)** – Helped older people improve their digital skills through device support classes and practical guidance. Sessions ran on Wednesdays and Thursdays.

**Family Friends (Evolve NK)** – Provided one-to-one befriending support, monthly group sessions, and family days out for young people. Aimed at those aged 10–18, with a focus on building emotional resilience and positive relationships. Activities were delivered throughout the month.

**FAWA (Active for Health)** – Promoted physical activity and wellbeing for older adults from majority ethnic communities through walking groups and yoga sessions. Activities took place on various days throughout the week.

**Meanwhile Gardens (Music & Movement Playhut)** – Engaged families with children under 6 in drop-in music and movement sessions to support early years development. Sessions were held Monday–Wednesday and Friday.

**Pamodzi (Caring Hands)** – Provided chair-based exercises, coffee mornings, outreach events, and wellbeing advice for adults aged 18+ with a focus on majority ethnic communities. Sessions were held throughout the week.

**Volunteer Centre (Community Connections)** – Offered creative writing, gardening with training, and work placements for adults with mental and physical disabilities, helping build confidence and skills. Sessions were held throughout the week.

**Volunteer Centre (Yoga)** – Ran women-only yoga sessions in a safe and inclusive space, for residents 18 and over. Classes were held every Wednesday.

**Venture Centre** – Hosted live food and nutrition tutorials led by specialists to promote healthier eating habits for adults aged 18 and over. Delivered every Friday.

In addition to these core services, several short-term projects were commissioned to respond to specific needs or emerging gaps:

- **Our Power Hub:** Provided gender-specific boxing and fitness sessions, including culturally appropriate provision for Muslim women.
- **Kulan Somali Organisation:** Delivered culturally relevant education and health promotion to the Somali and Bravanese community, with workshops addressing obesity, diabetes, hypertension, and mental health.
- **Breathwork (Hear Women):** 5 sessions of Breathwork delivered to women from North and East Africa.
- **Bay20 (The Lunch Box Club):** Combined boxing sessions with hands-on cooking classes to promote physical health and nutrition.
- **Family Forever (Total Family Coaching):** Offered trauma-informed family coaching for families with complex needs, delivered in multiple community languages.

These services collectively reached a wide cross-section of the North Kensington population, with flexible, trauma-informed support that extended far beyond conventional healthcare settings.





## KCSC's Role and Impact

As the borough's voluntary sector infrastructure organisation, Kensington and Chelsea Social Council (KCSC) played a central leadership role in designing, delivering, and sustaining the Healthier Futures programme. Acting as a bridge between the NHS and the local Voluntary and Community Sector (VCS), KCSC ensured that the programme remained community-responsive, and aligned with broader health and care strategies. Its contributions included commissioning, service development, monitoring, partnership-building, and system influence.



**All providers are satisfied with KCSC management and support**

### Strategic Leadership

KCSC has been a key partner in shaping and adapting the Healthier Futures programme. While the programme was commissioned by NHS partners, KCSC helped translate its goals into community practice. By maintaining close contact with delivery partners and residents, KCSC ensured that the programme remained relevant to local needs, especially those of individuals and communities affected by the Grenfell Tower fire. KCSC also participated in the co-design of future Grenfell-specific service models, supporting engagement with providers, service users and the wider community.

### Funding and Coordination

KCSC managed a grant award process, informed by local needs, using application panels. Funding decisions were made with oversight from the NHS, and changes to services were reviewed in regular contract meetings.

KCSC met with providers individually each month and convened quarterly provider group meetings. This dual approach supported both real-time problem-solving and long-term programme alignment. Providers received support not only with contract compliance but also with; service delivery challenges, participant engagement, and adapting to changes in referral and monitoring systems.

### Partnership and System Integration

A key part of KCSC's role was brokering stronger relationships between community organisations and statutory health services. This included:

- Facilitating introductions to GP practices and social prescribers
- Supporting referral pathways and shared care planning
- Co-hosting forums to promote mutual understanding of the self-care model

Although the level of clinical engagement varied, KCSC's consistent coordination helped increase visibility of community-based services within formal health systems.

### **Data and Evaluation Support**

KCSC strengthened monitoring across the programme by standardising tools, building provider capacity, and coordinating outcome reporting. This included:

- Designing and updating monitoring templates
- Delivering training to improve confidence in data collection and interpretation
- Supporting the transition from CharityLog to shared spreadsheet-based reporting

Despite differences in evaluation capacity among providers, KCSC promoted consistency and enabled meaningful analysis by aggregating and interpreting trends across services. Findings were shared with both providers and NHS partners, helping inform adaptation and continuous improvement.

### **Community Development and Equity**

KCSC's commissioning approach prioritised local North Kensington grassroots organisations. Funding decisions drew on local evidence, including the Joint Strategic Needs Assessment (JSNA), and placed emphasis on reach, cultural relevance, and lived experience. This equity lens helped ensure the programme addressed health inequalities while strengthening community capacity.

### **Bringing Partners Together and Sharing Knowledge**

KCSC has consistently brought partners together throughout the programme. Our quarterly provider meetings created a shared space for learning, partnership, and planning. In parallel, we host the North Kensington Health and Wellbeing Network, which brings together a broader group of local VCS organisations. These meetings provide space to:

- Share skills and good practice
- Strengthen collaborative relationships
- Receive updates on local health systems
- Raise collective concerns and solutions

This regular coordination has fostered a more connected, informed, and collaborative VCS landscape in North Kensington.

### **Organisational Support and Capacity Building**

KCSC's support extends beyond programme-specific coordination. As the local infrastructure organisation for the borough, KCSC offered 1-to-1 advice, training, and funding support to all voluntary and community groups in RBKC. This includes support with funding applications, governance, safeguarding, monitoring, and other core organisational needs. This ongoing support has helped strengthen the resilience and sustainability of local organisations, enabling them not only to deliver within the Healthier Futures programme but also to thrive beyond it.

### **Strategic Advocacy**

In addition to its role in service delivery and coordination, KCSC has played a part in shaping broader conversations about health equity, community engagement, and self-care. By taking part in local forums and strategic meetings, KCSC has championed the value of voluntary and community sector (VCS) approaches that focus on individual needs. This advocacy has helped build stronger connections between community resources and the borough's formal health and care plans.

## **Key Contributions of KCSC**

- Bridging NHS and VCS partnerships
- Managing funding and provider coordination
- Supporting trauma-aware, community-led delivery
- Driving outcome monitoring and data quality
- Advocating for equity and community voice
- Strengthening borough-wide VCS infrastructure

# Evaluation Methodology

This report evaluates the five-year implementation of the Healthier Futures programme, from its inception in October 2020 to its planned conclusion in March 2025. The evaluation assesses the programme's impact on individual wellbeing, programme reach, and value for money using both quantitative and qualitative data collected over the life of the programme.

## Timeframe

The Healthier Futures programme operated continuously between October 2020 and March 2025. Although funding arrangements shifted during two extension phases after 2022, delivery remained stable from the perspective of service users. The evaluation considers all phases as part of a unified programme timeline.

## Data Sources

The evaluation draws upon both quantitative and qualitative data collected throughout the programme's lifecycle. Data sources include:

- **Monitoring Data:** Quantitative records submitted by providers, initially via CharityLog (until March 2023) and later through a standardised spreadsheet. Data included participant numbers, attendance, and session types.
- **Outcomes Data:** Collected directly from participants through validated wellbeing tools.
  - *Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)*
  - *ONS4 Subjective Wellbeing Questions*
  - *EQ5D Visual Analogue Scale*
  - *MYCaW (Measure Yourself Concerns and Wellbeing)*
- **Case Studies:** Narrative accounts submitted by delivery partners, highlighting personal journeys, outcomes, and contextual factors.
- **Financial Data:** Budget allocations and invoices submitted by providers were used to estimate delivery costs and value for money.

Over time, data collection methods were refined in response to learning from earlier phases and adjustments to delivery capacity and infrastructure. This adaptive approach led to variation in the use of indicators and occasional gaps in pre-post outcome data collection across providers.

## Valuation of Outcomes

Between October 2020 and March 2023, wellbeing outcomes were primarily assessed using retrospective self-reporting, wherein participants were asked to reflect on their perceived wellbeing before and after service engagement. Scores were recorded on a 0–10 scale, allowing for comparative analysis of change over time.

From April 2023 onwards, the methodology shifted to a prospective pre–post model, collecting baseline data prior to service delivery and follow-up data upon completion. While this alignment with standard evaluation practice improved methodological rigour, it introduced transition-related inconsistencies in timing and framing of participant responses. Table 1 outlines the specific pre- and post-intervention questions used by providers during this period.

*Table 1. Pre- and post-question asked by providers*

Indicator	Indicator Question (Pre and Post)	Scale	Source
Wellbeing Scale	Please tell us, how good or bad your health is nowadays?	0–100	EQ5D (adapted)
Happiness	Overall, how happy do you feel nowadays?	0–10	ONS
Anxiety	Overall, how anxious do you feel Nowadays?	0–10	ONS
Self-confidence	Overall, how confidence to you feel in yourself nowadays?	0–10	Warwick-Edinburgh
Loneliness	Overall, how close do you feel to others nowadays?	0–10	Warwick-Edinburgh
Main Concern	Please write down one concern or problem which you would most like us to help you with	0-10	MYCaW
	Please score a number to show how severe the concern or problem is nowadays		

Earlier in the programme, several supplementary (“flex”) indicators were trialled (e.g. physical activity, digital confidence). These were phased out by March 2022 due to inconsistent uptake and reporting quality.



### Value for Money Assessment

In addition to tracking outcomes, this report includes a value for money assessment — calculating the average cost per 1% improvement across five core wellbeing indicators.

These estimates are derived by combining:

- Total funding per provider
- Outcome gains as measured through participant data
- Estimated average number of sessions per participant (used when exact figures were unavailable)

This model is not a full Social Return on Investment (SROI) calculation but offers a comparative view of cost-effectiveness across different delivery models.

### Limitations and Assumptions

As with any multi-provider programme, there were limitations in data standardisation and completeness:

- **Variation in Systems:** Differences in data collection platforms (CharityLog vs spreadsheets), indicator selection, and question phrasing resulted in limited standardisation. Harmonisation efforts were applied during analysis but cannot fully mitigate this variation.
- **Incomplete Matched Data:** Not all providers submitted complete pre and post data. For instance, while baseline wellbeing data was available for 2,327 participants, matched follow-up data was available for 2,257.
- **Flexible Use of Indicators:** While core measures were recommended, some partners adapted tools to suit their specific delivery models, which may affect comparability.
- **Session Counts Estimates:** In absence of consistent attendance tracking, reach and cost-efficiency estimates rely on session averages.

Despite these limitations, the overall dataset is robust, and findings are presented with transparency about the assumptions and variations involved.



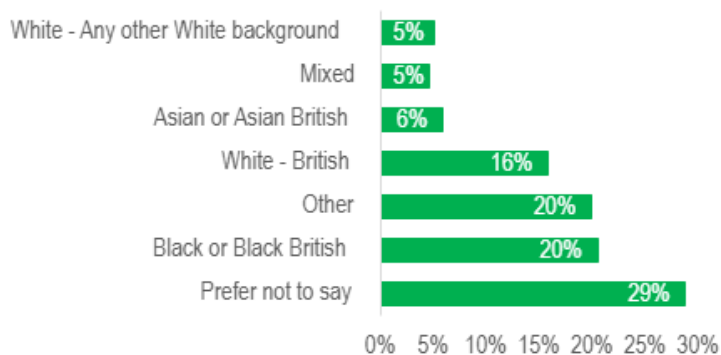
## Reach and Demographic

Over its five-year duration, the Healthier Futures programme reached 3,313 unique residents across North Kensington, with a total recorded 13,025 attendances, across a total of 11,695 individual and group sessions. Services were intentionally designed to be inclusive, accessible, and culturally relevant, engaging a broad and diverse community of the North Kensington, with a focus on residents affected by the Grenfell Tower fire and those facing systemic health inequalities.

This section outlines who the programme reached, how equitable its access was, and where further work is needed to improve data quality and representation.

### Equitable Reach

Figure 2. Ethnicity ranges across the service (n=3313)

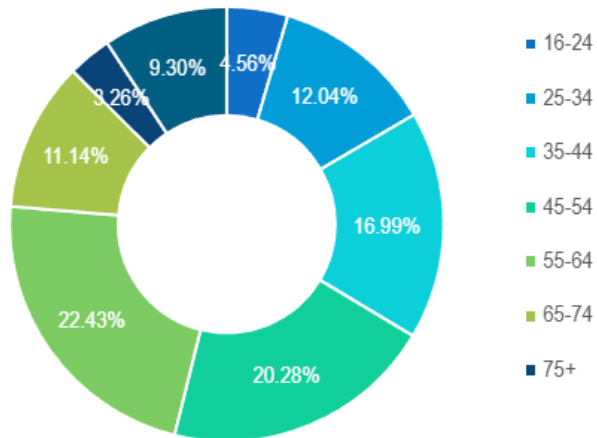


The programme successfully engaged a racially and ethnically diverse population. As seen in Figure 2, the most common ethnicity was Black or Black British with African and Caribbean (20%), followed by Mixed or Other backgrounds, principally Arab (20%).

There is still a need to build greater trust and clarity in data collection processes as Prefer not to say was very significant (29%).

Women made up most participants (76%), suggesting that services were particularly effective at reaching carers, mothers, and older women — groups often deeply impacted by both trauma and informal care burdens. However, men accounted for just 20%, highlighting an opportunity for more targeted engagement in future phases. This has been a consistent finding across other health projects which KCSC manages. These findings would suggest men face more societal or psychological obstacles when accessing this type of health care, which should be accounted for in future program design.

Figure 3. Age range across the service (n=3312)



The programme was particularly effective at engaging mid- to later-life adults. The largest proportion of participants fell within the 55–64 age group, accounting for 22.43% of all participants. This was followed by 45–54 years (20.18%) and 35–44 years (16.99%)

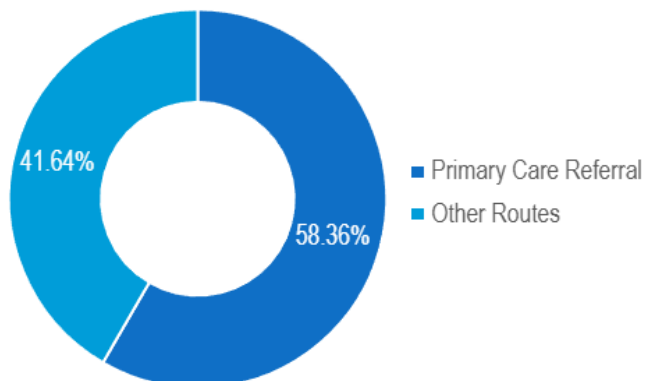
Participants spanned the full age spectrum, including younger adults, children, and older residents up to age 104, highlighting the programme’s broad appeal across generations.

Disability status was unknown for 55% of participants. While 11% self-identified as disabled, this likely underrepresents the true figure. This gap limits our ability to assess equity of access for people with long-term conditions and points to the need for more consistent and accessible demographic data collection.

### Primary Care Integration

A key aim of the programme was to strengthen collaborative pathways between community services and the NHS. Figure 4 shows that 58.36% of participants were referred through primary care — including GPs and social prescribing link workers and 41.64% entered via self-referral or community-based channels.

Figure 4. Referral type across the service (n=3313)



While some NHS connections were successful, there is still significant potential to improve community services and primary care collaboration. Strengthening these pathways could improve access and visibility, particularly for residents who are currently underserved or less effectively reached by existing systems.

# Outcomes and Impact

Over the five-year duration of the Healthier Futures programme (2020–2025), participants consistently reported measurable improvements across multiple scales of wellbeing. Outcomes were tracked using validated tools aligned with national wellbeing frameworks, ensuring consistent analysis of change over time.

## Core Wellbeing Outcomes

Participants completed pre- and post-engagement assessments using the following five core indicators:

- **Happiness** (ONS)
- **Anxiety** (ONS)
- **Confidence** (Warwick-Edinburgh)
- **Feeling close to others** (Warwick-Edinburgh)
- **Overall health today** (EQ5D Visual Analogue Scale)

Across 1,473 outcome entries collected from service users, the programme achieved statistically meaningful improvements in all areas:

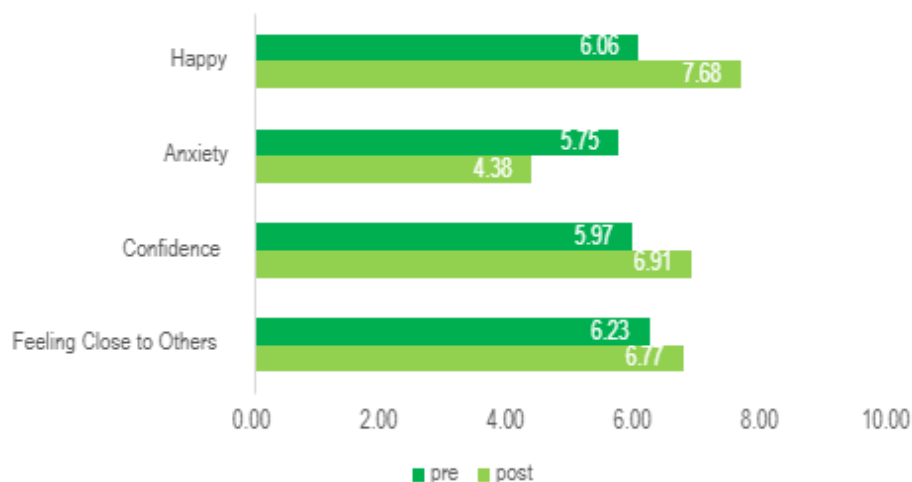
Table 2. Average Pre- and Post-Programme Scores Across Core Wellbeing Indicators (2020–2025)

Indicator	Pre-Score	Post-Score	Change	% Improvement
Feeling Close to Others	6.23	6.77	+0.54	9%
Confidence	5.97	6.91	+0.94	16%
Anxiety (lower = better)	5.75	4.38	-1.37	24%
Happiness	6.06	7.68	+1.61	27%
Overall Wellbeing	41.84	60.45	+18.61	44.5%

These results, in Table 2, reflect a 44.5% increase in overall wellbeing scores and show particularly strong improvements in happiness, confidence, and anxiety reduction. While gains in social connectedness (“feeling close to others”) were more modest, they still indicate positive movement in a hard-to-shift domain, especially post-trauma.

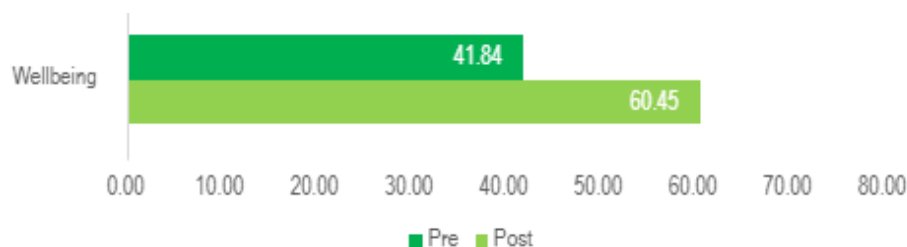
These two charts in Figures 5 and 6 below illustrate the average scores reported by participants before and after their engagement with Healthier Futures services. Each bar represents an overall programme-wide average, reflecting consistent improvements across all indicators.

Figure 5. Changes in well-being outcomes



Q. Overall how [this outcome] do you feel nowadays? (Sample sizes vary by outcome and are provided in the Provider-Level Outcomes section)

Figure 6. Overall wellbeing



Q. Please tell us how good or bad your health is nowadays (n=1473)

The scale and consistency of improvements, showcased in Figures 5 and 6, suggest that the programme had a significant impact on participants' mental and emotional wellbeing. Gains in confidence and happiness point to improved self-esteem and daily experience, while the marked reduction in anxiety highlights the value of regular, non-clinical emotional support. Smaller improvements in social connection may reflect the limits of short-term or one-to-one interventions in addressing loneliness — a challenge also recognised in national data.

### Provider-Level Outcomes: Change in Wellbeing Indicators by Provider

To explore variation across the programme, outcomes were disaggregated by delivery partner. This analysis shows that while all providers contributed to overall wellbeing gains, the scale and nature of improvements varied according to delivery model, intensity, and participant group.



Wellbeing improvements are expressed both in absolute points (0–10 scale) and as a percentage change from the baseline score. The “points” refer to the average change in score for participants, from their baseline (before the intervention) to their follow-up (after engagement). The “percentage change” expresses this shift as a proportion of the original baseline score, providing additional context on relative improvement. This dual reporting allows for comparison across services that started with different baseline scores.

### Improvements in Happiness Scores

Figure 7. Change in Happiness by Provider



Q. Overall, how happy do you feel nowadays? (n=1312)

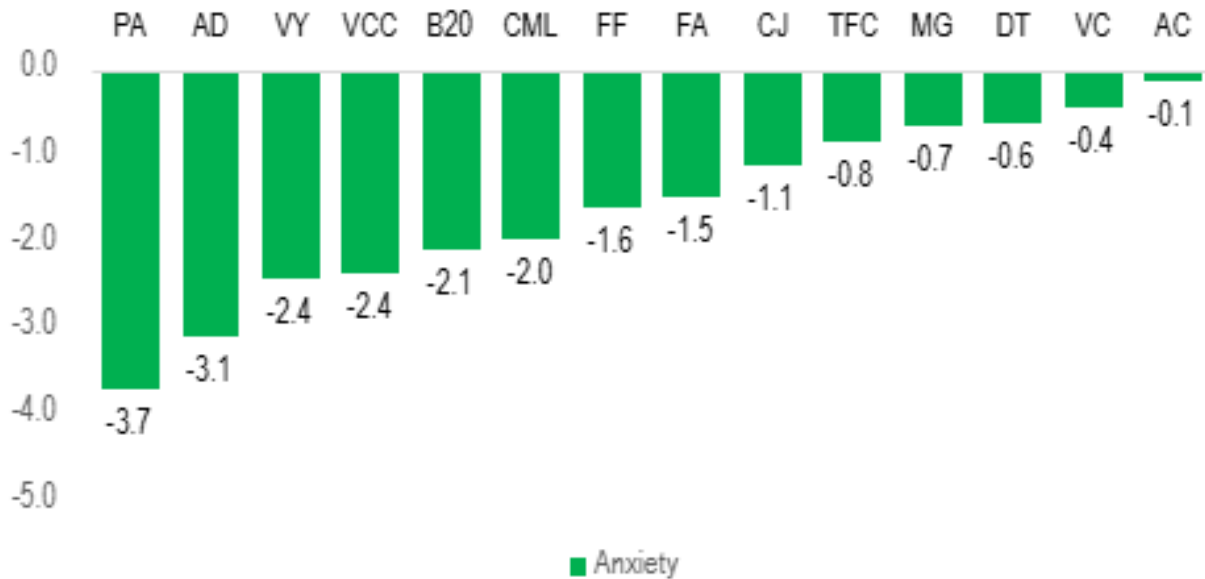
As shown in Figure 7, participants reported consistent improvements in happiness across the programme, with several providers demonstrating particularly high impact. Pamodzi (PA) achieved a 117% (+ 4.5 points) increase in happiness from the base line scores, followed by Clement James (CJ) at an exceptional 99% (+ 4.4 points), and Action Disability (AD) at 106% (+ 4.5 points). These providers shared relational and consistent delivery models, with high-contact or group-based sessions, whether through trauma-informed group work, outreach, or 1-to-1 advice services, that likely supported emotional expression and community connection.

Even lower percentage shifts, such as ACAVA (AC) (+1.8 points, +29%), FAWA (FA) (+1.7 points, +26%) and Meanwhile Gardens (MG) (+1.2 points, +15%), still achieved notable improvements, showing that that happiness is especially responsive to culturally competent, emotionally supportive programming. These patterns suggest a strong link

between frequency, emotional focus, and group dynamics and the ability to boost happiness among participants.

### Reductions in Anxiety Levels

Figure 8. Change in Anxiety by Provider (Lower = Better)



Q. Overall, how anxious do you feel nowadays? (n=1510)

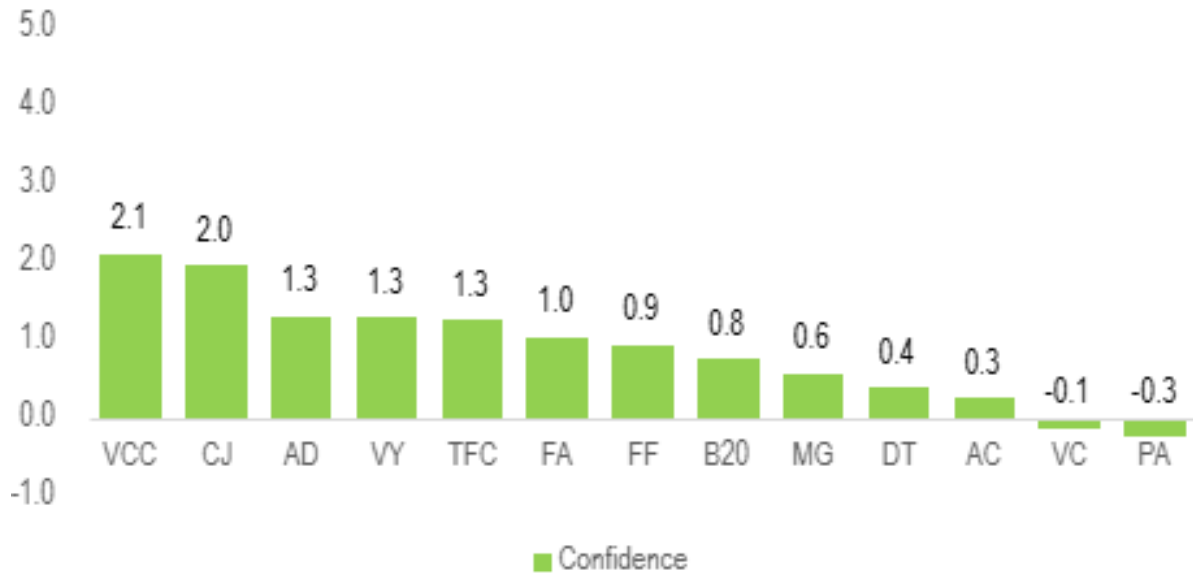
Reductions in anxiety were one of the most consistent and meaningful impacts of the programme, as shown in Figure 8. Pamodzi (PA) saw a dramatic 95% (-3.7 points) reduction in anxiety from the baseline scores, followed closely by Action Disability (AD) at 81% (-3.1 points), and Volunteer Centre Yoga (VY) at 47% (-2.4 points). These providers supported participants who often face overlapping challenges, such as disability, isolation, long-term health conditions, or insecure living conditions. Pamodzi's culturally tailored support model for older adults may have created a sense of safety and trust that enabled emotional regulation.

Services with smaller improvements, such as Digital Champions (DT) (-0.6 points, -11%) or ACAVA (AC) (-0.13 points, -2%), were not primarily focused on mental health and may not have directly addressed anxiety.

These results suggest that community-rooted, non-clinical emotional support delivered regularly and in trusted community settings can make a measurable impact on reducing anxiety, especially among groups that have been historically underserved or marginalized.

## Improvement in Self-Confidence

Figure 9. Change in Confidence by Provider



Q. Overall, how confident in yourself do you feel nowadays? (n=1028)

Figure 9 shows confidence saw its greatest gains through Volunteer Centre Community Connections (VCC) which achieved a 37% (+2.1 points) increase, followed closely by Clement James (CJ) at 37% (+2.0 points), and Action Disability (AD) at 26% (+1.3 points). These results appear to stem from a strong emphasis on empowerment, advice, and regular interaction, reinforcing that confidence builds most when people feel heard, supported, and equipped with tools to act.

Providers with steady or modest gains, like Family Friends (+0.9 points, +17%) and Meanwhile Gardens (+0.6 points, +8%), tended to use low-intensity or drop-in formats that may not be sufficient to shift deeper self-belief within a short timeframe. Confidence appears to be an indicator that is both highly sensitive to service intensity and deeply linked to self-perception and long-term empowerment. Pamodzi, however, reported a slight decline of 0.3 points (-4%), possibly due to participants facing complex challenges without consistent follow-up.

Overall, results show that confidence increases significantly in response to structured support and is further strengthened when emotional and practical assistance are integrated.

## Change in Social Connectedness

Figure 10. Change in Feeling Close to Others by Provider



Q. Overall, how closed to other do you feel nowadays? (n=1548)

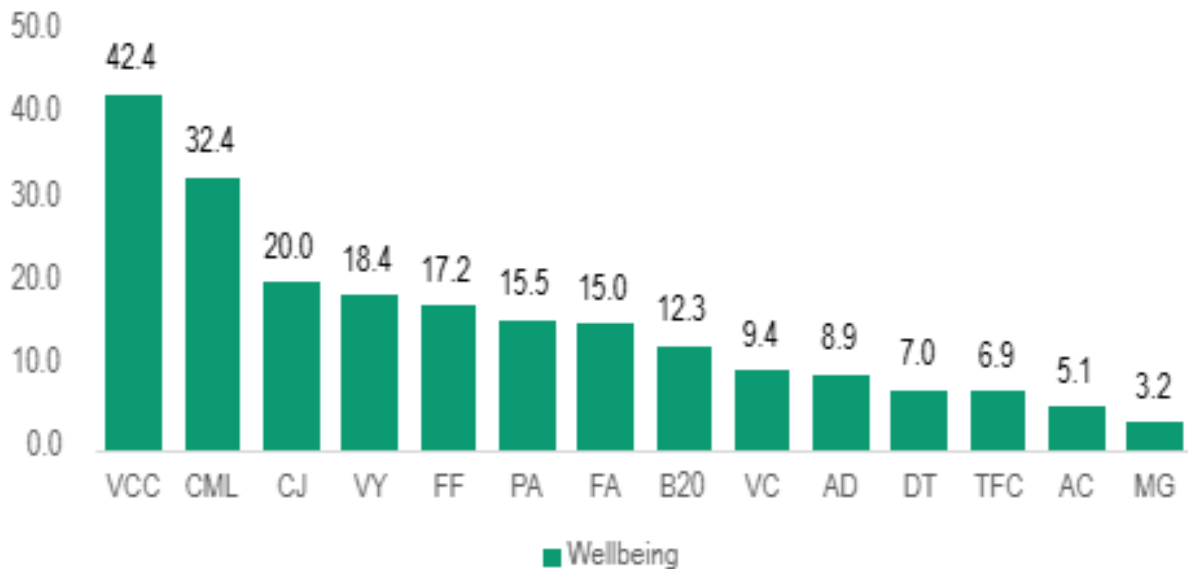
While changes in “feeling close to others” — a proxy for social connection — were more modest, they still reveal important insights into the relational dimensions of each service. Figure 10 shows Volunteer Centre Community Connections (VCC) achieved a 35% (+2.0 points) increase, with Family Friends (FF), Clement James (CJ) and Community Massage (CML) close behind at 26% (+1.3 points), 23% (+1.2 points) and 20% (+1.2 points), respectively. These organisations actively embedded relational practice, from group mentoring to sustained peer support, into their delivery.

In contrast, Pamodzi (PA) and Volunteer Centre (VC) recorded negative changes at -10% (-0.7 points) and -12% (-0.7 points), likely because their sessions were more practical, or transactional in nature and less frequent. For example, legal advice or drop-in physical activity may be impactful but not directly aimed at cultivating peer relationships.

Social connectedness is a particularly challenging and slow-moving wellbeing domain, influenced by past trauma, cultural context, and opportunities to engage with others. Nevertheless, the percentage gains reported here suggest that even modest shifts, when consistent and intentional, can contribute to reducing loneliness and fostering community ties. Additionally, social connection improves most significantly among organisations offering community-based group activity. These results align with the idea that peer interaction, shared experience, and informal connection, support emotional recovery.

## Improvement in Overall Wellbeing

Figure 11. Change in Overall Wellbeing by Provider



Q. Please tell us how good or bad your health is nowadays (n=1473)

Figures 11 show overall wellbeing rose across all providers. Volunteer Centre Community Connections (VCC) led with a 42.4 points (+105%) increase, followed by Community Massage London with 32.4 points (+139%), and Clement James with 20.0 points (+45%). While improvements were universal, providers offering intensive and longer-term support models saw the greatest shifts, likely due to the cumulative effects of consistent intervention. Smaller improvements — such as 5.1 points (+9%) from ACAVA and 3.2 (+4%) — still suggest a positive trend, though the lower intensity, drop-in format or less direct health focus may explain the more modest impact.

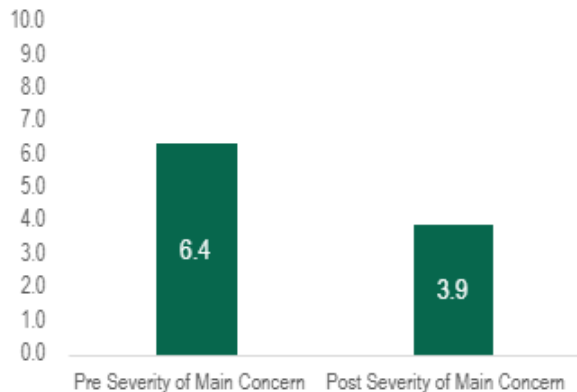
Taken together, these outcome patterns demonstrate the distinct strengths of community and voluntary sector (VCS) provision in improving personal wellbeing across multiple domains. Participants experienced meaningful gains in happiness, confidence, and anxiety reduction, particularly when services were frequent, relationship-based, and culturally responsive. Although improvements in social connectedness were more variable, providers offering group or mentoring formats still saw marked positive change, even in a domain often resistant to short-term interventions. These findings suggest that non-clinical, community-embedded support plays a vital and complementary role in the broader health system.



### Flex Indicators (MYCaW Results)

To capture outcomes beyond standardised measures, some providers used the MYCaW tool, which allows participants to identify and rate the issues most important to them. This method reflects the programme's trauma-informed, person-centred approach.

Figure 12. Change in Main Concern



The results show a clear reduction in concern severity by 2.5 points following support, with a 39% average improvement, illustrated in Figure 12. This underscores the value of personalised, non-clinical interventions, particularly for individuals who may not benefit from more generic wellbeing approaches.

Q. Please score a number to show how severe is your concern or problem now (Pre) vs. Please score a number to show how severe the concern or problem after doing the activity (Post) (n= 594).

Figure 13. Main Concern Type Reported

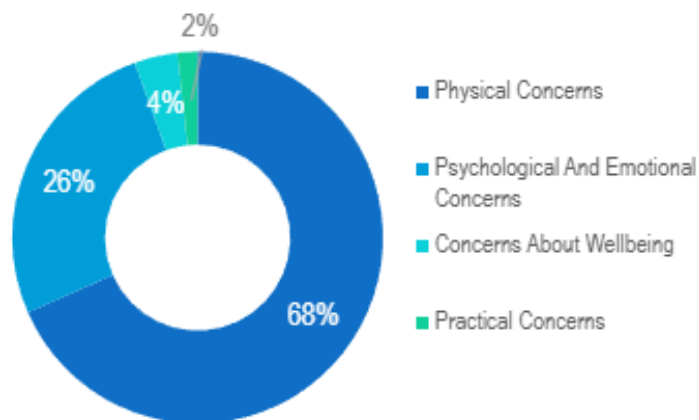


Figure 13 indicates that most participants sought support for physical health issues, often interlinked with psychological or emotional wellbeing. The programme's holistic, community-based model appears to have been particularly effective in addressing these interwoven needs.

Q. Please write down one concern or problem which you would most like us to help you with (n=594)

Participants using the MYCaW tool identified a range of concerns. As shown in the chart, physical and emotional health issues were the most commonly cited, followed by general and practical concerns.

Participants commonly cited chronic pain, fatigue, or mental distress as their main concerns, often interlinked and difficult to isolate. The success of the programme in addressing these self-defined needs reinforces the importance of holistic, flexible services in post-crisis settings.

## Satisfaction and Service Feedback

The program created a positive impact across multiple different factors, when residents were asked about the service they had received, the feedback was nearly always positive. 90% of participants reported that they would recommend the service to others, 89% found the sessions beneficial, and 88% said they would continue using similar services in the community.

Figure 14. Would you Recommend this Service to Others? (n=1903)

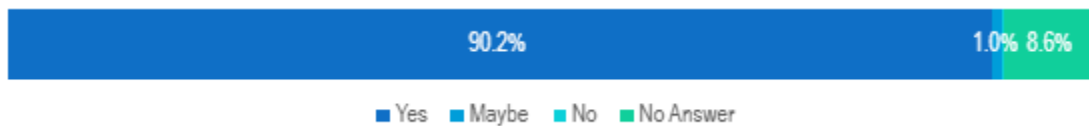


Figure 15. Were the Sessions Beneficial? (n=1973)



Figure 16. Will You Continue Using Services Like This in Your Community (n=1973)



# Case Studies

**2020-2021**

**Organisation Name:** Community Massage London

**Service delivered:** Welfare calls/meditation

**Period of delivery:** Weekly

**Referral source:** NHS referral



## **Background:**

LD is a full-time working adult experiencing heightened anxiety and depression, worsened by pandemic-related isolation, delays with her citizenship process, financial uncertainty, and reduced social contact. Although she had previously used meditation to manage her mental health, she found it increasingly difficult to engage in these practices due to rising anxiety and insomnia.

## **Engagement in Sessions:**

Referred by her Social Prescribing Link Worker for befriending and emotional support, she engaged in five one-hour sessions of guided meditation and emotional regulation coaching with a Chinese Medicine Practitioner. The initial session focused on rapport-building, lifestyle assessment, and an introduction to meditation. Subsequent sessions involved tailored meditations (themes included calmness, rain, and freedom), self-reflection, feedback, and discussion of mindfulness techniques. Sessions encouraged awareness of emotional and physical needs, with consistent reinforcement of self-care practices.

## **Impact:**

The sessions significantly reduced the client's anxiety and even provided relief from chronic headaches. She reported improved ability to meditate independently, better emotional regulation, and increased overall wellbeing. LD found the personalised and empathetic approach essential and strongly endorsed this intervention as an effective early-stage mental health support. She no longer required further signposting and expressed gratitude for the service, noting that it helped her regain a sense of balance and resilience during a difficult period.

*"I feel relaxed. I sleep better.  
I feel more connected to my body."*

**2021-2022****Organisation Name:** Family Friends**Service delivered:** Family Befriending**Period of delivery:** Weekly**Referral source:** Family Support**Service User Details****Age:** 34**Gender:** Female**Ward:** Dalgarno**Ethnicity:** Eritrean**Background:**

N is a single mother of four children, three of whom are on the autistic spectrum. The family lives in a three-bedroom flat in North Kensington, facing long-term challenges with housing, including damp and mould. These conditions had begun affecting the children's health, with some developing asthma. N was referred for support due to being overwhelmed by the demands of single parenthood and caring for children with additional needs.

**Engagement in Support:**

Matched with Family Support Worker Andrea in December 2021, N began receiving weekly one-to-one support. Over the course of the engagement, Andrea helped facilitate a school transfer for one of N's daughters to a specialist SEN school and introduced her to Family Friends' SEN Support Group. She also connected N with a local community centre offering free holiday activities for children. Regarding the housing issues, Andrea contacted environmental health to initiate an assessment and sought support from a local housing charity.

**Impact:**

While the housing case remains ongoing, N reports feeling significantly more supported and optimistic. She now feels better equipped to manage the needs of her children and has greater confidence in navigating services. Through sustained emotional and practical support, she has developed a more positive outlook and improved resilience in the face of ongoing challenges.



2022 – 2023

**Organisation Name:** Pamodzi

**Service delivered:** Coffee morning, falls prevention exercise classes, healthy cooking session, walking for health session

**Period of delivery:** Weekly

**Referral source:** Outreach, door knocking

**PAMODZI**

### Service User Details

**Age:** 55

**Gender:** Female

**Ward:** Golborne

**Ethnicity:** Black African

### Background:

B, who lives with depression and diabetes, began attending Pamodzi

Caring Hands activities in June. At the time, she was experiencing high levels of anxiety and fear, largely due to her health conditions, reliance on family for support, and financial pressures from the cost of living. She expressed concerns about being a burden to loved ones and was emotionally distressed when she first joined the group.



### Engagement in Support:

From her initial visit, B was open to participating and responded positively to the group's atmosphere, which she described as cheerful, empathetic, and supportive. Through Pamodzi Caring Hands, B took part in a range of activities including chair-based exercises, health walks, healthy eating workshops, and peer support sessions. She also received signposting to Talking Therapy, with some sessions facilitated by visiting professionals. B was encouraged to contribute her ideas and share what mattered most to her, which helped build her confidence and sense of belonging.

### Impact:

B refers to the group as her "helping hands," crediting the project with improving both her physical and mental health. She reports feeling more appreciative of life and describes the group as a "rainbow in the sky" during difficult times. As a result of her involvement, B has adopted healthier eating habits, is more active, and has a more positive outlook. She now feels better equipped to manage her health conditions and life circumstances, and continues to value the sense of connection, acceptance, and empowerment she gains from the group.



**2023-2024****Organisation Name:** Volunteer Centre**Service delivered:** Community Connections**Period of delivery:** Weekly**Referral source:** Humankind**Background:**

MD is a young person referred to the Community Connections project by a Health and Wellbeing worker at Humankind in May 2023. He experiences anxiety, particularly around unfamiliar people, and was initially apprehensive about joining new activities. Despite this, he expressed interest in building more structure and social interaction into his weekly routine.

**Engagement in Support:**

An introductory meeting was held with MD and his support worker to discuss interests and reduce anxiety around participation. He was reassured that attendance was voluntary and flexible, which helped him feel safe in exploring opportunities. MD was initially signed up for a weekly gardening volunteering group, with the arrangement that he would be met by the Wellbeing Officer at the station and accompanied to the garden.

Though MD was unable to attend at first, with continued encouragement and check-ins, he eventually joined the group. Activities included having tea with others and caring for plants. He was supported to attend for as long as he felt comfortable, with the option to leave early if needed.

**Impact:**

Since joining, MD has participated regularly and reports an increased sense of confidence and connection to others. The supportive, flexible approach has helped him manage his anxiety while gradually building social engagement into his routine. MD continues to attend weekly and is being supported to maintain this progress long term.

*“Since joining the Wellbeing Programme, I have grown in confidence. I have really benefitted from the support to try new things and to have an additional activity to support with having a structure in my week and a regular routine.”*

**2024-2025****Organisation Name:** Dalgarno Trust**Service delivered:** Digital Champions**Period of delivery:** Weekly**Referral source:** Digital Champions**Service User Details****Age:** 65**Gender:** male**Ward:** Dalgarno way**Ethnicity:** Arab**Background:**

The client is a disabled man who uses a wheelchair and requires support from his carers. He expressed a strong motivation to develop digital skills, particularly to gain independence in managing his healthcare via the NHS app. His interest stemmed from a desire to reduce reliance on others and become more self-sufficient in handling everyday digital tasks.

**Engagement in Support:**

The client began attending Digital Champions sessions with the support of his carers. These sessions were tailored to meet his specific needs, focusing on building confidence in using technology, with particular emphasis on navigating the NHS app. Carers played an active role in supporting his learning, and the inclusive, adaptable environment helped accommodate his physical and learning needs. In addition to structured digital learning, the sessions provided a space for social interaction and engagement with others.

**Impact:**

The client reported increased confidence and a sense of independence. He now feels empowered to use the NHS app to manage appointments and access his health information, reducing his reliance on others. His carer noted significant improvements in his motivation, skill level, and enthusiasm. The provider observed how the combination of accessible support and social inclusion helped foster not only digital growth but also improved wellbeing and reduced isolation.

# Exploring Value for Money

This section assesses whether the Healthier Futures programme delivered good value for money, not only in terms of the number of people reached, but in the extent of measurable improvements in participant wellbeing. The analysis aims to support future commissioning decisions by identifying which service models generated the greatest impact per pound spent, and by illustrating the programme's overall cost-effectiveness.

## What We Measured

To evaluate value for money, we calculated the average cost per participant for each service by dividing the total grant received by the estimated number of people reached. We then analysed the percentage improvement in average wellbeing across five core outcome indicators:

- Happiness
- Confidence
- Anxiety (measured as a reduction)
- Social connection
- Overall wellbeing

Using this data, we estimated the cost per 1% improvement in wellbeing for each service, a pragmatic and accessible metric that facilitates comparison of cost-efficiency across different delivery models.

This is not a full Social Return on Investment (SROI) assessment and does not capture broader impacts such as reduced pressure on public services or long-term socioeconomic gains. Rather, it provides a focused lens for understanding the direct cost of achieving measurable change in wellbeing.

## What It Cost

Across the programme, the average cost per participant was:

- **Mean average:** £140.85
- **Median average:** £100.37

We also assessed the average cost per session, which ranged from £34.68 to £306.65. The mean cost per session was £147.92. This provides another lens on value for money, especially when considering the frequency and intensity of engagement delivered.

Table 3. Average Cost per Participant by Service

Service	Estimated Reach	Grant Total	Cost per Head
Befriending	566	£56,808.84	£100.37
Boxing and Cooking Classes	410	£54,841.00	£133.76
Boxing and Fitness Sessions	1060	£32,087.00	£30.27
Chair-based Exercises	832	£43,336.17	£52.09
Community Activities	294	£81,938.00	£278.70
Complimentary Therapies	1082	£302,830.17	£279.88
Cooking and Nutrition	541	£36,490.84	£67.45
Digital Support	907	£81,632.00	£90.00
Gardening Sessions	488	£75,127.00	£153.95
Information and Legal Advice	875	£72,977.25	£83.40
Legal Advice & Trauma Support for Disabled Residents	580	£79,601.24	£137.24
Music and Movement Sessions	3942	£99,237.00	£25.17
Physical Activities	444	£60,940.84	£137.25
Trauma-informed Family Coaching	81	£39,850.00	£491.98
Yoga Sessions	923	£47,300.84	£51.25
<b>Mean Average</b>	<b>868</b>	<b>£77,666.55</b>	<b>£140.85</b>
<b>Median Average</b>	<b>580</b>	<b>£60,940.84</b>	<b>£100.37</b>

\*Note: Estimated reach for these providers was calculated on number of families, not individuals.

These averages reflect a wide spectrum of delivery formats, from high-intensity one-to-one interventions to light-touch group activities. Table 3 illustrates the range across providers, largely driven by differences in programme intensity, target populations, and delivery models. Services offering personalised or specialist interventions show higher unit costs, while large-scale community activities present more modest per-person expenditure.

In addition to evaluating the average cost per participant, we also calculated the cost per session for each service. These detailed cost breakdowns are presented in Appendix 1.

### Calculating Percentage change in participants wellbeing

We then ranked services based on their percentage change in participant wellbeing, using the five-point scale previously mentioned (see Table 4). All providers for whom data was available demonstrated a positive impact, with several reporting wellbeing gains of over 30%.

Table 4. Percentage Improvement in Wellbeing by Service

Service	Happiness (0-10)	Anxiety (0-10)	Confident (0-10)	Close to Others (0-10)	Wellbeing	Adjusted Total Change (0-50)	Wellbeing improvement %
Community Act.	3.1	2.4	2.1	2	4.2	13.8	54.17%
Comp. Therapy	-	2	-	1.2	3.2	6.4	53.12%
Info & Legal	4.4	1.1	2	1.2	2	10.6	44.73%
Disab. Legal Support	4.1	3.1	1.3	-0.3	0.9	9.1	40.67%
Yoga	2.2	2.4	1.3	0.9	1.8	8.7	31.89%
Befriending	2.3	1.6	0.9	1.3	1.7	7.8	31.68%
Chair Exercise	4.5	3.7	-0.3	-0.7	1.6	8.8	30.49%
Boxing & Cook	3	2.1	0.8	0.9	1.2	8	27.49%
Physical Act.	1.7	1.5	1	0.4	1.5	6.1	19.93%
Family Coaching	1.4	0.8	1.3	1.1	0.7	5.2	15.85%
Gardening	1.8	0.1	0.3	0.5	0.5	3.1	10.48%
Music & Move.	1.2	0.7	0.6	0.5	0.3	3.3	8.68%
Digital Support	0.3	0.6	0.4	0.1	0.7	2.1	7.32%
Cooking & Nutr.	1.1	0.4	-0.1	-0.7	0.9	1.7	5.52%

While the percentage improvements varied, many services achieved outcomes comparable to or better than typical wellbeing gains observed in short-term psychological or community interventions.

### What We Achieved

In table 5, we then compared each service's cost per participant with its wellbeing improvement, producing a benchmark of cost per 1% improvement in wellbeing.

Table 5. Cost per 1% improvement in wellbeing by Service

Provider	Cost Per Head	Wellbeing improvement %	Cost per 1% improvement in wellbeing
Befriending	£100.37	31.68	£3.17
Boxing and Cooking Classes	£133.76	27.49	£4.86
Chair-based Exercises	£52.09	30.49	£1.71
Community Activities	£278.70	54.17	£5.15
Complimentary Therapies	£279.88	53.12	£5.27
Cooking and Nutrition	£67.45	5.52	£12.23
Digital Support	£90.00	7.32	£12.29
Information and Legal Advice	£83.40	44.73	£1.86

Legal Advice & Trauma Support for Disabled Residents	£137.24	40.67	£3.37
Music and Movement Sessions	£25.17	8.68	£2.90
Physical Activities	£137.25	19.93	£6.89
Yoga Sessions	£51.25	31.89	£1.61
<b>Mean Average</b>	<b>£119.71</b>	<b>29.64</b>	<b>£5.11</b>
<b>Median Average</b>	<b>£95.19</b>	<b>31.09</b>	<b>£4.12</b>

The analysis highlights a key insight: low-cost, community-based interventions often delivered significant and cost-efficient improvements in wellbeing. Programmes that offered regular, accessible, and emotionally supportive group sessions—such as Pamodzi, Clement James, and VCKC Yoga—emerged as particularly impactful per pound spent.

At the same time, higher-cost interventions should not be seen as inefficient. Many were designed to address complex needs or support individuals facing long-term trauma. In these contexts, even modest improvements can represent substantial progress. Counselling and advice services, for example, require trained staff and typically involve higher costs for training, supervision, and ongoing support.

Ultimately, the Healthier Futures programme delivered consistent and measurable gains in participant wellbeing, at an average cost of £5.11 per 1% improvement, a strong return in the context of community-led, preventative care. This reinforces the case for investing in flexible, relationship-based, and locally rooted models, particularly in areas facing deep health inequalities and ongoing recovery needs.

## Key Takeaways

- Low-cost services often delivered high impact per £, especially those built on consistent group-based support.
- Higher-cost services played a vital role in reaching individuals with complex needs, justifying their investment.
- Average cost per 1% improvement was £5.11, providing a practical benchmark for future commissioning.
- A diversity of models contributed to positive wellbeing change, underscoring the value of a mixed delivery ecosystem.

# Learnings and Legacy

The Healthier Futures programme offers a replicable model for community-led health and wellbeing support, particularly in areas affected by trauma or structural inequality. The following insights outline core design principles for effective, equity-driven, and partnership-based care.

## Building Trust through Community-Led Services

Community-rooted organisations can establish trust where statutory systems often struggle. Their culturally relevant, relationship-focused models create a sense of belonging and safety, essential for engaging marginalised populations.

- **Key Insight:** Invest in community leaders and place-based delivery to enable trusted, sustained engagement.

## Trauma-Informed Coordination Benefits all Contexts

In post-crisis contexts, understanding the emotional and relational dynamics of affected communities is essential. Even beyond disaster recovery, trauma-aware systems create safer, more inclusive spaces for service users and staff. Flexible funding, consistent communication, and emotional intelligence were critical to Healthier Futures Programme's success in supporting both residents and service providers.

- **Recommendation:** Embed trauma-informed practices in all aspects of programme coordination, from funding mechanisms to staff training.

## Bridging VCS and Statutory Services Requires Investment

Strong partnerships between community organisations and the NHS are critical but fragile. The programme underscored the need for dedicated resources to broker and maintain these relationships.

- **Lesson:** Invest in coordination roles, shared tools, and consistent mechanisms for joint planning between the VCS and NHS/local authorities.
- **Additional Insight:** High rates of self-referral into community services suggest that when VCS provision is accessible and trusted, it can reduce demand on primary care and enable more appropriate use of clinical time.

## Outcome Measurement Enhances Accountability and Insight

Despite initial capacity concerns, the programme demonstrated that VCS organisations could collect robust outcome data with adequate support. Tools like MYCaW provided meaningful, participant-centred insights.



- **Learning:** Simplified, flexible evaluation frameworks enable small organisations to demonstrate impact while maintaining focus on service delivery.

### Equity-Driven Design Amplifies Impact

By prioritising grassroots organisations and those led by majority ethnic groups, the programme ensured a focus on equity. This approach effectively reached underserved communities and redefined success beyond traditional metrics.

- **What Worked:** Translated materials, self-referral routes, flexible entry points, and co-produced design enabled inclusive access.
- **Guidance:** Equity must be a guiding principle, influencing provider selection, outreach methods, success measures, and feedback loops.

### Consistency is the key

Sustained, predictable support had the biggest impact on wellbeing. Regular contact and continuity of relationships outperformed short-term or one-off interventions.

- **Actionable Insight:** Prioritise continuity of engagement when designing community health models.

### Strategic Legacy

The Healthier Futures programme left an enduring legacy in three primary areas:

1. **Strengthened VCS Infrastructure:** Relationships and networks built during the programme equipped local organisations to sustain their impact beyond the project's lifespan.
2. **A Case for Community-Led Models:** The programme provided measurable improvements in wellbeing, demonstrating the effectiveness of non-clinical, place-based models in reducing health inequalities.
3. **A Blueprint for Future Recovery:** The flexible, equity-driven, and trauma-aware approach offers a replicable model for other regions facing public health challenges.



# Conclusion

The Healthier Futures programme offers a compelling model of community-led health and wellbeing delivery in the context of long-term trauma recovery. Over five years, it consistently demonstrated that voluntary and community sector (VCS) organisations are not only capable of delivering measurable outcomes, but uniquely positioned to reach, support, and empower residents often excluded from mainstream services.

In a locality shaped by profound loss and ongoing inequality, the programme's trauma-aware, culturally rooted, and relationship-based approach provided safe, accessible support to thousands of people. It reached those experiencing isolation, chronic stress, marginalisation, and health challenges often in ways statutory services could not.

The evidence presented in this report confirms that community-based support:

- Improves wellbeing across emotional, psychological, and social domains
- Reaches diverse and underserved communities
- Offers significant value for money
- Strengthens the infrastructure and confidence of local organisations
- Builds relational trust that underpins longer-term system change

As health systems evolve toward integrated, person-centred care, Healthier Futures offers not only a proof of concept but a practical blueprint. Its design, delivery, and evaluation model can inform future commissioning in North Kensington and beyond.

The Grenfell tragedy required not only a health response, but a community response. Healthier Futures showed that both are possible, and most powerful when delivered together. As North Kensington continues to heal, this model offers hope, clarity, and a pathway forward: one that centres community, values lived experience and rebuilds health from the ground up.

The time is right to build on this learning. With sustained commitment, community-led care can become a mainstream pillar of the health system, not only in times of crisis, but as part of everyday wellbeing and resilience.

## Appendix 1 Average Cost per Session

The Average Cost per Session, shown in Table 6, offers further insight into the scale and delivery intensity of the programme. It helps distinguish between interventions that required significant staff time per session versus those delivered more efficiently at scale.

*Table 6. Average Cost per Session by Service*

<b>Service</b>	<b>Estimated N. Sessions</b>	<b>Grant Total</b>	<b>Cost per Head</b>
Befriending	1638	£56,808.84	£34.68
Boxing and Cooking Classes	397	£54,841.00	£138.14
Boxing and Fitness Sessions	159	£32,087.00	£201.81
Breathwork	40	£11,815.00	£295.38
Chair-based Exercises	242	£43,336.17	£179.08
Community Activities	412	£81,938.00	£198.88
Complimentary Therapies	4827	£302,830.17	£62.74
Cooking and Nutrition	119	£36,490.84	£306.65
Digital Support	932	£81,632.00	£87.59
Information and Legal Advice	1228	£72,977.25	£59.43
Legal Advice & Trauma Support for Disabled Residents	830	£79,601.24	£95.91
Music and Movement Sessions	497	£99,237.00	£199.67
Physical Activities	563	£60,940.84	£108.24
Trauma-informed Family Coaching	356	£39,850.00	£111.94
Yoga Sessions	341	£47,300.84	£138.71
<b>Mean Average</b>	<b>839</b>	<b>£73,445.75</b>	<b>£147.92</b>
<b>Median Average</b>	<b>412</b>	<b>£56,808.84</b>	<b>£138.14</b>