

GHCF Evaluation – Wave 1



Phase 1: Emerging Insights Report

November 2025



DG Cities – About us

dg:cities



Ed Houghton
Research director

We are a multidisciplinary organisation that provides **strategy, research and evaluation** services across the public sector.



Leanne Kelly
Evaluation lead

We were established by the Royal Borough of Greenwich as an independent company and today collaborate with and help the **public and third sector** to learn through evaluation, and harness **new approaches, technology and data to improve people's lives.**



Gabriela Mihaylova
Evaluation analyst

Table of contents

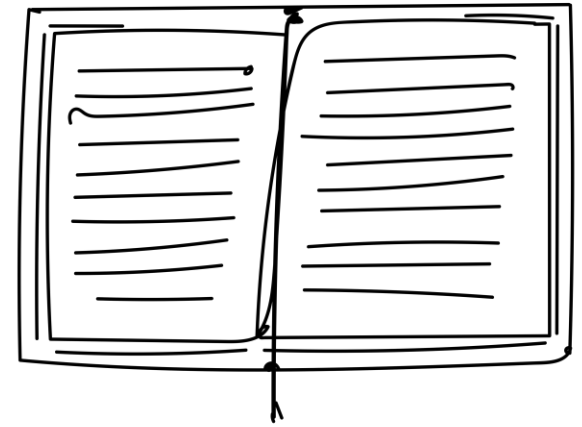
1. Overview to our evaluation
2. Reach of GHCF
3. Analysis highlights
 - Experience with the fund
 - VCSE outcomes and impacts
 - Beneficiary outcomes and impacts
 - The health system in Greenwich
4. Lessons learned & recommendations

Guidance

Anonymised quotes from participants are included, and formatted as such “xxxx” and the strand and data source they reflect are referred to throughout the presentation.

Throughout we often refer simply to ‘VCSEs’ to refer to fund grantees overall, which may reflect different types of individuals, groups, and more formal organisations.

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1) Purpose of the GHCF evaluation

The Greenwich Healthier Communities Fund aims to **prevent and respond to health inequalities** across the Royal Borough of Greenwich to ensure everyone has **equal access to the services and support** they need.

GHCF consults, co-designs, and provides funding (running 2024–2029) to organisations and communities across Greenwich.

DG Cities was commissioned in 2025 to:

- **Assess the impact** of the GHCF on organisations and communities
- **Provide knowledge exchange and capacity building** to participating organisations in the fund.
- Feed back to the funder on how the programme has **delivered against its objectives**;
- **Provide GHCF's stakeholders with evidence, insights and stories** to showcase impacts and learning from the VCSE sector in the borough.
- Highlight lessons learnt -> inform future **grant giving across sectors** in Greenwich.

Purpose of the Wave 1 report

This is a retrospective 'wave 1' of the evaluation, covering Phase 1 of the fund (May 2024 to August 2025) and includes grants that had completed or were nearing completion.

The evaluation captures insights and stories from grantees, including data and insights about the communities they worked with, and identifies lessons that can be learnt for the GHCF, wider programmes and VCSEs in Greenwich.

The Phase 1 analysis includes:

- Rounds 1-3 of the Enabling strand, with 27 grants included – those who were in later stages or had completed.
- Round 1 of the Delivery strand, with all 25 grants included.

Our Methodology – Overview

Development of Theory of Change (ToC) for each strand and an Evaluation Framework with Groundwork and stakeholders.

Data and documentation gathering

- GHCF data, including applications and assessment information
- Monitoring forms
- Fund background information

Engagement phase:

- July 2025 – September 2025

Primary research – wave 1 engagement

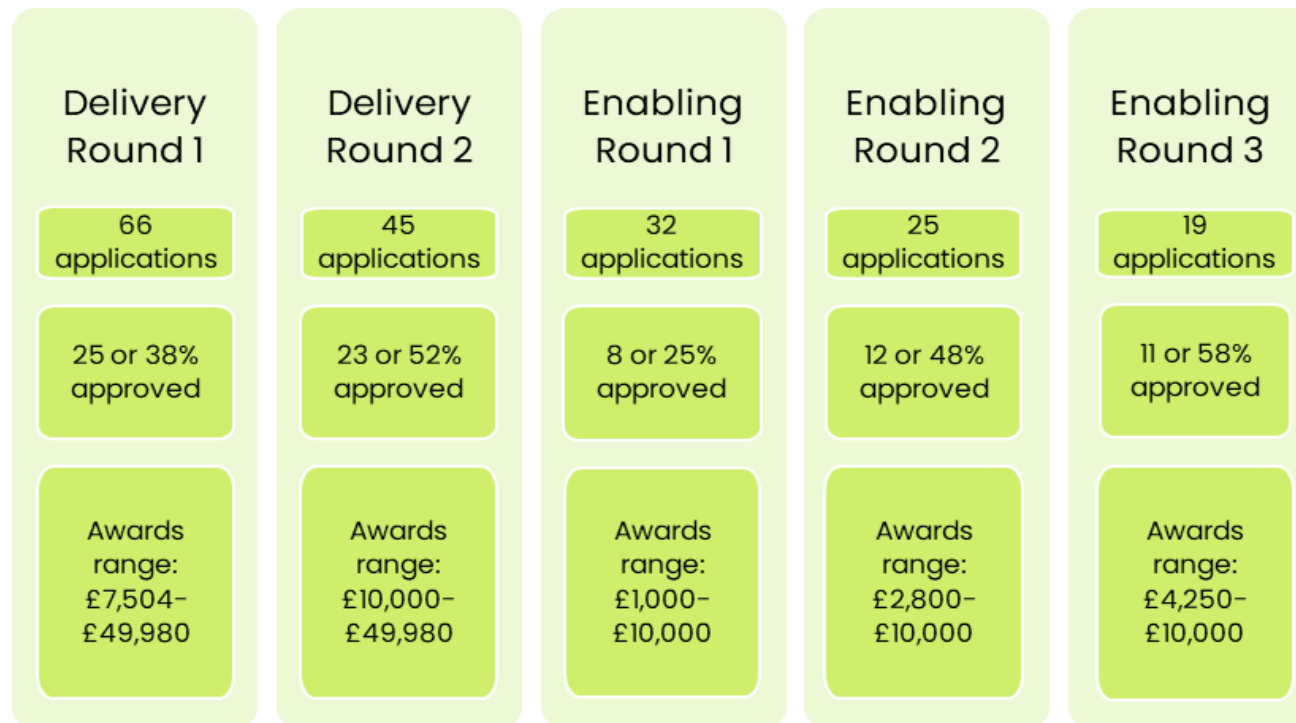
- Online and telephone questionnaire (30 respondents)
 - A flexible questionnaire with standard questions (including multiple-choice) and optional questions for more detail
- Interviews with VCSE leaders and team (5 VCSEs) – A case study for each interviewee

Qualitative analysis – thematic coding primary research and Monitoring Form data, to understand key themes, common challenges, benefits, collaboration, and areas of difference.

Emerging outcomes- impact summary – assessing the depth and breadth of evidence against the ToC items.

2) Phase 1 – Reach of GHCF

What's been funded



Link: [Royal Borough of Greenwich \(RBG\) Health & Wellbeing Strategy](#)

Higher proportions of awarded grants covered the following themes:

NHS themes:

- Health behaviours (63%, 29%) – for Delivery and Enabling
- Clinical care (27%, 19%) – for Delivery and Enabling
- Socio-economic factors (48%) – for Enabling strand

RBG Health & Wellbeing strategy 5 Wells:

- Stay Well (40%) and Be Well (23%) for Delivery strand
- Stay Well (39%) and Feel Well (23%) for Enabling strand

Re-applications:

- Re-applications to GHCF were present on several occasions.
- Groundwork provided tailored feedback to all unsuccessful applicants and offered a support call, which has been key to supporting re-applications to the fund.

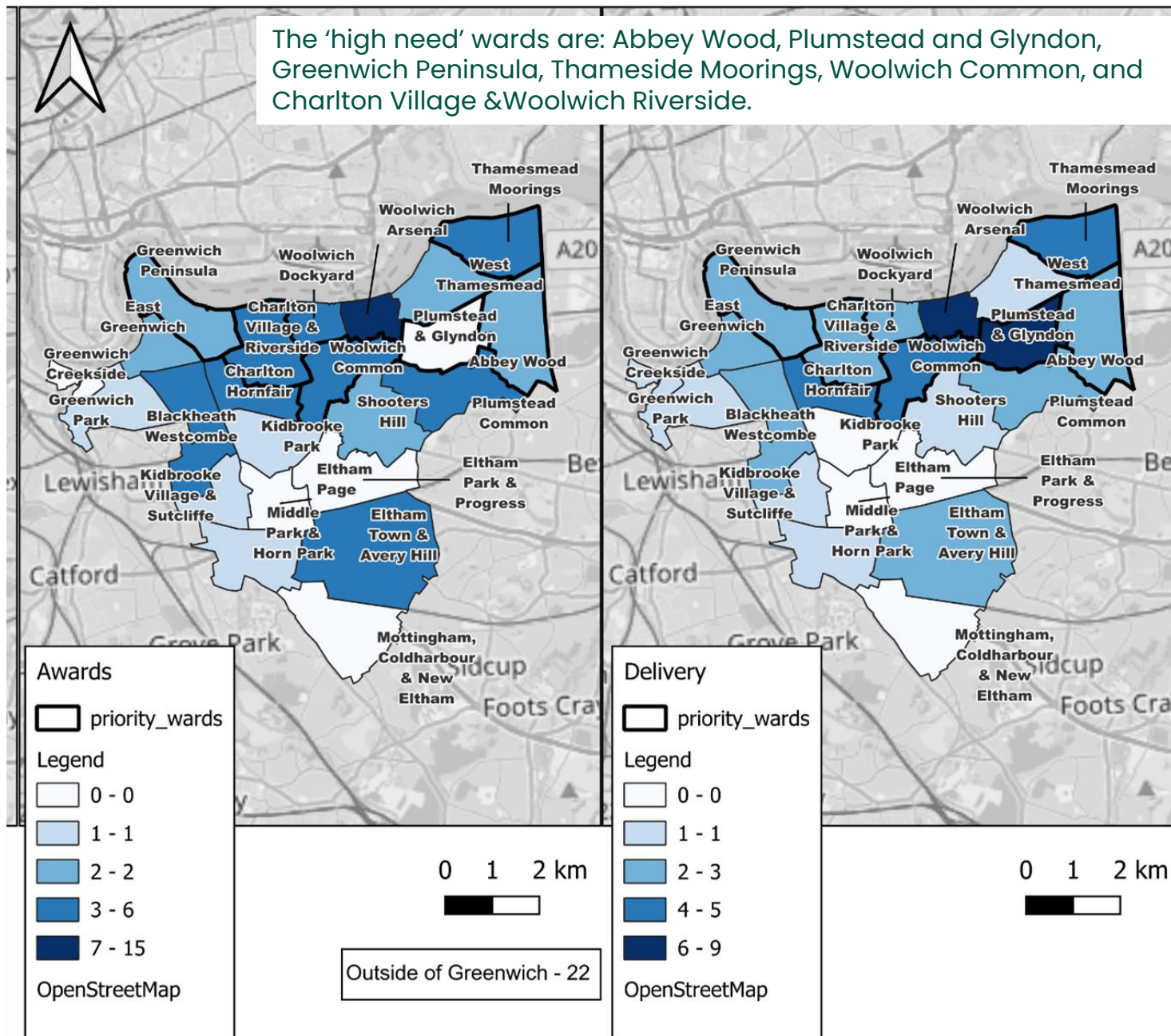
Geographic coverage

Applications were received from **all Greenwich wards**, except Eltham Park and Progress. **Most applicants** were concentrated to **the north**.

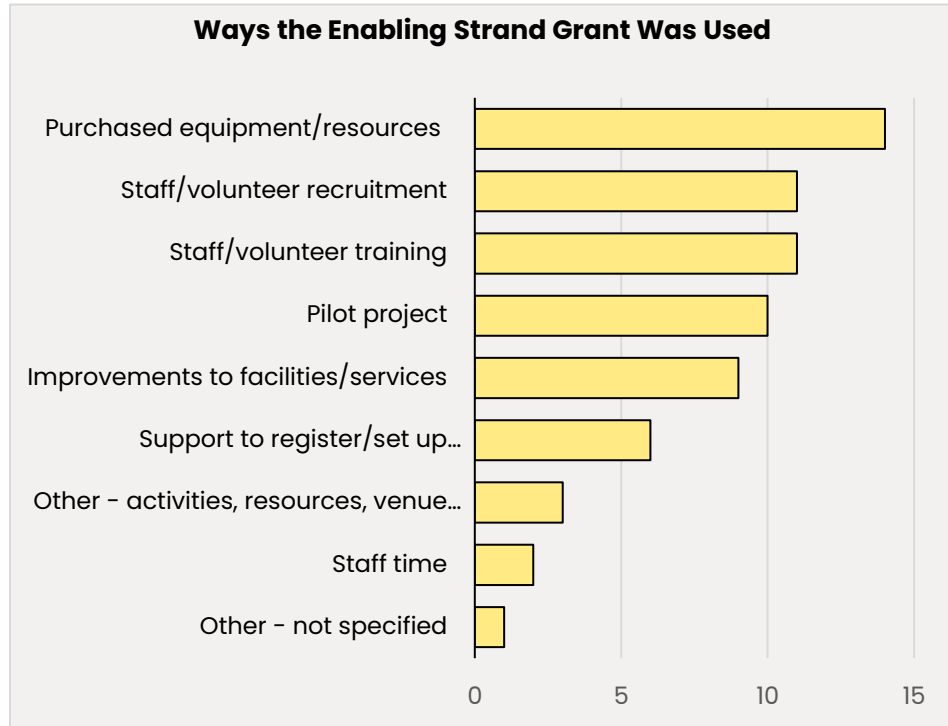
Awarded projects (shown to the right) – a concentration to **the north and east** of the borough.

Woolwich Arsenal – not a priority award but adjacent to priority wards – has a significantly higher number of **applications and awards** and is a common ward where VCSEs offer **activities, groups, events**.

Overall, the reported delivery areas (shown to the right) do **align with the areas of high need in the NHS Greenwich Charitable Fund's Grant-Giving strategy**.



Inputs



The majority of Enabling grantees allocated their funding to improve their **internal capacity** such as purchasing equipment, recruiting and training staff and/or volunteers, and improving their facilities or services.

Some grantees also often spent the grant on **piloting a project** or **registering themselves as a VCSE organisation**.

Fewer grantees used the funding to pay staff time or support other activities, which aligns with the aim of this strand.

Delivery strand - a wider set of inputs may have been funded, which is reflected from wider categories in the GHCF Prospectus:

- **Revenue spending** (including staff costs);
- **Venue hires and equipment;**
- **Project-specific training** (which must be directly related to the project, but not the project main focus).

Outputs – Enabling strand

Many Enabling grantees expressed gratitude for the opportunity to pilot a project and to register/set-up an organisation, something which they note would have been difficult without the funding.

From the **six** Enabling strand grantees (who completed the questionnaire) who **used the fund to deliver activities**, they reported activity outputs including:

- **A community garden** – a space for residents to engage with nature and learn gardening skills;
- **Community events for Neurodivergent** families and artists of young age;
- **Physical activities** such as weekly yoga sessions;
- **Practical activities** including basic English-speaking classes aimed to tackle health inequalities and reduce isolation;
- **Creative sessions** for young people struggling with emotional wellbeing, confidence, and social connection; and
- **Early health awareness and health and emotional topic sharing sessions** at local barbershops for men.



In addition to activities, **one** project created **resources for teachers and for future staff** interested in working with **SEND students**, and another created **a platform for community members to voice their concerns and needs**.

Outputs – Delivery strand

All of the Delivery questionnaire respondents used the grant to **deliver a wide range of targeted activities** to local beneficiaries, whilst **also benefitting as an organisation, building capacity and/ or creating resources** for future use.

Some Delivery strand grantees noted that they **had already been running similar sessions and/or working with a similar demographic of beneficiaries**. This meant that they already had connections with some local organisations and were aware of some of the challenges that beneficiaries face. The grant helped them **maintain stability and consistency** in the delivery of their activities.

Several grantees **delivered children and young people-focused sessions** across schools and in a **Youth Club**.

Physical activity-focused outputs were also common, with grantees delivering a mix of walking tennis sessions, adapted yoga, boxercise, and personal training sessions.



Other projects focused on:

- **Community-based activities** to support mental wellbeing, with one aiming at creating **a dementia-inclusive environment**;
- Trialing different tutors and facilitators to **deliver their workshops in a range of techniques and styles**;
- **Trauma-informed care workshops** paired with choir rehearsals to support beneficiaries.

**3a) Analysis –
experience with the
fund**

High satisfaction with the GHCF and its various elements

Overall satisfaction with the fund – from questionnaire responders

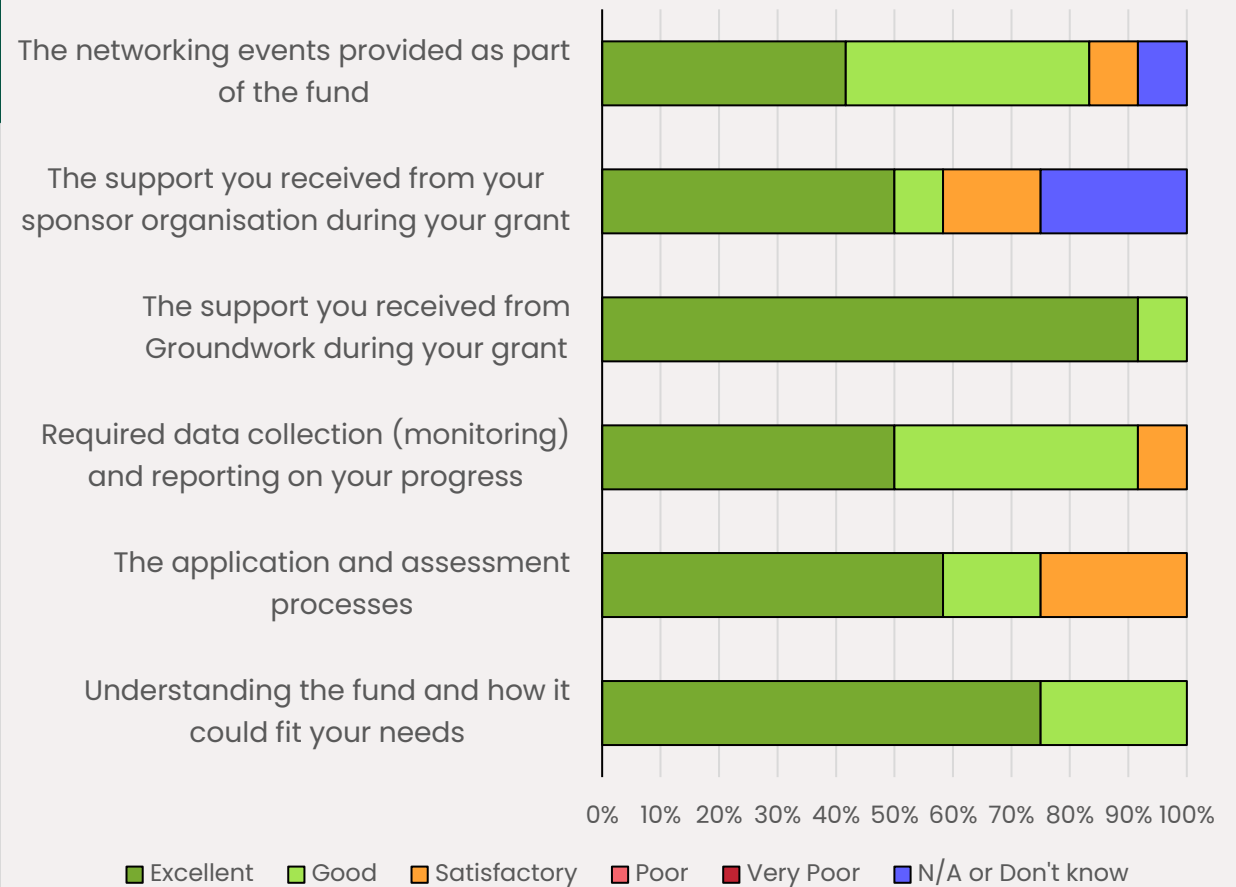
Enabling (completed) – **9.4/10**
Delivery (completed) – **9.4/10**
Delivery (still in progress) – **9.5/10**

Enabling strand positive experiences included:

- Fund flexibility;
- Support and guidance – in particular having a named person to reach out to;
- Mid-project call; and
- Applications and reporting processes – “clear” and “constructive”.

“The Enabling strand felt genuinely enabling – not just in name but in spirit. It gave me the tools, confidence, and sense of belonging needed to take this work forward.” (Grantee Enabling, Monitoring Form)

Enabling strand: Experience with the fund (%)



Experiences with the GHCF

– Delivery strand

Delivery grantees rated the **networking, monitoring and reporting** slightly higher than Enabling grantees.

Positive experiences include:

- Useful information about the different funds;
- Guidance, support and encouragement to apply;
- Helpful feedback in re-applying;
- Networking events – valuable sense of connection with other project and community leaders;
- Opportunities for partnership and collaborations – to share and gain key learning points from other VCSEs.



"I think the fund has been wonderfully managed and one of the features that has been really helpful...has been the networking opportunity.

Bringing us together can be really, really helpful particularly where a large part of the work is scoping and understanding where the need is, which communities and what culturally is going on."

(Grantee, Delivery, Interview)

Collaboration and working with partners

Most grantees who responded to the questionnaire were involved in **at least one collaboration/partnerships**, with **half of Delivery** strand respondents being involved in **multiple** partnerships.

Overall, grantees rated their perception on the **success** of the partnership(s) **very highly**.

Valuable benefits from **one** partnership/ collaboration:

- Specific technical expertise brought in.
- Reached more participants or more diverse participants.
- Provided with venue, resource, training, or something else.



Valuable benefits from **multiple** partnerships:

- Specialist training and development sessions;
- Reached more (diverse) participants;
- Public Health funded training;
- Venues for meetings and workshops; and
- Support in co-ordination and recruitment.

Challenges -

17 Enabling and **11** Delivery mentioned **at least one challenge**, in three broader types: 1) Fund processes; 2) Delivery for VCSEs; 3) For beneficiaries

Fund processes challenges

- Time taken between application and receiving of funding, and VCSE internal delays.
- Limited resources - VCSE staff/volunteers, and difficulty in allocating resources in application.

Perceived or actual difficulties in accessing further GHCF funding while their existing grant was still underway.

10 VCSEs reported challenges in the delivery

- Difficulties in securing venue/seasonal closures.
- Staff and volunteer availability.
- Building momentum and maintaining interest.

Delivery challenges for beneficiaries included discomfort for participants with lived experience where mental health and safeguarding were a focus.

Delivery

7 VCSEs reported challenges in the delivery - centred around engaging participants and adapting to their needs following feedback:

- Low initial referral numbers from GP practices.
- Beneficiaries anxious or hesitant about joining.
- Availability of volunteers.
- Underestimating the level of guidance and support required by beneficiaries.
- Reluctance from beneficiaries to share personal information or to try something new.

Many grantees were able to respond to these challenges – and saw them as a learning opportunity.

**3b) Analysis – VCSEs
outcomes and
impacts**

More confident staff and volunteers

More skilled or knowledgeable staff

Resilience and capability

The most commonly reported VCSE impacts were:

- 1. Reaching more beneficiaries;**
- 2. Gaining more skilled, knowledgeable, or confident staff and volunteers.**

Several grantees have directly reported that new or upskilled volunteers have **increased their capacity** and some of the VCSEs' testimonials have been from their volunteers demonstrating **very positive experiences**, this is often associated with **improved wellbeing and life satisfaction**.

Numbers of staff and volunteers* -

	Enabling – a total of:	Delivery – to date*:
Trained	• 96 volunteers / 36 staff (from 12 VCSEs)	• 94 volunteers / 73 staff (from 5 VCSEs)
Involved	• 140 volunteers , (from 14 VCSEs) • 21 recruited staff (from 9 VCSEs)	• 66 volunteers (from 7 VCSEs) • 33 recruited staff (from 7 VCSEs)

**From completed Monitoring Forms at time of analysis*

“The Club has supported me every step of the way, especially with my dyslexia, and I am so grateful for the encouragement they've given me... They've also put me on a range of courses including Makaton, which has boosted my skills and prepared me for new opportunities. Thanks to this experience, I now feel confident and ready to return to work.”

(New volunteer, Enabling, Monitoring Form)

Increased reach and better support

Increased reach and better support was reported across different types of organisations, both **well-established local community providers** and **those that were small or newer in providing** in Greenwich.

Enabling:

7 grantees – supporting more
7 grantees – supporting better
4 grantees – both

Delivery:

15 grantees – increased ability to reach more or better
7 grantees – supporting more
6 grantees – supporting better or for longer

“The training of four staff members and active engagement of two regular volunteers has expanded our delivery capacity and professionalised our approach...

We can now reach more residents, provide a higher standard of mental health education, and respond more swiftly to individual and collective needs.” (Grantee, Enabling, Questionnaire)

Increased ability or reach – to support more people with their health and wellbeing

Increased ability – to support people for longer or in better ways with their health and wellbeing

Some have increased reach through –

1. **New or improved materials** that provide key information and learning, or communication systems to beneficiaries.

Others through –

2. The **capacity** that **additional staff/volunteers** bring.

And for Delivery strand grantees –

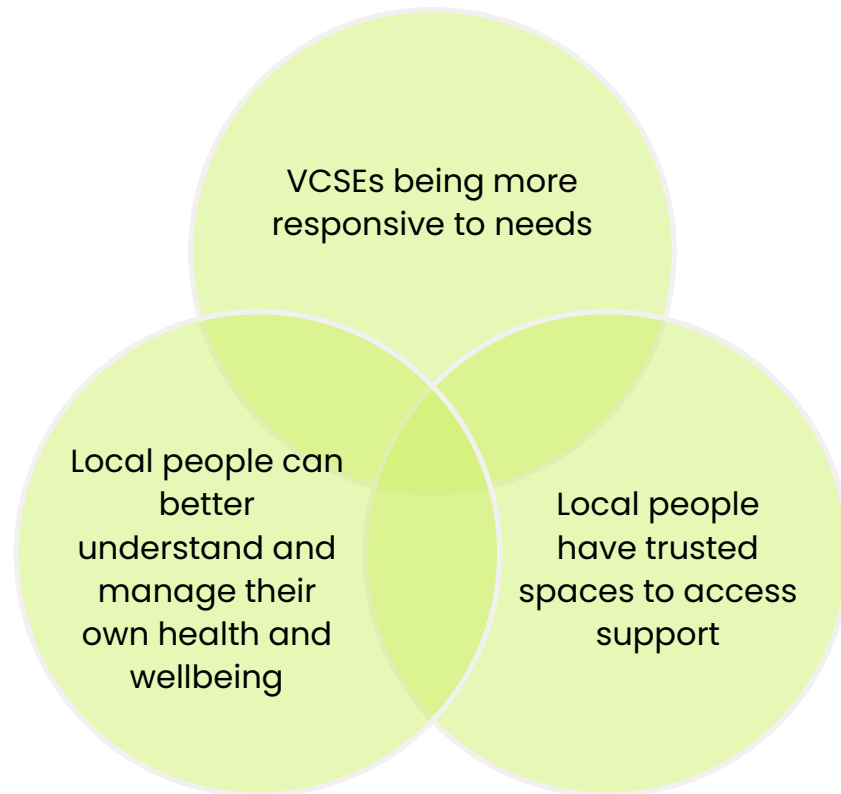
3. **Partnerships** or using **established local spaces** to host their activities.

4. **Growth of visibility and accessibility** through open access events, ‘word of mouth’, and trusted testimony.

“This collaboration has also strengthened local trust and helped us connect with harder-to-reach communities.”
(Grantee, Delivery, Questionnaire)

Better addressing health inequalities

Many of the VCSEs have used the funding to improve their **direct current response to those with health inequalities**.



Grantees addressed the following dimensions of **health inequality** during their funding, to realise **beneficiary impacts** such as:

- **Physical activity** plus support to access GPs and health services
- **Spaces for SEND children and their families** to access trained staff, resources, and recommended techniques
- **Welcoming and tailored spaces for those facing socio-economic factors** that impact their health access and behaviours:
 - African and Caribbean males, for physical, mental and emotional health
 - Vulnerable women, for mental health and life changes
 - Mixed beneficiaries with support around their health condition treatment
- **Dedicated support in schools for children** with low self-esteem or mental health

The VCSEs' future and next steps

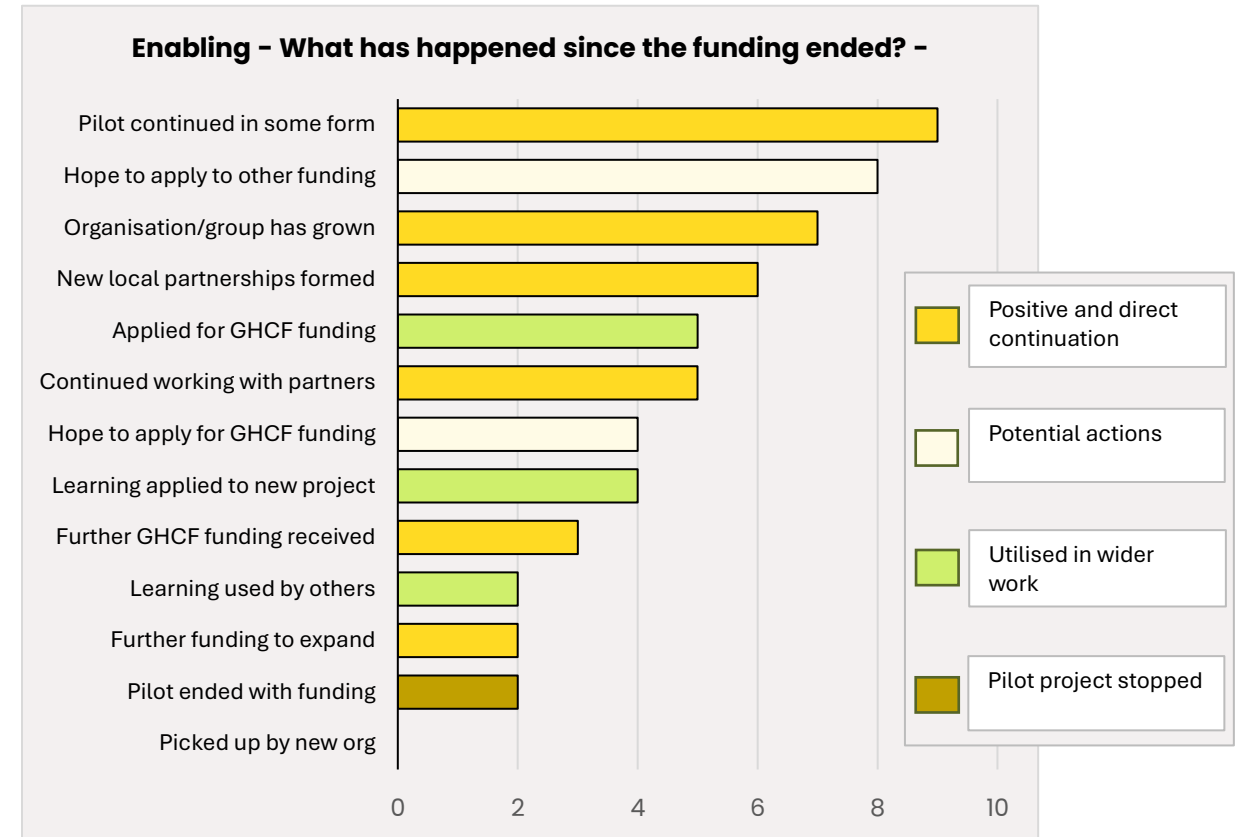
1) Work that has already continued

Some Enabling grantees stated their future ambitions and opportunities, in the questionnaire >

For example -

"This project has laid the foundation for long-term community engagement, and we are now focused on building on this momentum. We plan to expand our outreach work by developing a network of local peer health advocates, trusted local voices who can share health messages, signpost services, and bridge gaps between communities and providers."
 (Grantee, Enabling, Questionnaire)

What VCSEs are doing following their GHCF funding period



Source: Evaluation Questionnaire, N =12

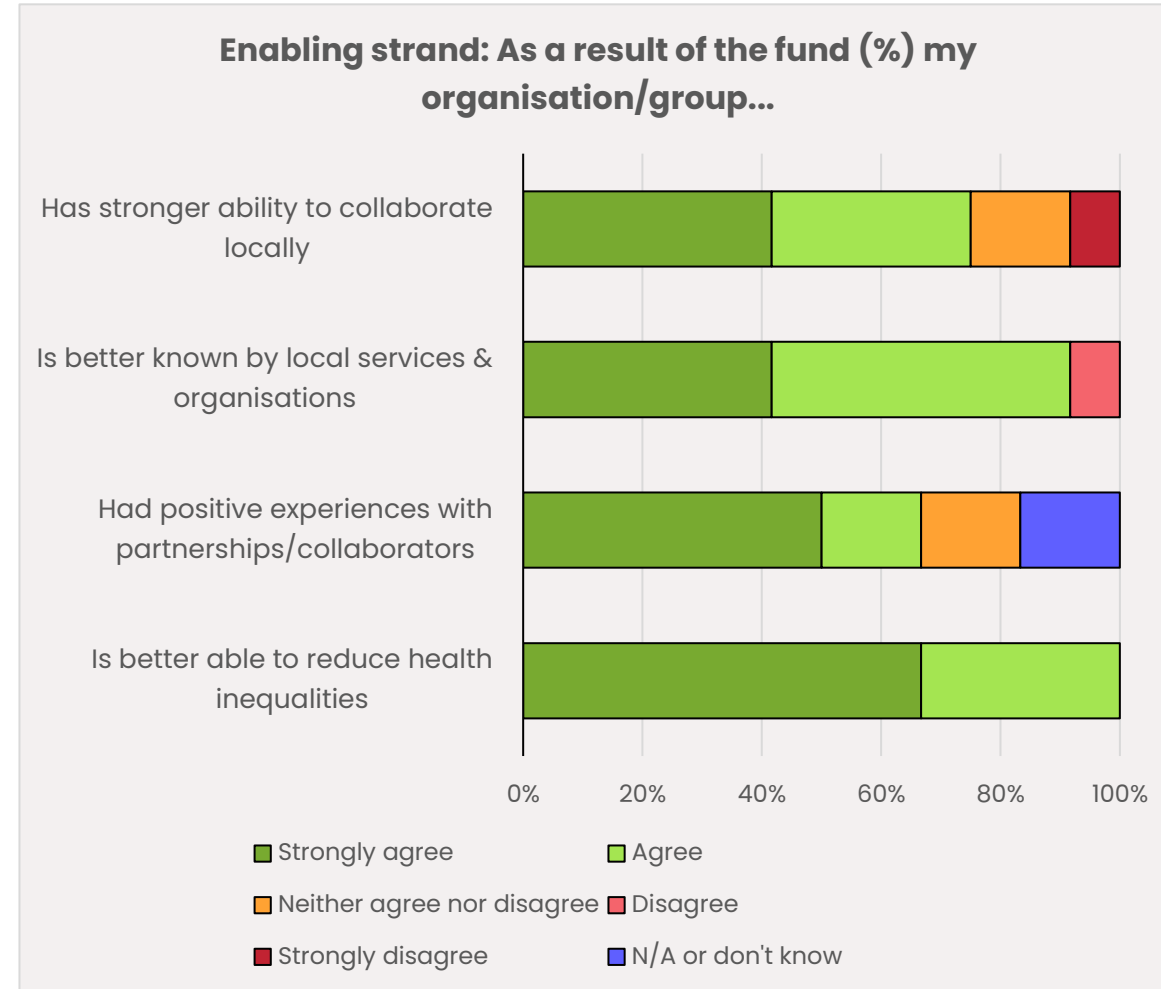
2) There is evidence of some VCSEs appearing to gain greater sustainability -

- Being a **confident VCSE** - increased knowledge and skills and momentum i.e. being ready and having the resources/ funding/ partnerships to continue.
- Being **resilient/future proof** - ability to develop and use new systems and processes.

“This stage focused on developing the essential knowledge, skills, and documents to ensure that the initiative is safe, inclusive, and ready for delivery. The grant was used primarily to set up a CIC and to access high-quality training including safeguarding, mental health first aid, and trauma-informed facilitation...”

Overall, the impact of this grant has been powerful. It has given us the skills, confidence, and structural support to move forward with the next phase.” (Grantee, Enabling, Monitoring Form)

Self-reported changes to Enabling strand VCSEs, n = 12



Source: Evaluation Questionnaire, N =12

Opportunities with collaboration

3) Opportunities have been shared including areas for partnership.

By Delivery strand grantees:

- 7 reported that: 'The project has continued in some form'
 - 6 that: 'We have made new local partnerships or collaborations'
 - 5 that: 'We hope to apply for further GHCF funding'
 - 3 that: 'We have continued to work with partners/connections made from grant itself'
 - 3 that: 'Our organisation/ group has grown.'
 - 3 that: 'We hope to apply for other funding'
- Ten have articulated **clear ongoing opportunities following their funding**. This has reflected **local demand**, their increased **capability and capacity** to continue to deliver, and newly **refined models of delivery**.

"The project strengthened our confidence and ability to design, deliver, and evaluate tailored programmes for people with long-term conditions. We now have: - A tested model for inclusive, community-based physical activity. - Practical experience in managing health partnerships and clinical referrals. - Clearer understanding of the needs of people living with Type 2 diabetes."
(Delivery, Monitoring Form)

Uncertainties or challenges to VCSEs' sustainability

- Lack of clarity or partnerships to apply effectively for the GHCF Delivery strand.
- Managing financial positions between end of funding and new funding awards.
- Timing of new activities being established and whether momentum can be maintained e.g. beneficiaries keep engaged and trust during pauses.

Drivers for future sustainability

- **An engaged and brought-in group of users**, who are able and ready to use the service or participate in activities when they continue.
- **Having wider activities that run without GHCF funding**, as follow-on or complementary activities to the grant-funded activities to maintain engagement and buy-in from the beneficiaries
- **Having developed partnerships with other sustainable organisations**, to drive the demand for or provide delivery support and resources.
- **Having developed relationships with local services** that have a need and ability to bring in the VCSE as a delivery partner. Such as schools, health and care services.

3c) Analysis – Beneficiary outcomes and impacts

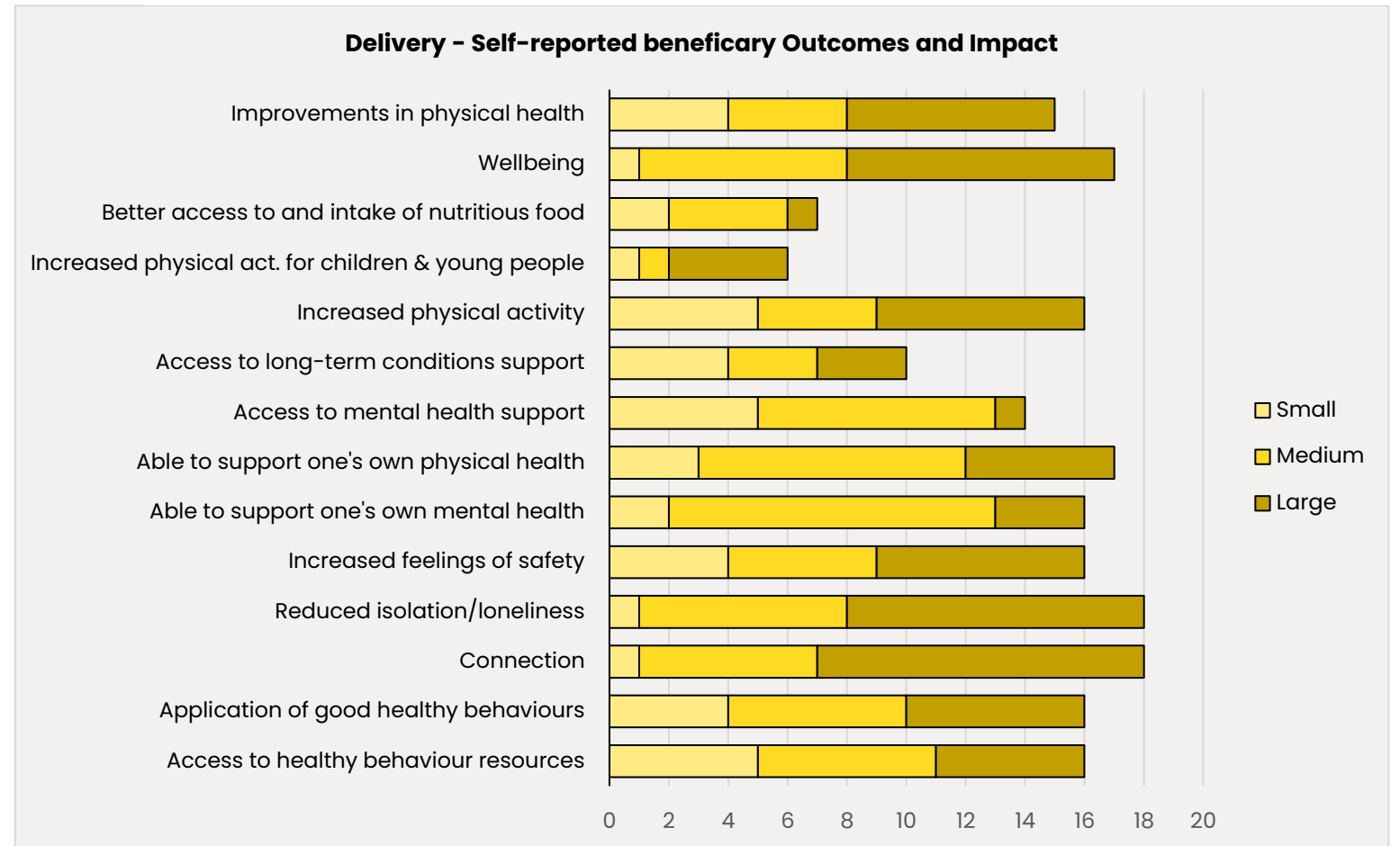
Beneficiaries Health & Wellbeing - overview

Grantees were asked to select relevant outcomes/ impact that their beneficiaries experienced, and whether these were small, medium or larger changes.

This is shown for the Delivery grantees here>>

Other evidence, such as from the Monitoring Forms, was used in the qualitative analysis of the most common outcomes and impacts.

VCSE-reported Beneficiary outcomes/impacts - Delivery (Evaluation Questionnaire, n = 18)



Source: Evaluation Questionnaire

Beneficiaries Health & Wellbeing - overview

The most reporting for **medium and large outcomes & impacts** was found for:

- Social **connection** and addressing **loneliness**
- Increases in **physical activity**, being able to improve one's own physical health and improved physical health.
- Increased access to health resources for **healthier behaviours** and their application.
- Improved **subjective wellbeing**, and being able to support one's own **mental health**.

Some excellent Delivery strand examples include those that have left behind **resources and a legacy** of local spaces being more familiar and trusted for their continued use –

"They now have access to our sessions, and our Social Change Coaches have provided them with opportunities to access resources they weren't aware of before. Now, they more actively attend sessions at Waterways Children's Centre, a venue they know and trust thanks to our programme." (Grantee, Delivery, Questionnaire)

Social Connection & Isolation – the most reported impacts

Key for a range of different beneficiaries across for Delivery strand:

- People with disabilities, taking part in new physical activities.
- Local mums, from different backgrounds and various needs.
- Migrants, refugees and asylum seekers of varying ages and ethnic backgrounds.
- Long-term conditions – covering different genders, ethnicities – for physical activity and support with diabetes.
- Parents and families.
- People living with dementia and carers.
- Carers of SEND children.

Increased social connection – between different people or groups in the community

Reduced isolation or loneliness



Social connection – feeling part of something bigger and having positive relations to others such as feeling trust and that we know others, and being in contact with people we care about. The extent of social connection within a group or society can then be defined as social cohesion.

Wellbeing & life satisfaction

21 of the Delivery grantees – and 13 of the Enabling grantees – reported benefits of improved beneficiary wellbeing, improved capability to support one's own mental health, and/ or an increased awareness of or access to mental health support.

A common focus was on providing beneficiaries with the skills to better understand, express, and manage their wellbeing. Examples include:

- Workshop sessions on emotional awareness and mental health techniques;
- Mental health first aid training;
- Mental Health Literacy and Stress Management sessions; and
- Emotional reflection built into other activities.

The Delivery strand included a few examples of grantees capturing this impact, with sufficient evidence.

*“At the start of the project 75% of the participants rated their mood (on a scale of 1 – 10...) between 1 and 2. After taking part in the project, it jumped up to between 5 and 6.”
(Grantee, Delivery, Questionnaire)*

Physical activity and health

Increases in physical activity

Improvements in physical health

Physical activity was a core part of the offer for many Delivery strand projects, being specifically referenced by 20 grant projects – with 17 covering adults and five also, or alternatively, covering children’s physical activity. For Enabling, this was relevant to eight grantees.

Some offers saw all of their beneficiaries indicate or demonstrate improved physical fitness, from young people doing water sports to yoga exercises for older groups.

This was being achieved where:

- **New habits** were established and were already being reported in daily lives and between any dedicated sessions; or
- The support was focused on those with specific **long-term conditions (LTCs)**, where there were early gains to be made and potential important LT benefits where this can be made.

“Some women from the sessions have not only continued to come and they want to do more dance but they started to walk, they started to decide to have healthier diets, they started to lose weight and they started to do some more stretching at home.”

(Grantee, Delivery, Interview)



3d) The Health System in Greenwich

Themes/ categories of health inequalities

Most frequently reported needs/challenges for beneficiaries

- 1. Lack of trust** from beneficiary groups to service providers. This was often paired with language barriers and mental and physical health barriers. Some groups had negative perceptions or worries of accessing service provision.
- 2. Language barriers** this was often paired with feeling lonely and isolated, with low mental wellbeing, and facing cultural barriers or stigmatisation.
- 3. Feeling lonely and isolated**, a common challenge across groups, from migrant groups, those aged 50 and over, and with young people with SEND needs or with low mental wellbeing. This most often occurs together with feeling depressed, stressed, or anxious – or having additional mental or physical health conditions.



Health system in Greenwich – a mix of collaborative practices of varying strengths/quality

Partnerships, collaborations, and referral pathways:

- “Meaningful” partnerships with healthcare professionals, such as diabetes nurses, social prescribers, Charlton Athletic Community Trust (CACT), and health coaches – have been used directly in delivery to beneficiaries.
- Partnerships with NHS South-East London and joint community outreach with NHS clinical practitioners e.g. community blood pressure testing kit



Collaborative practices mean that **more diverse beneficiaries can be reached**, and integration with the local health system is improved, which can in turn **help refine VCSE offers and their signposting**, and **the ability to make and use future collaborations** *“more effective and aligned with community needs”*.

Networking = positive with some VCSEs having used the grant to host events and meetings.

Others felt like there could be a bigger “push” or facilitation **from the fund to up-scale the networking experience**.

Emerging areas of change

Greater awareness from NHS teams and GP practices on some effective local VCSE-led offers.

Some increased awareness from VCSEs on how they can effectively refer their beneficiaries into the health service or directly share important information.

Some innovative approaches, led by VCSEs, to support their collaboration with other VCSE-led offers to better respond to local needs.

Improved relationships between GHCF funded VCSEs themselves and with other VCSEs and grassroots groups across Greenwich.

Examples:

One Enabling grant pilot successfully demonstrated an innovative model locally, which is now being **upscaled and aligned to an NHS neighbourhood approach** and prioritisation:

For some VCSEs there is emerging interest for their offer to be **shared more widely** going forward.

“We are also exploring new partnerships with local health and care services, schools, and faith groups to deepen collaboration and share learning.” (Grantee, Enabling, Questionnaire)

One grantee is testing **a new way to co-design and co-deliver** through an early stages instructor’s hub.

Opportunities for change

The local communities and the VCSE network **are highly familiar with different health inequalities** faced by Greenwich residents.

This means that there can be opportunities:

- For crossovers of knowledge and being able to **fill gaps** – by both VCSEs and more formal offers in the health system
- Referrals, useful connections and partnerships
- For VCSEs to become aware of each other's work and apply for funding together
- To share data and lessons learned

“We’re excited about the future and look forward to working closely with others across Greenwich to create healthier, fairer communities.”

(Grantee, Enabling, Questionnaire)

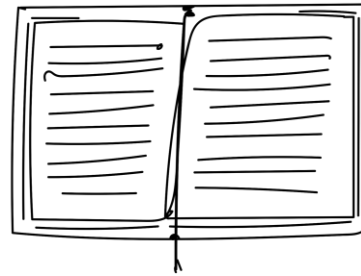
“Despite having engaged a lot of partners, we still would love to see action, a commitment to action”

(Grantee, Delivery, interview)

4) Phase 1 Lessons learned and recommendations

Lessons learnt for VCSEs

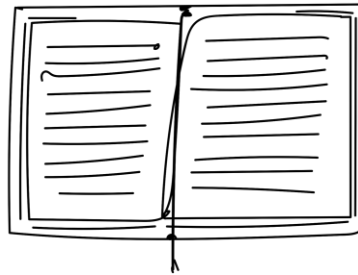
1. Positively **demonstrate and utilise local partnerships**, which work well.
2. Have a range of **volunteers or staff who reflect and represent the community's own diversity**.
3. Develop **community interest and initial momentum**, using a mix of approaches.
4. Develop a **sense of ownership and agency** for beneficiaries.
5. Ongoing **light-touch communications** and updates with **potential collaborators**.



The case studies provide some good examples here... (see end of slide deck)

Lessons learnt for VCSEs

1. Positively demonstrate and utilise local partnerships, which work well.
2. Have a range of staff and volunteers who reflect and represent the community's own diversity.
3. Develop community interest and initial momentum, using a mix of approaches.
4. Developing a sense of ownership and agency for beneficiaries matters.
5. Ongoing light-touch communications and updates with potential collaborators.



1. There is often **good demand and skills** available from the community to volunteer.
2. **Capture stories of change.**
3. **Adaptability!** – understanding what (potential) beneficiaries really need and want.
4. When providing family or children focused offers there can be an opportunity to **help parents connect and participate.**
5. Using **digital systems and structured ways of registering participation**

Key lessons – for others

For who?	Lessons learnt
For the GHCF and funders	<ol style="list-style-type: none"> 1. Enable good networking and group opportunities 2. Encourage other ways to demonstrate and share impact 3. Provide consistent signposting information 4. Consider Legacy and longevity 5. Help to share lessons between grantees 6. Consider grantee-suggested areas of tailored support
For the 'Greenwich system' of health and wellbeing	<ol style="list-style-type: none"> 1. Together, the GHCF grantees understand many of the barriers that individuals may face and how they can experience health inequalities. This could be further articulated and recognised by others, in the design and delivery of engagement and interventions. 2. Therefore, VCSEs can play a key role to share information, connect, and help individuals themselves and/ or build trust and support the provision of formal professional help in or with the community. 3. Context is very important in communications and delivery approaches. There is a need to take care with specific groups and to tailor outreach. 4. There is a positive role of social prescribing and trusted signposting – and opportunities there. Grantee examples have demonstrated both. 5. The value of creative health interventions – several projects raised the value of offering creative activities and creative approaches to self-reflection and wellbeing focuses. This is an area that needs careful coordination and more training/ upskilling. 6. Translation service offers matter – the use of dedicated translation services and more innovation digital tools may help this.

Continued...

For the community	<ol style="list-style-type: none"><li data-bbox="402 372 2466 506">1. The relationships between physical and mental wellbeing – For many, this understanding is well embedded, but there is sometimes value in clearly stating the mutual benefits and interactions between physical and mental health.<li data-bbox="402 521 2466 606">2. A key ‘what works’ was to make exercise fun, with connection – to overcome the lack of time or motivation to go to traditional modes of physical activity.<li data-bbox="402 621 2466 714">3. The type of space that is used matters to reach people. In particular, whether it is familiar, culturally relevant, inclusive, and welcoming.
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Emerging recommendations – GHCF processes

Some recommendations have emerged to help improve or realise opportunities through the GHCF processes.

[These have been reviewed by Groundwork London, the Funder, and stakeholders, and are being appropriately actioned, where possible.](#)



REC – Track and understand reach more clearly

Improve data capture on **where applicants and beneficiaries are based and where in Greenwich delivery takes place.**

REC – Increase opportunities for project visits and to meet beneficiaries directly, to gain a fuller understanding of impact, atmosphere, and context beyond written reports.



REC – Clarify expectations for collaboration and partnerships

Offer explicit guidance to Delivery strand applicants on what effective partnerships look like, including examples of collaboration models from previous rounds.

REC – Track VCSEs beyond their grant period

Create monitoring and re-contact processes to track how VCSEs, who do not apply for future rounds, to help determine legacy impacts.

Emerging recommendations – grantee capability

Some recommendations have emerged to scope out, develop or provide resources and opportunities for grantees to develop VCSEs' capability and to share learning.

These have been reviewed by Groundwork London, the Funder, and stakeholders, and are being appropriately actioned, where possible.

REC – Undertake a scoping exercise to determine relevant training and resources, such as those from Public Health, that can be provided to small/micro VCSEs (or those newer to Greenwich) to strengthen their capacity and sustainability.

REC – Provide clearer guidance and training for VCSEs on how to signpost users to additional or specialist support. VCSEs may sometimes be the best route for support and may require information and training here.

REC – Develop a shared resource with health, wellbeing, and local support signposting information for Greenwich for grantees to use in supporting their beneficiaries.



Emerging recommendations – grantee capability

There are also recommendations to capture grantee learning and support networking.

These have been reviewed by Groundwork London, the Funder, and stakeholders, and are being appropriately actioned, where possible.

REC – Collect and share grantees’ challenges and **effective responses** and/or **guidance** on how to address them.

REC – Share learning on effective ‘community settings’ and delivery models with other VCSEs and encourage collaboration with local health services. Many successful grants showed the value of providing support in familiar, trusted spaces where people already feel safe and connected.

REC – Explore ways to build a stronger sense of community/network among grantees to support ongoing connection and shared learning beyond individual funding rounds.

REC – Enhance grantee networking opportunities – both among VCSEs and with wider health system partners. This could include providing practical networking tools, spaces to connect, and promoting a shared identity or purpose among grantees.

Additionally, from the evaluation -

A set of Case Studies from wave 1 have been developed, to provide learning, tips and examples to the grantee and VCSE community in Greenwich.

These are shared here: **XXX**

Monitoring and Evaluation learning workshops and material, provided here:
XXX



**Thank you to all those
who have participated
so far!**

We're here for any questions –
and as the Evaluation
continues...

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