



Improving outcomes for people in deprived neighbourhoods: Evidence from the New Deal for Communities Programme

**The New Deal for Communities National Evaluation:
Final report – Volume 4**



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Elaine Batty, Christina Beatty, Mike Foden,
Paul Lawless, Sarah Pearson and Ian Wilson
Centre for Regional Economic and Social Research
Sheffield Hallam University

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Department for Communities and Local Government

The findings and recommendations in this report are those of the authors and do not necessarily represent the views of the Department for Communities and Local Government.

Communities and Local Government
Eland House
Bressenden Place
London
SW1E 5DU
Telephone: 0303 444 0000
Website: www.communities.gov.uk

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Executive summary

Chapter 1. Introduction

The New Deal for Communities (NDC) Programme is one of the most important, and well resourced, area-based initiatives (ABIs) ever launched in England. Its primary purpose is to reduce the gaps between the poorest neighbourhoods and the rest of the country. The 'NDC model' was based on some key underlying principles: 10-year strategic transformation of neighbourhoods, dedicated neighbourhood agencies, community engagement, a partnership approach, and learning and innovation. 39 NDC partnerships were established, each receiving about £50m over 10 years.

In 2001 a consortium led by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University was commissioned to undertake a comprehensive evaluation of the Programme. This is the fourth of seven volumes in the final report.

Chapter 2. Improving outcomes for people: rationale, policy context, strategies, spend and interventions

There is a clear case for regeneration schemes to focus on improving outcomes for both deprived places and the people living in them: market failures affect people as well as deprived places; improving places may contribute to better outcomes for people; and ultimately both are needed to improve the circumstances of those living in deprived areas. An area-based approach to improving people-related outcomes is appropriate: deprivation remains concentrated in certain neighbourhoods and though the primary causes may lie elsewhere, the impact can be aggravated by factors at the neighbourhood level. Thus it is important to improve the delivery of services in deprived communities.

There have been numerous developments in the policy and institutional landscape which have affected the NDC Programme. The worklessness policy 'landscape' has witnessed major changes in recent years and the regeneration agenda outlined in 'Transforming Places,' puts a stronger emphasis on economic development and work than has hitherto been the case. There has long been policy interest in addressing educational disadvantage in deprived areas, and in health, national policy has also focused on ways of tackling health inequalities.

NDC partnerships have adopted different approaches to developing strategies for improving outcomes for NDC residents. But generally, analyses of needs have helped identify priorities and objectives, and highlight priority client groups. Where possible, NDC partnerships have sought to align their programmes with wider strategies.

Two-fifths of all non-management and administration spend (to 2008) had been allocated to interventions designed to improve the three people-related outcomes: 17 per cent on education; 12 per cent on worklessness and finance; and 11 per cent on health. Across the three outcomes as whole, revenue spend accounted for over two-thirds of total expenditure (68 per cent), with 32 per cent capital spend.

NDC partnerships spent £236m on education between 1999-00 and 2007-08, with a further £102m from other (largely public) sources. The biggest areas of spend were on pupil development and extra curricular activities, new or improved schools and education facilities, and improved community facilities.

NDC partnerships' spend on worklessness and finance totalled £167m (to 2008), with a further £143m levered in from other sources, equating to an extra 86p for every £1, the highest ratio amongst any of the Programme's six outcomes. £36mn was spent on schemes to support applicants with job searches and career guidance, £34m on training and apprenticeships and £13m on workspace and 'incubator' provision. Many interventions have been concerned with improving labour-supply, including neighbourhood-based job brokerage, 'one-stop shops' providing careers and training advice, and training opportunities for workless residents.

NDC partnerships spent £148m on health, leveraging in another £72m from other sources. The largest areas for health spend were new or improved health facilities, and additional staffing. NDC partnerships' activity has focused on: improving access to, and the quality of, services; promoting healthier lifestyles; targeting vulnerable groups, and developing the capacity of local people to engage in health issues.

Chapter 3. Improving outcomes for people – change across the NDC Programme

Across the NDC Programme, there has been improvement in outcomes related to improved health, education and employment circumstances for NDC residents. There are particularly marked improvements in educational outcomes (at Key Stages Two, Three and Four) and in the numbers of households with an income below £200 per week. However, one key indicator has deteriorated: the number of NDC residents claiming that they do no exercise for 20 minutes or more at time has increased.

Changes in these people-related outcomes have varied between NDC partnerships and over time.

NDC areas have improved significantly more than comparator areas on three indicators: having a high score on the SF36 mental health index; having taken part in education or training in the past year; and thinking that health is worse than one year ago. There is evidence of NDC areas 'closing the gap' with national benchmarks: NDC areas showed more improvement than the national benchmark for 12 indicators across the three outcome areas.

Chapter 4. Improving outcomes for people in deprived communities: health, education and worklessness

Health

There has been an improvement in indicators signifying improved mental health and in access to, and trust, in local health services; and a decrease in the proportion of NDC residents who smoke cigarettes, who feel that their own health is not good and who feel down in the dumps most of the time. However there has also been an increase in the proportion of NDC residents who never eat five portions of fruit and vegetables in a day. Across the Programme, the picture in relation to change in self reported ill-health has generally improved.

The proportion of people reporting good mental health in NDC areas improved from 2002-2008 whilst in comparator areas the proportion reduced. This is an intriguing finding, as the NDC Programme has not focused strongly on mental health outcomes. However, analysis suggests that change in mental health outcomes is significantly associated with change in a range of other outcomes: general health, social relations, transitions into employment, fear of crime, feeling part of the local community, satisfaction with accommodation, and perceptions about the local environment.

Across NDC areas the proportion of people who believe it is easy to see their GP has increased, but the gap with the picture nationally remains, and greater change was seen in comparator areas. Comparator areas also saw greater improvements in satisfaction with GPs. Trust in local health services has risen nationally, as well as in NDC and comparator areas, but there was no narrowing of the gap between deprived areas and the national average.

The overall change in health outcomes may appear disappointing given the resources devoted to improving health outcomes. Explanations include the small scale nature of NDC interventions, and the difficulty picking up small numbers of beneficiaries in survey data. NDC interventions have also often corresponded with national programmes producing improvements in all areas. There are questions about the nature of some NDC interventions, as the evidence base about how to tackle health inequalities is relatively sparse.

Education

The education theme is broad and includes interventions running from pre-school through to adult skills and family learning. The indicators used by the NDC evaluation reflect outcomes associated with both adult skills and attainment by children. Of the three relating to adult skills, NDC areas have seen a bigger improvement in the proportion of adults taking part in education or training over the last year and in the proportion of adults with no qualifications, relative to the comparator areas.

Where school age attainment is concerned, the 39 NDC areas started from very different positions. Educational attainment is affected by a number of factors, including schools, but perhaps more importantly, home life and background. The home circumstances of pupils from NDC areas are generally more deprived than those of children attending the same schools but from outside the NDC areas. Pupils from NDC areas also generally exhibit higher rates of eligibility for free school meals and higher levels of special educational needs than pupils from outside NDC areas.

Since 2002, there have been improvements across all the main indicators, and in some cases these have been substantial. Pupils living in NDC areas made absolute, and against national equivalents also relative, improvements in Key Stage performance especially with regard to Key Stage Four. However, this cannot be wholly attributed to NDC Programme activity. At the Programme-wide level improvement rates for NDC pupils were generally no better than for their peers in other deprived localities, and educational performance has improved faster than the national average for pupils from disadvantaged backgrounds and in deprived areas generally. What this means is that for the NDC Programme as a whole, there is no evidence that the presence of the NDC partnerships has made a decisive difference.

Worklessness

The NDC Programme-wide worklessness rate has mainly fallen year on year from 2002-2008, though at roughly the same rate as in the comparator areas: the proportion of workless households fell by four percentage points from 2002-2008, and in comparator areas by three. Both components of worklessness (Jobseeker's Allowance and Incapacity Benefit/Severe Disability Allowance) fell more in comparator areas than in NDC areas from 1999-2008. Employment rates have tended to be lower and economic inactivity rates higher for NDC residents than is the case for

either the comparator areas or nationally. However, between 2002 and 2008 the self-reported NDC employment rate increased by three percentage points from 51 per cent to 54 per cent, faster than in the comparator areas. Generally over the period, changes in worklessness at the NDC level have reflected changes at the parent local authority level.

Chapter 5. Issues and tensions

Outcome change and residential mobility

NDC areas accommodate mobile populations: in 2008 13 per cent of households had moved more than three times in the previous five years, and only about 70 per cent of pupils in NDC areas in 2002 were still there by 2006. But this mobility does not consistently affect outcomes in any particular way: in areas of high mobility there has been more positive change than the NDC average in relation to some worklessness and income indicators, but higher rates of mobility are also negatively associated with change in some place-related and education outcomes. It is often argued that ABIs struggle to achieve positive outcomes for residents because individuals who improve their skills leave. There is little evidence to suggest this happens to any great extent. However, there may be one tension arising from mobility: improving places may help retain or attract the relatively less deprived, with consequences for people-related outcomes. But this will not necessarily bring benefits to existing residents.

Aligning NDC interventions with wider strategies

NDC partnerships have experienced some tensions in aligning their strategies with those of organisations with remits which focus primarily on individuals and households, not places, and whose strategies cover wider areas than NDC neighbourhoods. However, there have been signs of increasing complementarity between the strategies of some organisations dealing with these people-related outcomes and NDC plans, often helped by Local Strategic Partnerships and the arrival of Local Area Agreements.

Working with partners

NDC partnerships engage with a wide range of organisations to deliver interventions designed to improve outcomes for NDC residents, and these relationships have enhanced both operations and outcomes. However, partnership working is not without problems, and one important reason is the scale and frequency of change in the attitudes and institutional structure of agencies. A number of agencies, including Primary Care Trusts (PCTs) and Connexions have undergone regular changes in structure and personnel over the life of the Programme.

Engaging the community

Community engagement has been a central feature of the Programme throughout its life-time. However, there are limitations to the scale and impact of community involvement in people-related projects and strategies, because of problems helping residents understand the approaches of the organisations concerned, a lack of clarity about the community role, and some agency concerns about the 'representativeness' of community engagement mechanisms. In the context of this report there are three key lessons: establish at the outset what 'the community dimension' means; be robust about accepting that community sentiment may not always be right; and manage resident expectations.

Sustaining change

Although sustainability is a crucial issue for NDC partnerships some projects were always designed to be time-limited. But for those projects designed for a longer life, NDC partnerships have generally engaged with mainstream agencies to secure their longer-term sustainability, but a number of risks and uncertainties remain. The conclusion of NDC Programme funding may weaken agencies' interest in NDC areas, attention may focus on wider areas, and financial support to projects may become a casualty of limited public finances.

Chapter 6. Conclusions and policy implications

Across the Programme, the 39 NDC partnerships, working in collaboration with other delivery agencies, have been adept at introducing innovative projects to help achieve people-related outcomes. There is evidence of absolute change in many people-related outcomes across these 39 areas. Virtually all indicators moved in a positive and often statistically significant manner. And where it is possible to obtain the views of constituencies such as project beneficiaries and the business community, responses are also on the whole positive.

However, very little of this change was significantly greater than that experienced in the comparator areas, or nationally. For only three indicators was change in NDC areas greater than that also observed in comparator areas. This may be because impacts have not yet appeared, but in most cases it is because benefits from the NDC Programme have been swamped by processes operating at a wider spatial level. This suggests the need for realistic expectations about the potential of ABIs; but it also requires clarification about the role of ABIs in relation to improving outcomes for residents.

Whether, and how, ABIs address people-related outcomes will be a judgement informed by issues such as the size, ambition and resources of the scheme concerned; the political and policy context; and the nature of the locality. But whatever approaches are adopted will need to be flexible enough to fit the needs of the locality; reflect the aims and interventions of existing delivery agencies; seek to secure sustainability from the outset; focus on residents within regeneration areas; and work with the community to identify needs, refine services and maintain impact.

In health, there is evidence that the NDC Programme has improved mental health outcomes for NDC residents. Mental health is strongly affected by general health, but is also affected by people's experiences of employment and their environment and community. Ultimately change in health outcomes is likely to be implemented by institutions such as PCTs, and managed within facilities such as GP practices, where the primary focus is on individuals and families. However, ongoing collaboration between PCTs and third sector organisations supported by NDC partnerships may continue to shape the delivery of health services to deprived communities.

Having a neighbourhood focus to worklessness interventions can deliver bespoke services to meet the needs of those in the most deprived localities. There is limited scope for ABIs such as the NDC Programme to influence demand but local projects providing information, advice and guidance, job mentoring and job placement opportunities have been well received by NDC residents. Problems of worklessness cannot be resolved in neighbourhoods but there are benefits arising from strategies devised at the local authority or city-region scale, which inform neighbourhood-level interventions designed to equip local residents with the skills necessary to meet demand in the economy.

In education, there is less evidence to suggest that the NDC approach has been effective, particularly in relation to children's attainment. There are many examples of successful projects but much of the change that has been observed across NDC areas owes as much to developments in the national policy framework as it does to NDC interventions. There may be an issue about the focus of interventions: much of the work in this theme has been undertaken in collaboration with schools. But evidence suggests that these have not been the most effective means of improving attainment for children living in deprived areas and it has not always been easy for NDC partnerships to build co-operative relationships with schools, particularly at secondary level. Future ABIs may be able to add value in this area by supporting increased and enhanced parental involvement in education, particularly when it encourages support for learning in the home. It might also be appropriate to focus resources on out-of-school activities, as an effective mechanism for targeting pupils from particularly deprived backgrounds.

There is a need in future ABIs for a more detailed consideration of what might realistically be achieved at the neighbourhood level. NDC partnerships have delivered innovative and locally appropriate services and there is ample evidence from local NDC programmes in relation to 'what works' in delivering services in deprived communities. Neighbourhood-based partnerships can highlight problems, and can play a key role in shaping local services and providing an important link between agencies and communities; and this may well be a role for future ABIs. But improving outcomes for residents in deprived areas will depend at least as much on what happens outside those neighbourhoods as what goes on within them. In this context it is encouraging to observe the aligning of NDC targets and strategies with those of LAAs and other vehicles operating at wider spatial scales, but it must also be acknowledged that the ability of NDC successor vehicles to influence wider strategies may well be limited in the more constrained financial climate currently facing delivery agencies.

Chapter 1

Introduction

- 1.1 This report is one of a suite of seven volumes comprising the final evaluation of the New Deal for Communities (NDC) Programme. The National Evaluation of the NDC Programme has been carried out between 2001-2010 by a consortium of organisations, led by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. The evaluation has the benefit of extensive data sources including biennial household surveys carried out between 2002 and 2008, administrative data and case studies.
- 1.2 Final reports from this unique evaluation have been developed as follows:
- Volume 1, ***The New Deal for Communities Programme: Achieving a neighbourhood focus for regeneration*** explores the institutional model underpinning the Programme based on the creation of semi-autonomous partnerships, designed to achieve ten year transformational strategies working in co-operation with existing delivery agencies such as the police and Primary Care Trusts (PCTs).
 - Volume 2, ***Involving local people in regeneration: Evidence from the New Deal for Communities Programme***, examines the rationale, operation and consequences of the Programme's aim of placing the community 'at its heart'.
 - Volume 3, ***Making deprived areas better places to live: Evidence from the New Deal for Communities Programme*** considers the nature, operation and successes of NDC interventions designed to improve the 39 NDC areas.
 - Volume 4, this report, ***Improving outcomes for people in deprived neighbourhoods: Evidence from the New Deal for Communities Programme*** considers the nature, operation and successes of NDC interventions designed to improve outcomes for residents living in the 39 NDC areas.
 - Volume 5, ***Exploring and explaining change in regeneration schemes: Evidence from the New Deal for Communities Programme*** identifies factors which help explain why some areas, and some individuals, have seen better outcomes than others.
 - Volume 6, ***The New Deal for Communities Programme: Assessing impact and VFM*** uses all the evidence available to the evaluation in order to identify the impact of, and cost and benefits arising from, the NDC Programme.

- Volume 7, ***The NDC experience: A final assessment*** considers the degree to which the Programme has achieved its original objectives and sets out the implications of this evidence for policy.
- 1.3 Full details of data sources and methodological protocols are contained in an accompanying **Technical Report**, to be published later.
- 1.4 The remainder of this chapter provides a brief introduction to the NDC Programme and the 39 NDC areas. It then sets out the contents of the remainder of the report.

The NDC Programme

- 1.5 The NDC Programme is one of the most important area-based initiatives (ABIs) ever launched in England. Announced in 1998 as part of the government's National Strategy for Neighbourhood Renewal,¹ the Programme's primary purpose is to 'reduce the gaps between some of the poorest neighbourhoods and the rest of the country'.² Seventeen Round One partnerships were announced in 1998 and a further 22 Round Two schemes in 1999. In these 39 areas, which on average accommodate about 9,900 people, local NDC partnerships are coming to the end of implementing approved 10-year Delivery Plans, each of which has attracted approximately £50m of Government investment.
- 1.6 This Programme is based on a **number of key principles**:
- NDC partnerships have been established to carry out **10-year strategic programmes** designed to transform these deprived neighbourhoods and to improve the lives of those living within them
 - decision-making falls within the remit of 39 **partnership boards**, consisting largely of community and agency representatives
 - **communities are 'at the heart of the regeneration** of their neighbourhoods'³
 - in order to achieve their outcomes, the 39 partnerships have worked closely with other delivery agencies such as the police and primary care trusts (PCTs): the notion of **working in partnership** with other delivery agencies is central to the Programme

¹ SEU (1998) Bringing Britain Together: A National Strategy for Neighbourhood Renewal.

² DETR (2001) New Deal for Communities: Financial Guidance.

³ ODPM (2004) Transformation and sustainability: future support, management and monitoring of the New Deal for Communities programme, 11 (also known as Programme Note 25).

- partnerships are intended to **close the gaps** between these areas and the rest of the country in six themes:
 - three outcomes designed to improve NDC areas: incidence and fear of crime, housing and the physical environment (HPE), and community
 - and three outcomes intended to improve the lives of residents in the 39 areas: health, education and worklessness.

1.7 This is a **well-funded ABI**, although NDC resources are minor when compared to the spending of mainstream agencies.⁴ Between 1999-2000 and 2007-08 some £2.29bn (current prices) was spent on the 39 schemes, £1.56bn from the Programme and the rest from other sources, especially other public funds (£522m). This compares with:

- over the six rounds of Single Regeneration Budget (SRB), it is estimated that £5.8bn of funding supported over 1,000 schemes across England⁵
- between 1992 and 1998 £1.14bn of City Challenge funding was spent by the 31 partnerships⁶
- £1.875bn of Neighbourhood Renewal Funding was spent between 2001 and 2006; the 2004 spend review committed a further £525m for each of the years 2006-07 and 2007-08; this gives a total funding figure of £2.925bn between 2001 and 2008⁷
- at its inception the Working Neighbourhoods Fund (WNF) was to allocate £1.5bn in funding: this is made up of more than £450m in 2008-09, and over £500m in 2009-10 and 2010-11.⁸

The 39 NDC areas

1.8 NDC partnerships were faced with an **array of problems** impacting on these 39 neighbourhoods. A few selected indicators provide a sense of how deprived these localities were. For instance:⁹

⁴ CLG (2010) Assessing neighbourhood level regeneration and public expenditure. www.communities.gov.uk/publications/communities/assessingneighbourhoodlevel

⁵ Impact of RDA spending – national report- volume 1- main report 2009 (p. 60). www.yorkshire-forward.com/sites/default/files/documents/Impact%20of%20RDA%20spending%20-%20National%20Report%20-%20Volume%201.pdf

⁶ City Challenge – Final National Evaluation. www.communities.gov.uk/archived/general-content/citiesandregions/citychallengefinal/

⁷ CLG (2008) Impacts and Outcomes of the Neighbourhood Renewal Fund (para 1.12). www.communities.gov.uk/publications/communities/nrfimpactsoutcomes

⁸ CLG/DWP (2007) The Working Neighbourhoods Fund (para 38). www.communities.gov.uk/publications/communities/workingneighbourhoods

⁹ Further details on the 39 areas are available in the associated Technical Report, to be published later in 2010.

- the level of deprivation in NDC areas is such that a combined rank for all NDC areas would place them collectively in the most deprived decile on the 2004 indices of multiple deprivation¹⁰
- the NDC aggregate worklessness rate at August 2002 (21 per cent) was over double that for England as a whole (10 per cent)
- the NDC employment rate in 2002 was 51 per cent, 24 percentage points lower than the figure nationally (75 per cent)
- in 2002, 26 per cent of NDC residents taking GCSEs achieved five or more at grades A* to C; this compared with 49 per cent nationally
- 33 per cent of working age NDC residents had no formal qualification in 2002 compared with 16 per cent nationally
- 23 per cent of NDC residents in 2002 reported that their health had been not good over the previous 12 months; the equivalent national figure was 14 per cent
- in 2002, 40 per cent of NDC residents smoked compared to 26 per cent nationally.

1.9 It is important too to appreciate the **diverse range of issues** apparent across these 39 areas (Table 1.1). In 2002:

- worklessness rates ranged from 12 per cent in Lambeth to over 30 per cent in Knowsley
- Bristol had the highest employment rate (68 per cent); this was some 36 percentage points higher than for Nottingham
- 46 per cent of pupils achieved five or more GCSEs at A* to C in Newham, just 5 per cent in Coventry
- the percentage of working age residents with no qualifications ranged from 20 per cent in Fulham to 54 per cent in Hull
- 32 per cent of Knowsley residents felt that their health was not good, compared with 14 per cent in Southwark
- Plymouth had the highest proportion of residents who smoked (54 per cent), more than twice the proportion in Birmingham Aston (23 per cent).

¹⁰ Based on computing a synthetic population-weighted ranking on the basis of all NDC LSOAs.

Table 1.1: Variation across NDC areas

	2002 (per cent)			
	NDC min	NDC max	NDC	National
Worklessness rate	12	33	21	10
In employment (a)	32	68	51	75
Key Stage 4, five or more GCSEs at A* to C	5	46	26	49
No qualifications (a)	20	54	33	16
Feel own health not good	14	32	23	14
Smoke cigarettes	23	54	40	26

Source: Ipsos MORI NDC Household Survey 2002; SDRC
 Base: All; (a) All working age respondents

The structure of this report

1.10 The remaining sections of this report are structured as follows:

- Chapter 2 explores the rationale and policy context for an area-based approach to improving outcomes for residents in deprived areas, and outlines the strategies, spend and interventions adopted by NDC partnerships in relation to worklessness, education and health
- Chapter 3 presents evidence in relation to Programme-wide change across core indicators which measure improvements in these three outcomes
- Chapter 4 looks at additional evidence of change for residents in NDC neighbourhoods
- Chapter 5 reviews some of the issues and tensions associated with achieving improved outcomes for people living in NDC are
- Chapter 6 presents conclusions and discusses the implications of the issues raised.

Chapter 2

Improving outcomes for people: rationale, policy context, strategies, spend and interventions

2.1 The previous chapter introduced the Programme and the evaluation. This chapter explores four themes central to the NDC narrative in relation to worklessness, education and health outcomes:

- the rationale and national policy context
- strategic approaches adopted by NDC partnerships in seeking to improve outcomes for people in NDC neighbourhoods
- spend in relation to education, health and worklessness
- interventions delivered within each of these three outcomes.

Rationale and policy context

2.2 It is now more than 40 years since the first urban regeneration scheme was designated in England. In that period an extensive array of ABIs has been instigated often with the objective of improving outcomes in relation to one particular policy agenda such as worklessness, health, education or the physical environment. In addition a smaller group of ABIs¹¹ (Including City Challenge and the Single Regeneration Budget Challenge Fund) has sought to achieve the **holistic regeneration** of defined urban areas.

2.3 There are good reasons for creating regeneration schemes which are designed to improve outcomes for both deprived places and the people living in them, For instance:

- regeneration is in part designed to address market failures apparent within disadvantaged neighbourhoods;¹² such failures typically impact on labour and training markets as well as weak inner-city land markets; market failures impact on people, as well as deprived places

¹¹ Griggs, J. et al. (2008) Person-or place-based policies to tackle disadvantage: Joseph Rowntree Foundation.

¹² DETR (2001) A Review of the evidence base for regeneration policy and practice.

- there may be positive associations between improving places and enhancing outcomes for people: evidence from this Programme points to positive relationships between improved mental health and a range of place-related outcomes such as fear of crime¹³
- ultimately the distinction between changes in outcomes for places and people can be seen as artificial: both are needed in order to improve the circumstances and opportunities of those living in deprived communities and to help address issues of social exclusion.

2.4 And there are at least three reasons why an area-based approach to improving outcomes for those living in deprived neighbourhoods is appropriate:

- first, there are debates surrounding the **spatial concentration of deprivation**. In 1998, the year the NDC Programme was launched, the Social Exclusion Unit suggested that 85 per cent of the poorest wards were sited in the 44 local authority districts with the highest concentrations of deprivation in England.¹⁴ Ten years later in the 2009 white paper *New Opportunities*¹⁵ the point was made that there *'still remain too many places with high concentrations of poverty and deprivation and where social outcomes remain disproportionately low'*. Deprivation remains concentrated in certain neighbourhoods and ABIs may offer an efficient means of addressing issues in these neighbourhoods
- second, there is a perfectly legitimate argument to suggest that although the primary causes of deprivation may reflect policies and processes operating at city-regional or even national scales, the impact of these forces can be **aggravated by processes operating at the neighbourhood level**. For example, those living in deprived areas may encounter discrimination by employers based on where they live and its reputation.¹⁶ In addition deprived communities may be characterised by strong 'bonding' social capital (which helps sustain intra-community ties) but be lacking in more externally orientated 'bridging' social capital which is then reflected in the limited geographical and economic horizons of younger people in particular.¹⁷ Poor health can also be aggravated by neighbourhood-level factors such as limited transport links, inadequate access to health services, sub-standard housing and high levels of crime. Similarly, educational attainment may be affected by neighbourhood-level factors such as prevailing low motivational and aspirational levels, alternatives to education such as drugs, and so on¹⁸

¹³ CLG (2010) Exploring and explaining change in regeneration schemes: Evidence from the New Deal for Communities Programme.

¹⁴ SEU (1998) Bringing Britain Together: A National Strategy for Neighbourhood Renewal.

¹⁵ HM Government (2009) *New Opportunities: Fair chances for the future*.

¹⁶ Stafford, B. & Duffy, D. (2009) Review of evidence on the impact of economic downturn on disadvantaged groups, Department of Work and Pensions, Working paper no 68, p.25.

¹⁷ Buck, N. (2005) Does area matter? Neighbourhood and individual socio-economic influences on social capital: presentation to ESDS Government Research Conference; quoted in Cabinet Office (2008) *Aspiration and attainment amongst young people in deprived communities: analysis and discussion paper*.

¹⁸ Lupton, R. (2006) How does place affect education? in S. Delorenzi, ed. *Going places: neighbourhood, ethnicity and social mobility*. IPPR.

- third, even if root causes are beyond the remit of neighbourhood level regeneration, there is still a case for **improving the delivery of services aimed at supporting better social outcomes**. A 2005 Cabinet Office review of public services in deprived areas commented that it was often especially difficult to establish joined-up, tailor-made services to meet the particular needs of groups living in more disadvantaged neighbourhoods.¹⁹ There is a view indeed that mainstream programmes have often failed the poorest neighbourhoods.²⁰ This position is based, for instance, on the perception that national programmes such as the New Deal for Young People have often been least effective in the most deprived areas.²¹ Neighbourhood-level interventions may have a role to play in addressing worklessness and other social outcomes through their capacity to respond more flexibly to local conditions than mainstream agencies such as Jobcentre Plus (JCP):

'Worklessness is not the same problem everywhere and there is no single approach to tackling it. Local solutions are required based on local knowledge and understanding of the problem in any given place backed up with the flexibility, autonomy and the capability to devise and implement the most appropriate response'.²²

- 2.5 These debates have been reflected in the architecture of the NDC Programme.²³ From its outset,²⁴ it was always assumed that the Programme would seek to address issues such as health, jobs and educational standards impacting on **individuals** living with the 39 areas, as well as looking to improve these 39 **areas**, through initiatives designed to enhance the local environment and housing stock and to address crime, and fear of crime, in these neighbourhoods.
- 2.6 But this is a long-running ABI, and over its period of implementation there have been numerous developments in the policy and institutional landscape which have impacted on the Programme. It is useful therefore briefly to outline the complementarities between the ten year roll-out of this Programme and evolving national policy in relation to each of the three areas of intervention designed to improve outcomes for people living in NDC areas.

¹⁹ Cabinet Office (2005) Improving the prospects of people living in areas of multiple deprivation in England.

²⁰ See Syrett and North (2008) *Renewing neighbourhoods: work enterprise and governance*: Bristol: Policy Press; p. 19-20 for reasons for why mainstream policies have often failed deprived areas.

²¹ SEU (2004) p.72-3; see also Sunley, P., Martin, R. and Nativel, C. (2001) *Mapping the New Deal: local disparities in the performance of welfare-to-work*.

²² CLG (2007) *What works in economic development for deprived areas?* (p. 10).

²³ CLG (2010) *The New Deal for Communities Programme: Achieving a neighbourhood focus for regeneration. The NDC national evaluation final report Volume 1*.

²⁴ DETR (1998) *NDC Phase 1 Proposals: guidance for Pathfinder applicants*; ODPM (2003) *New Deal for Communities: Annual Review 2001/02*.

- 2.7 There have been considerable changes in the **worklessness** 'policy landscape' in recent years. The policy response to tackling concentrations of worklessness in deprived communities has incorporated national policies and programmes alongside initiatives targeted at deprived areas with high levels of worklessness.
- 2.8 At the national level, a suite of policies has aimed to 'make work pay' and to help the workless find employment. These have included national tax and benefit reforms to tighten entitlement and increase incentives to move into paid work, skills and childcare strategies, and support for individuals to find work via the New Deal and Pathways to Work programmes.²⁵
- 2.9 The government has also implemented a series of local programmes targeting areas of low employment, the most significant of which include Action teams for Jobs²⁶ and the Working Neighbourhoods Fund.²⁷ Collectively these interventions have aimed to reduce the differential employment rate between disadvantaged and better off areas through targeted activity to promote enterprise and increase the employment rate amongst disadvantage groups.
- 2.10 And in recent years there has been a discernible shift in the way government policy seeks to tackle worklessness through local interventions as part of wider urban policy. Spearheaded by the *Sub-National Review*,²⁸ *Transforming Places, changing lives*²⁹ and *Raising expectations and increasing support*,³⁰ there have been modifications to the policy context within which the neighbourhood-level worklessness agenda plays out. Most obviously, the regeneration agenda outlined in *Transforming Places*, puts a stronger emphasis on economic development and work than hitherto. This framework argues that the three priority outcomes guiding government expenditure on regeneration should be: improving economic performance in deprived areas; improving rates of work and enterprise; and creating sustainable places where people want to live and can work, and businesses want to invest. In essence '*regeneration will need to be aligned with economic activities that strengthen the wider economy, to create places where people want to live and help residents into jobs*'.³¹ Raising employment rates in deprived areas will depend not just on overcoming personal barriers to work, but also on the availability of appropriate employment opportunities. This view is supported by the 2009 Tackling

²⁵ DWP (2008) Raising expectations and increasing support: reforming welfare for the future.

²⁶ These were introduced in pathfinder areas in June 2000 and worked in areas of particular labour market disadvantage. See DWP (2006) Review of Action Teams for Jobs. DWPRR 328.

²⁷ CLG/DWP (2007) The Working Neighbourhoods Fund.

²⁸ HM Treasury/BERR/CLG (2007) Review of sub-national economic development and regeneration.

²⁹ CLG (2008) Transforming places: changing lives: a framework for regeneration.

³⁰ DWP (2008) Raising expectations and increasing support: reforming welfare for the future.

³¹ CLG (2008) Transforming places: changing lives: a framework for regeneration (p.34).

Worklessness Review which advocates using a 'Challenge Fund' to create meaningful, temporary jobs ring-fenced for workless individuals living in areas most affected by previous recessions.³²

- 2.11 There has also been a long standing policy interest in addressing **educational disadvantage** within deprived areas. More than 40 years ago, in the wake of the Plowden report, a series of 'Educational Priority Areas' was launched, to tackle '*educational handicaps [which] are reinforced by social handicaps*'. The strand of debate which most closely engages with the ethos of area-based regeneration is that which sees linkages between educational attainment and poverty. A 2009 research report from the DCSF³³ describes '*...a very clear pathway from childhood poverty to reduced employment opportunities, with earnings estimated to be reduced by between 15 and 28 per cent and the probability of being in employment at age 34 reduced by between four and seven per cent...in other words, deprivation has a negative impact on educational attainment*'. Various approaches have been adopted to weaken that link between deprivation and attainment. DCSF points to the importance of schools as a key mechanism in tackling the link between disadvantage and education:³⁴ the Excellence in Cities Programme, for instance, is designed to harness school-based interventions to tackle educational problems evident in especially deprived pockets of towns and cities.³⁵ There is also evidence to suggest that parental support and experience outside the school system have a major impact on attainment: '*when parents are involved in their children's education, they tend to enjoy school more, go to their lessons regularly, get better academic results, and have fewer problems with their behaviour*'.³⁶
- 2.12 In the broad area of **health**, policy has also focussed increasingly on mechanisms through which to address inequalities in health outcomes between deprived and better off areas. The Government's 1999 white paper, *Saving Lives: Our Healthier Nation*³⁷ recognised that the root causes of ill-health could not be dealt with by focusing on health alone. The National Health Inequalities Strategy, published in *Tackling Health Inequalities: A Programme for Action*,³⁸ in turn set out to tackle inequalities found across different geographical areas, between genders, and different ethnic communities, and between different social and economic groups. This programme was designed not only to improve health overall, but also to accelerate health improvement of the bottom 30-40

³² Houghton, S., Dove, C. and Wahhab, I. (2009) Tackling Worklessness: A review of the contribution and role of English local authorities and partnerships (p.56).

³³ DCSF (2009) Deprivation and Education: The evidence on pupils in England, Foundation Stage to Key Stage 4.

³⁴ DCSF (2009) Breaking the link between disadvantage and low attainment – everyone's business.

³⁵ For an overview of this programme see: www.literacytrust.org.uk/Database/Secondary/excellence.html#summary

³⁶ DfES (2007) Every Parent Matters.

³⁷ Department of Health (1999) Saving Lives: Our Healthier Nation.

³⁸ Department of Health (2003) Tackling Health Inequalities: A Programme for Action.

per cent of the population over the rest. Health inequalities remain a priority for the NHS for 2009-10 as set out in the NHS Operating Framework.³⁹ This focus on determinants of health such as poverty, access to services and the needs of minority ethnic groups has informed the establishment of area-based schemes such as Health Action Zones,⁴⁰ and Healthy Living Centres.

- 2.13 But there has also been acknowledgement that **tackling health inequalities** is a long term process. In this context it is important to note despite over a decade of policy interventions which have aimed to tackle health inequalities, and overall improvements in the health of deprived communities, the gap between those worst off and the national average has not narrowed since targets were first set in 2002.⁴¹
- 2.14 In summary, the interventions supported by NDC partnerships to improve the lives those living in NDC areas have played out within a national policy context within which there has been increasing awareness of the spatial dimensions to deprivation. The remainder of this chapter looks at the strategies, interventions and resources which NDC partnerships have employed to improve outcomes across the three areas of health, education and employment.

Strategies, spend and interventions

- 2.15 This section provides a brief overview of **strategies** NDC partnerships have adopted designed to achieve better outcomes for NDC residents. This evidence is drawn from more substantial reports exploring how each of these three outcomes has played out in case study NDC areas. Those interested in a particular outcome should refer to one of these reports.⁴²
- 2.16 In the case of **worklessness**, partnerships have tended to base approaches on four inter-related tasks. First, NDC partnerships have often undertaken **needs analyses** to inform strategies and to act as baselines against which to monitor the effectiveness of interventions. Typically, needs analyses examine issues such as levels of worklessness by benefit type and socio-demographic characteristics, skills and skill gaps, barriers to employment, and the scope and adequacy of supporting infrastructure such as training, transport and child care provision.

³⁹ Department of Health (2008) The NHS in England: The Operating Framework for 2009/10.

⁴⁰ Bauld, L. et al. (2005) Promoting social change: the experience of Health Action Zones in England. *Journal of Social Policy*, 34, 427-445.

⁴¹ A point acknowledged in the recent Department of Health review of health inequalities (Department of Health, 2009b) and in the commitment for Professor Sir Michael Marmot to lead a strategic review of post 2010 health inequalities, due to report initially in late 2009.

⁴² CLG (2009) Understanding and Tackling Worklessness 1: Worklessness, Employment and Enterprise: patterns and change; CLG (2009) Understanding and Tackling Worklessness 2: Worklessness, Employment and Enterprise: patterns and change; neighbourhood level problems, interventions and outcomes; CLG (2009) Improving health outcomes in deprived communities: evidence from the New Deal for Communities Programme; CLG (2009) Improving attainment? Interventions in education by the New Deal for Communities Programme.

Second, needs analyses have informed the definition of **core objectives** which typically include reducing levels of worklessness among NDC residents, raising household incomes, increasing skill levels, increasing levels of entrepreneurship within the NDC area, and so on (this has included, in some cases, making links to other outcome areas; for example, looking at interventions to improve adult learning and skills with a view to addressing links between worklessness and low levels of educational attainment). Third, **priority client groups** have often been identified for targeted action. For instance, in Knowsley, the NDC partnership has made a decision to prioritise Jobseeker's Allowance (JSA) claimants rather than economically inactive claimants:

'Our main aim is to bridge the JSA claimant gap to the borough average... We stayed focused on JSA because this had not dropped significantly [prior to 1999]... We left the IB and IS claimants to JCP and the MBC [Metropolitan Borough Council], who'd got NWDA⁴³ funding to work with the IB and IS group [locally]'.

- 2.17 In contrast, in Newham where the labour market is much more buoyant, the NDC partnership opted to target interventions on those who needed more support to be able to access jobs.
- 2.18 Fourth, partnerships have identified the need to strike an appropriate balance between supply-side and demand-side interventions. There is a widely held view that neighbourhood-based regeneration bodies should major **on supply-side policies**. Interventions to boost demand are problematic because of factors such as:
- deprived neighbourhoods face significant difficulties in attracting inward investment; this is one reason why many previous localised job creation schemes have had 'remarkably little success'⁴⁴
 - initiatives supporting small business start-ups, such as Business Link, tend to be organised at the local authority district or sub-regional level in recognition that residents from deprived neighbourhoods often have limited skills, work experience and financial resources with which to enter self-employment or business start-ups⁴⁵
 - *'enterprises created within deprived areas are subject to a high rate of failure and are unlikely to make any significant impact on levels of unemployment and worklessness'*⁴⁶

⁴³ Northwest Regional Development Agency.

⁴⁴ CLG (2006) The dynamics of local economies and deprived neighbourhoods (p.78).

⁴⁵ CLG (2006) The dynamics of local economies and deprived neighbourhoods (p. 130).

⁴⁶ Syrett, S. and North, D. (2008) Renewing neighbourhoods: work enterprise and governance (p.236).

- any new developments are vulnerable to leakage as jobs will often go to people living outside the area.
- 2.19 These dilemmas have been reflected in the approaches adopted by NDC partnerships. Case study research identified a number of constraints associated with the implementation of demand-led initiatives. First, business-support programmes may make little sense in areas where the existing business base is small – many NDC areas are predominantly residential, and there may be limited scope for developing new opportunities within the boundaries of NDC neighbourhoods. Second, demand-side interventions are expensive, and it may be more cost-effective for local NDC programmes to support residents to access opportunities elsewhere, rather than try to create jobs on the doorstep. Third, as pointed out above, there are problems with leakage, as local opportunities may be taken up by people living outside the NDC area. This was observed as an issue in Bradford, where only half of the jobs created by the location of a new supermarket in the NDC area were taken up by local residents. And fifth, there was a widely held sentiment that inward investment could be more effectively pursued by agencies working at higher spatial scales.
- 2.20 In relation to **educational** strategy, NDC partnerships have sought to **align their programmes with wider strategies**. In Southwark, for example, the NDC Partnership has formulated its activities within the requirements of *Every Child Matters* framework, appreciating that it is important to ensure initiatives are consistent with wider policies if national funding is to be secured.
- 2.21 There has often too been debate within NDC partnerships regarding the extent to which they adopt a **wider or narrower** focus in relation to educational outcomes. In practice many have tended to pursue a wide range of integrated objectives, sometimes as part of a 'Lifelong Learning' strategy. Liverpool NDC Partnership, for instance, has based its approach on a range of activities designed to enhance education and learning across different demographic groups. These include an integrated approach towards early years, enhancing school attainment levels, boosting family and learning support, and working with partners and community bodies to support practical steps to promote a culture of learning.
- 2.22 Finally education strategies need to strike a balance between **capital and revenue** expenditure. In Newcastle for instance, with the exception of early capital improvements in primary schools, projects have been overwhelmingly revenue-based. Particular emphasis has been placed on family support and attainment, in response to community priorities. Interventions have therefore included schemes such as supporting children from an early age to prevent exclusion and to increase attendance, extra curricular activity, and sport after school and during the holidays.

- 2.23 A number of features characterise efforts by NDC partnerships to set strategic frameworks through which to achieve **health** outcomes. One initial step was often to **set a vision** within which interventions were to play out. In the case of Sandwell for instance, the vision from the NDC partnership's original delivery plan was maintained throughout the lifetime of the partnership:

'to improve the health, well being and quality of life of residents through the integration of health and social care services that are flexible and responsive to the diverse needs of the community.'

- 2.24 NDC partnerships have increasingly been making use of the **evidence base** in relation to health interventions. For example, in Hackney an elders' community strategy was developed, using data from the national evaluation's household surveys, and analysing responses from those who are over 65. However, in health perhaps more than any other outcome, some NDC partnerships initially struggled to identify a robust evidence base through which to inform their planned interventions. Certainly the sheer number of health projects funded in some NDC areas points to something of a scattergun approach. As the evidence base has improved, health practitioners, public health agencies and NDC partnerships have come to understand more fully the need for a sustained and focussed approach to health issues. To the Assistant Director for Health Improvement at the PCT in one NDC case-study area:

"If we had another ten years I would want to do it differently, to take a more programmed approach. Just putting additional resources into (service delivery) won't make a difference. NDC offered a great opportunity to make a big investment in one area but there has been too much emphasis on projects. If I had the time again the planning would be different – much more focused, with a real focus on families and a comprehensive attack on a much smaller range of problems.

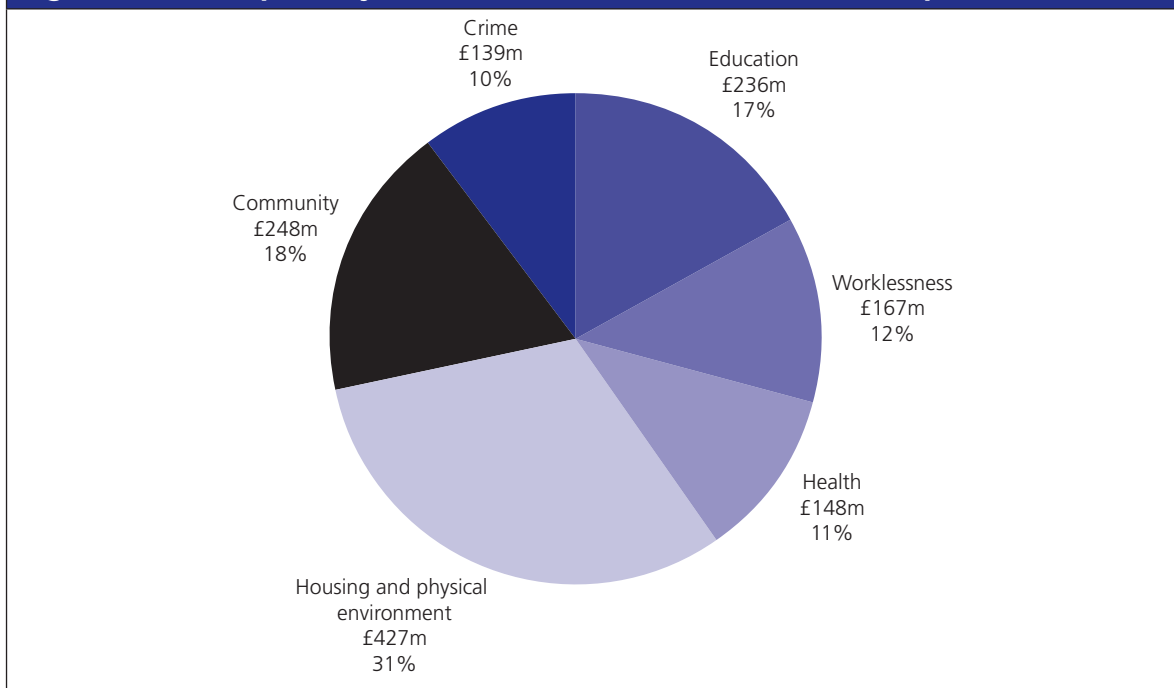
- 2.25 Having established needs within their area, partnerships have used this evidence to **highlight priorities** through which to drive health interventions in their areas. Informed by local evidence, Fulham NDC Partnership identified six core issues: high incidence of cancers; drugs and alcohol; teenage pregnancies; mental health; child and family health and wellbeing; and poor access to healthy living opportunities. Central to the health strategy adopted by this NDC Partnership was the notion of increasing awareness, knowledge and skills to enable individuals and communities to make positive and informed choices. The local NDC programme has targeted the most vulnerable members of the community, including young people, older people, black and minority ethnic communities (particularly refugees and asylum seekers), people with disabilities, smokers, alcohol and substance abusers, families in stress, and people with depressive illness and mental health problems.

- 2.26 As the Programme has evolved some NDC partnerships have moved towards a model based on **commissioning other organisations** to deliver change. To a degree this transition has impacted on all of the Programme's six themes, but has perhaps most evident in relation to health. In Salford, for instance, the NDC Partnership's health strategy sets a framework for the commissioning of health services (as part of the wider move towards commissioning across all NDC themes) which aligns closely with 'Choosing Health' outcomes,⁴⁷ and the agenda of the Salford PCT. The NDC Partnership has placed a strong emphasis on supporting and developing third sector agencies to deliver local health services.
- 2.27 Having explored how NDC partnerships have set their strategies in relation to improving outcomes for NDC residents, the next section examines patterns of spend and interventions across the Programme as a whole and within the three outcome areas of health, education and worklessness.

Spend and interventions

- 2.28 Up to the end of March 2008, two-fifths of all non-management and administration spend had been allocated to interventions designed to improve outcomes for NDC residents: 17 per cent on education; 12 per cent worklessness and finance; and 11 per cent health (Figure 2.1). Across the three outcomes as a whole, revenue spend accounted for over two-thirds of total expenditure (68 per cent), with 32 per cent capital spend.

Figure 2.1: NDC spend by outcome: 1999-00 to 2007-08 (current prices)

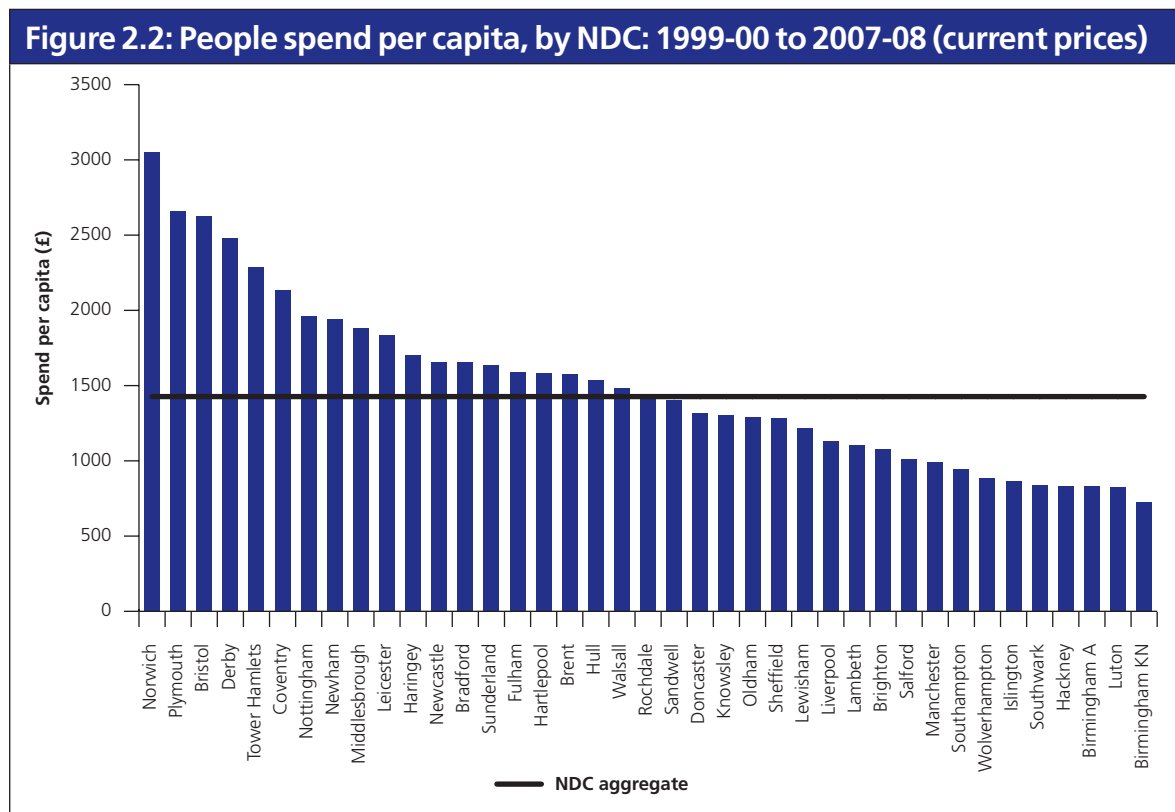


Source: CEA, System K; Management and administration spend is excluded

⁴⁷ Department of Health (2004) Choosing Health Making Healthy Choices Easier.

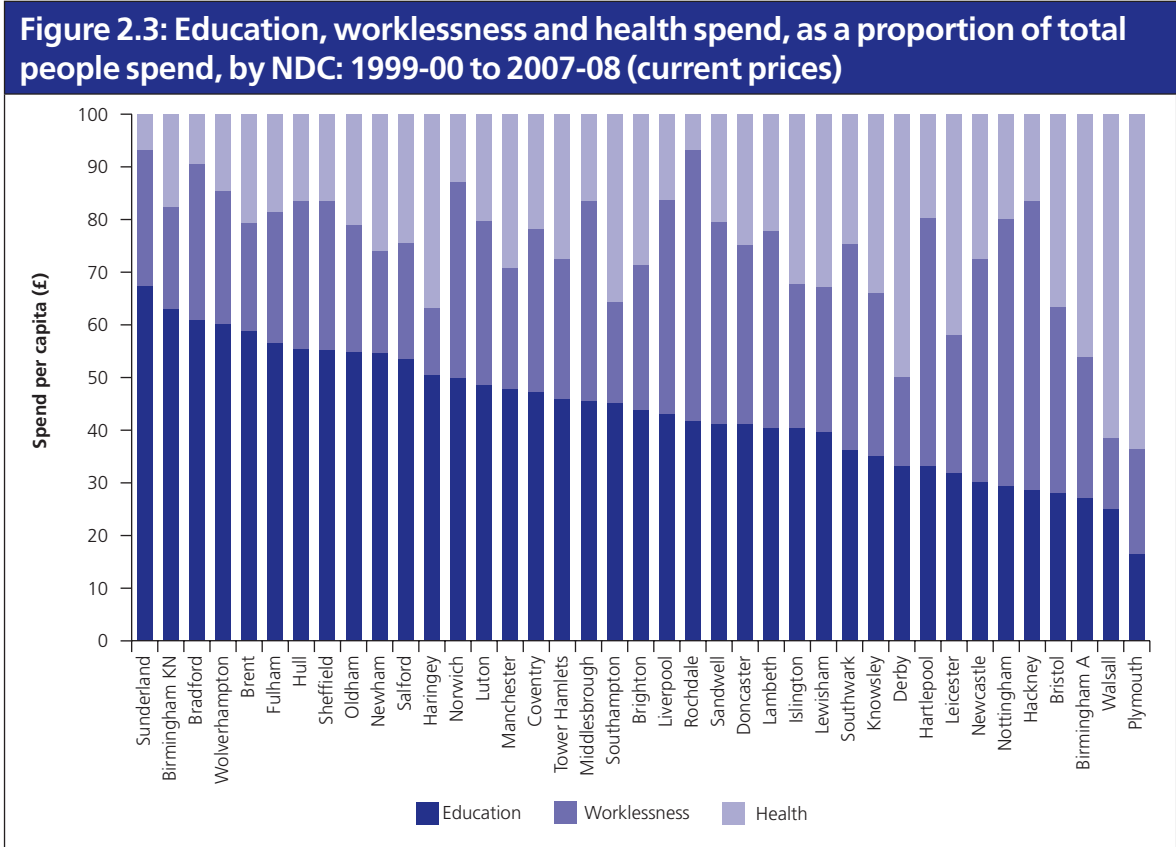
2.29 There has been variation in spend between individual NDC partnerships. The amount spent by individual NDC partnerships on projects related to improving outcomes for people (Figures 2.2 and 2.3) varies enormously according to a range of factors including:

- local need and local priorities
- the activities and interventions of other agencies
- the effectiveness of local partnerships.



Source: CEA, System K

2.30 Per capita spend across all these outcomes was highest in Norwich (which had the lowest per capita spend on place-related outcomes) and lowest in Birmingham Kings Norton. The emphasis on spend on people-related outcomes also varied across NDC partnerships. For instance, the proportion of spend allocated to interventions to improve education outcomes varied from over almost 70 per cent in Sunderland to less than 20 per cent in Plymouth. However, it should be noted that this data derives from System K and is thus a reflection of the ways in which NDC partnerships have categorised their spend, not necessarily the intended outcomes of their interventions. As such this data needs to be treated with caution.

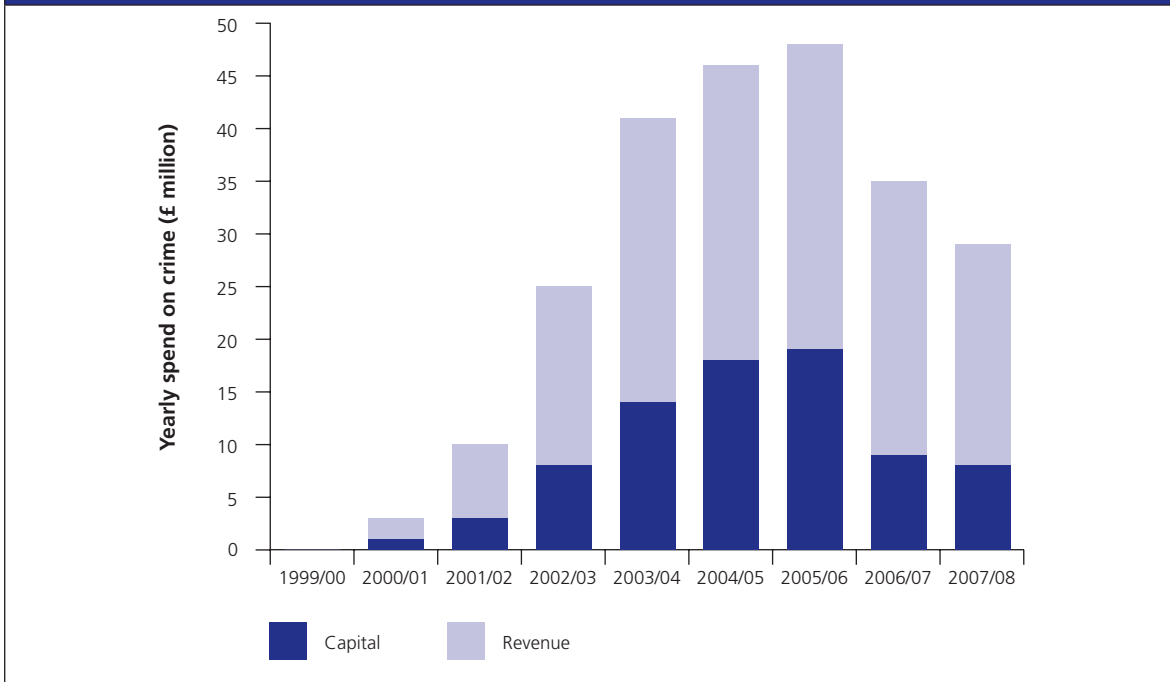


2.31 The remainder of this section looks at spend and interventions in the three outcomes relating to people in NDC areas: education, worklessness and health.

Education

2.32 NDC partnerships spent £236m on **education** interventions between 1999-00 and 2007-08. A further £102m came from other sources, all but about £9m from the public sector. The biggest areas of education expenditure related to pupil development and extra curricular activities (£45m), new or improved schools and education facilities (£31m), and improved community facilities (£27m). Annual expenditure on education increased from £2m in 2000-01 to peak at £48m in 2005-06. Revenue spend on education has been consistently higher than capital spend (Figure 2.4) and has accounted for 66 per cent of the total expenditure in this outcome.

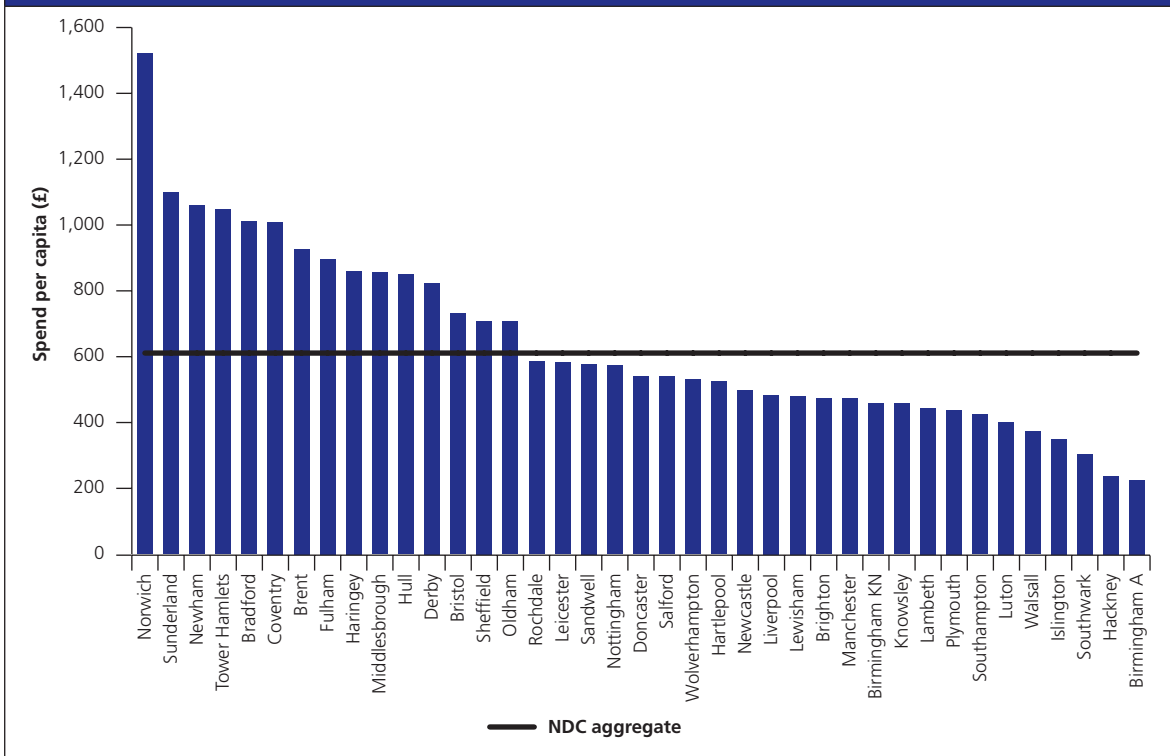
Figure 2.4: NDC partnerships' education spend: capital and revenue: 1999-00 to 2007-08 (current prices)



Source: CEA, System K

2.33 Spend within the education theme was highest in Norwich and lowest in Birmingham Aston (Figure 2.5).

Figure 2.5: Education spend per capita, by NDC: 1999-00 to 2007-08 (current prices)



Source: CEA, System K

2.34 Evidence from across the Programme can be used to identify the kinds of outputs or interventions NDC partnerships have helped introduce across all 39 areas as a whole. Volume 6 of these final reports identifies the gross and net outputs associated with spend across the NDC Programme.⁴⁸ Those reported on in this volume are net additional outputs,⁴⁹ estimated in line with Green Book⁵⁰ guidelines. Net outputs arising from activity across all 39 NDC areas include over 100 schools having physical improvements, over 20,000 accredited qualifications, and over 500,000 instances of pupils benefiting from projects designed to improve attainment (Table 2.1).

Table 2.1: Education outputs for the NDC Programme and estimates of net additional outputs, 1999-2000 to 2007-08		
	Total net additional outputs	
	Net additional outputs	Net additional outputs per 1000 population
Education outputs		
No. of instances of pupils benefiting from projects designed to improve attainment	562,671	1,499.7
No. qualifications obtained through NDC projects (accredited)	20,421	54.4
No. schools physically improved	104	0.3

Source: Cambridge Economic Associates analysis of validated System K data for five case studies, grossed up to expenditure for the 39 NDC partnerships and translated to net additional outputs

2.35 Many interventions are designed in some guise or other to address **attainment**. In Southwark, for instance, the NDC Partnership has supported interventions which have included ‘Gifted and Talented’, which provides extra activities designed to foster higher achievement and ‘The Aylesbury Push’, an academic and study skills support service to GCSE pupils living in the NDC area.

⁴⁸ CLG (2010) The New Deal for Communities Programme: Assessing Impact and VFM NDC evaluation final report volume 6.

⁴⁹ Total (or gross) outputs are estimated for the Programme as a whole using expenditure and output data from five case studies. Net outputs are those outputs arising from the NDC Programme which are additional to what might have been expected to happen anyway either because project activity would have happened anyway, at the same time or later, without NDC funding, or because beneficiaries were able to secure the same support elsewhere, for example obtaining employment advice from an existing agency located outside the NDC boundaries. NDC-funded activity may also have displaced activity from other regeneration projects. Moreover, some beneficiaries may have come from outside the NDC areas (‘leakage’). Therefore adjustments are made to gross outputs in order to identify net additional outputs which can feasibly be attributed to the NDC Programme. See Volume six, Appendix two for a full explanation of how additionality has been assessed.

⁵⁰ HM Treasury: The Green Book: Appraisal and Evaluation in Central Government www.hm-treasury.gov.uk/d/green_book_complete.pdf

Southwark

The Aylesbury Push

This project provides support to students who are disengaged in school and/or not supported at home. It offers an environment where there are no inhibiting factors to hinder students' progress. Tutors are available to help with English literature and language, science and maths, sometimes on a one-to-one basis. Study guides, books and IT facilities are available and young people have been able to bring any difficulties with their coursework to the group for advice.

There are agreed areas of focus. For example, in one term the priorities were:

- English: vocabulary, ensuring the young people have an understanding of the vocabulary they will need to tackle their GCSE exams and identifying those young people who need additional help in English to improve their overall attainment in all subjects
- Maths: putting the foundations in place, ensuring the young people have an understanding of the concepts that underpin mathematics
- Science: coursework, ensuring the young people have completed their coursework to a standard that will make them demonstrate understanding and originality and allow them to move on from their coursework, feeling confident and ready to tackle their exams.

Since the project began, GCSE results for participants have been excellent. 76 students improved their performance, with 40 obtaining five or more GCSEs at A*-C. In Year 9 of the local NDC programme the students of the Aylesbury Push exceeded their predicted grades and all went on to college.

- 2.36 NDC partnerships have worked hard to establish **relationships with local schools**, (particularly at primary level), although in some cases, it has taken time for these to mature and it has not always been easy to reconcile the locally determined priorities of neighbourhood renewal with those of schools driven by national targets and agendas. One NDC officer in Liverpool said that working with schools proved to be a *'greater challenge than originally anticipated'*. Early promises made to schools had been over-ambitious and it had been necessary to *'get the heads round the table again'*. Successful partnership has been a gradual process but the emphasis has been on delivery – *'how can the NDC help you in what you do?'* In Liverpool, a Heads Together group consisting of all the primary school heads in the area meets every six weeks. This group is key to the NDC Partnership's approach: *'we haven't done anything without the approval of head teachers'*.

- 2.37 But one comment to emerge from some NDC partnerships is that developing relations with some secondary schools and Academies has not been easy. One key problem has been the numbers of schools attended by NDC pupils. On average, to reach 80 per cent of its population of school-aged children, an NDC partnership will have to deal with 10 primary and 10 secondary schools.⁵¹ In some schools, particularly at secondary level, pupils living in NDC areas comprise only a small percentage of the student body. In these cases it can be hard for NDC partnerships to establish relationships with heads and governing bodies, particularly when schools are located outside of the NDC area.
- 2.38 NDC partnerships have also recognised the importance of **learning opportunities outside the school gate**. For instance, Birmingham Aston NDC Partnership established a Pupil Guarantee Scheme, based on the principle that all children should have access to the same kind of curriculum opportunities open to more affluent children. These included arts and performing arts, extended learning, physical and experiential learning and technological learning. The scheme is being delivered in 11 of the 12 schools in the NDC area. This has also been part of the strategy in Liverpool, where a key focus of the education theme has been to enhance school budgets to provide resources and curriculum opportunities that would not otherwise have been available.

⁵¹ CLG (2010) Improving attainment? Interventions in education by the New Deal for Communities Programme.

Liverpool

NDC Partnership support to one primary school

- financial support each Christmas to stage a drama production, and provide a party with entertainment and a gift. Art and craft materials for every child to make Christmas decorations and cards
- a new book for each child to take home for Christmas, to be returned and put into class libraries
- art, drama and music specialists to deliver work in every area of the arts
- equipment for quiet room, supporting vulnerable children
- outdoor learning equipment for Foundation Stage children
- Saturday morning music workshops which enabled children to learn drumming and about sound techniques and recording
- costumes for African, Indian and Chinese dance groups to enable them to perform at functions organised by the NDC Partnership for the local community
- art competitions
- sports days
- wardens coming in to school to deliver workshops on road safety and stranger danger, local issues etc
- English as an Additional Language books in many languages
- staff training on Irish, African, Chinese, Arabic and Polish culture
- costumes and equipment for productions, microphones, sound equipment, lighting, background materials
- coaches for outings for every class in the school and subsidised entrance fees where necessary
- centenary calendar
- musical equipment
- ICT equipment – laptops, computers and technical support
- philosophy course five weeks for year five children
- a classroom assistant in school
- first response member of staff
- Smartwater
- clean team

2.39 In addition some NDC partnerships have provided direct assistance to help local students progress to higher or further education. Liverpool NDC Partnership ran a bursary scheme of £1,250 per year, for first year degree students. In return for the bursary, students were expected to undertake 30 hours voluntary work in the local community. In total, 248 bursaries have been awarded, approximately one third to students from black and minority ethnic communities.

2.40 Partnerships have also involved **parents** in the development and implementation of education programmes in a variety of ways. In Liverpool this has included keeping schools open in the holidays, and providing facilities for residential breaks for families from the NDC community. And in Newcastle, the Support for Families project was developed in response to a need identified by local parents and employs NDC residents as Family Link Workers to support parents in engaging with their children's schools and access education and training opportunities for themselves.

Newcastle

Support for Families Project

This project, developed in response to consultation with parents at local schools, targets families of children attending four participating primary schools. NDC residents have been employed as Family Link Workers by local schools to engage and support families in a responsive and proactive way. The project provides:

- ongoing contact and support to parents and families of children at the four participating schools
- signposting to other support/services
- work and personal development opportunities for local residents
- support networks providing long-lasting local support mechanisms.

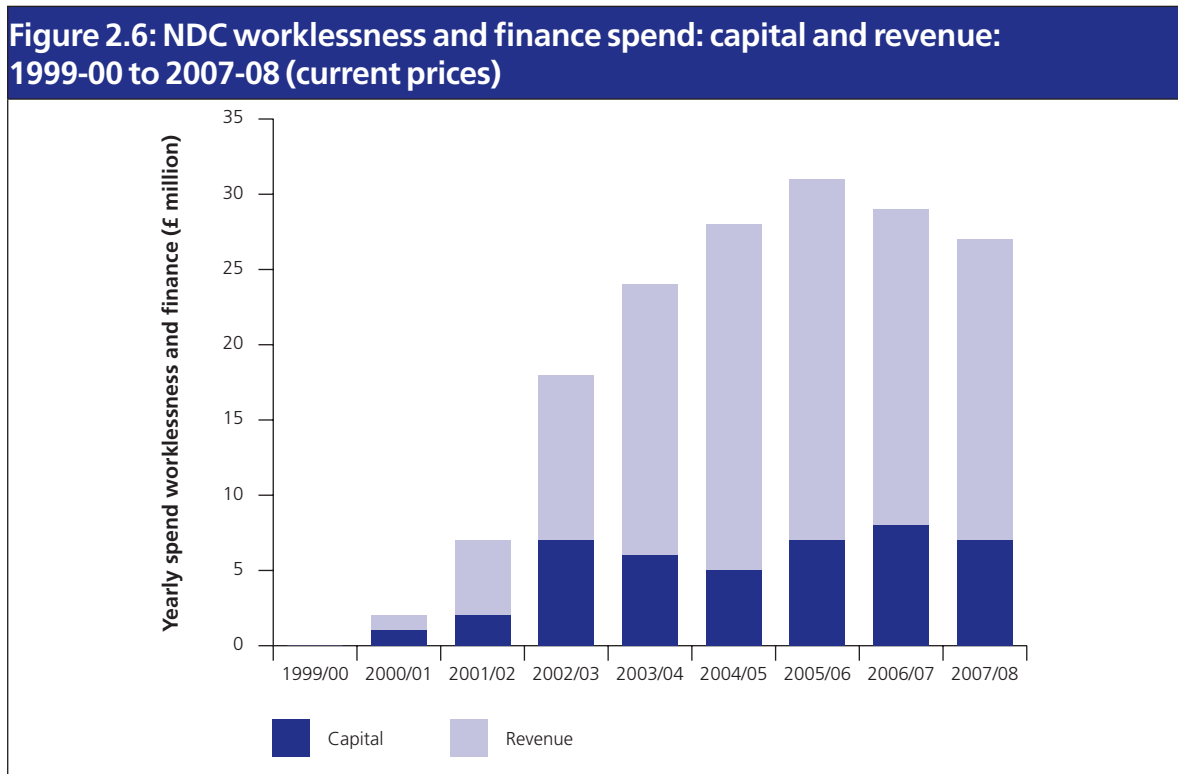
The project aims to:

- improve family life by increasing access to available support
- strengthen relationships between families and schools so that the needs of the children can be better met
- increase parents' understanding of their importance in their children's education
- increase parents' willingness and ability to support their children's learning
- increase parents' aspirations and confidence in their own and in their children's learning
- improve children's confidence and academic performance
- support the impact of other NDC education projects, specifically those related to increasing attainment and improving attendance and behaviour
- increase the number of parents involved in learning opportunities
- increase parental involvement in school decision making processes
- establish support for families that is sustainable after the end of the project
- build community capacity through increasing the knowledge and skill base of a large number of families.

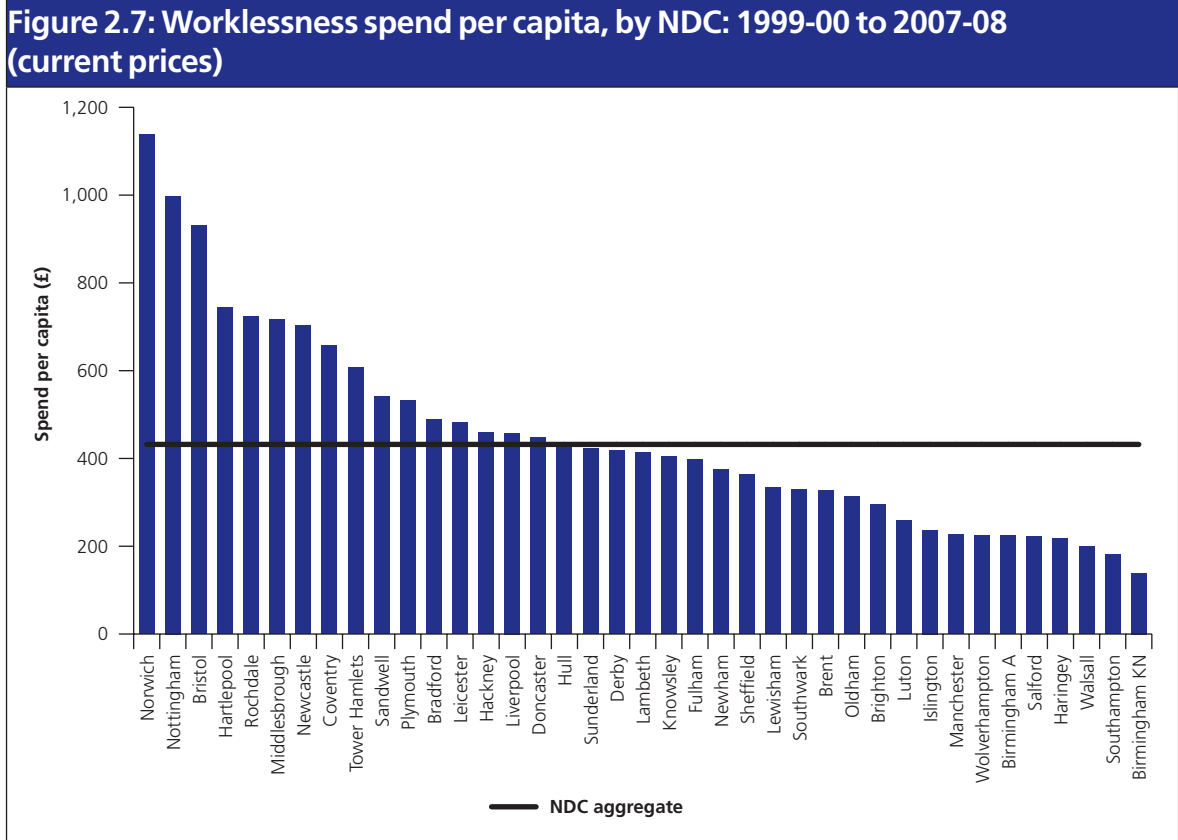
2.41 Finally, many NDC partnerships have promoted **adult learning**, although in some cases not particularly intensively, and often late in the lifetime of local NDC programmes. This late recognition is partly a reflection of prioritisation: early years and school-age interventions were thought to be more important. But in at least some cases it reflected a concern that insufficient progress had been made on adult skills development. Birmingham Aston NDC Partnership has established an Adult Learning Network as a forum for voluntary organisations, colleges and other partners to come together to plan and develop learning opportunities. As part of the NDC Partnership’s succession strategy, a resource is being developed to support practitioners, which will include capacity building and training.

Worklessness

2.42 NDC partnerships’ expenditure on **worklessness and finance** totalled £167m, with a further £143m levered in from other sources: this equates to an extra 86p for every £1 spent by NDC partnerships, the highest ratio amongst any the Programme’s six outcomes. Of all NDC expenditure relating to worklessness and finance, £36m was spent on schemes that supported applicants with job searches and career guidance, £34m on training and apprenticeships and £13m on workspace and ‘incubator’ provision. Other than a large rise between 2001-02 and 2002-03, there was a steady increase in annual spend from £1.5m in 2000-01 to a peak of £31m in 2005-06. Revenue spend on worklessness and finance has been consistently higher than that on capital projects, accounting for between 61 and 81 per cent of the total (Figure 2.6).



Source: CEA, System K



Source: CEA, System K

2.43 Per capita spend on worklessness interventions was highest in Norwich and lowest in Birmingham Kings Norton (Figure 2.7).

2.44 Across the Programme, there have been over 30,000 instances of job-related training, 1,000 jobs have been created and a further 5,000 safeguarded⁵² (Table 2.2).

⁵² See footnotes 48 to 50.

Table 2.2: Worklessness and finance Project outputs for the NDC Programme and estimates of net additional outputs, 1999-2000 to 2007-08

	Total net additional outputs	
	Net additional outputs	Net additional outputs per 1000 population
Worklessness and finance outputs		
No. people becoming self employed	306	0.8
No. instances job training	32,834	87.5
No. people trained entering work	2,246	6.0
No. instances of careers advice	174,976	466.4
No. new business start ups surviving 52 weeks	1,085	2.9
No. businesses receiving advice/support	1,411	3.8
No. jobs safeguarded	4,916	13.1
No. new childcare places provided	3,004	8.0
No. jobs created	1,089	2.9
No. community enterprise start ups	56	0.2

Source: Cambridge Economic Associates analysis of validated System K data for five case studies, grossed up to expenditure for the 39 NDC partnerships and translated to net additional outputs

2.45 As discussed at 2.18, many interventions within the broad arena of worklessness are concerned with **improving labour-supply**. They include:

- neighbourhood-based job brokerage and Information and Guidance (IAG) services
- 'one-stop shops' providing careers and training advice as well support with job search
- dedicated employment liaison officers to help identify vacancies with local employers and to make more employers aware of the capabilities of clients
- training opportunities for workless residents.

2.46 There has been a particular emphasis on support for job brokerage and IAG projects which aim to enhance the employability of local residents as the basis for entry into employment. Often, a number of services are delivered by different providers in a 'one-stop shop' environment where residents can access careers and training advice as well support with job search. Examples include the Opportunity Centre (in Bradford), Shop for Jobs (in Lambeth) and Work on

the Horizons (in Walsall). These facilities are based in the heart of NDC areas, often with a visible 'shop-front' alongside other shops or community facilities. Services tend to be delivered by a combination of organisations and are wholly or partially funded by local NDC partnerships. These sorts of arrangements have been valued by NDC residents for their comprehensive approach, but also for their accessibility and local knowledge. The Walsall, Work on the Horizons, project is a typical example.

Walsall

Work on the Horizons

Work on the Horizons is a one-stop shop in a retail centre in the NDC area providing a range of services to assist the workless into employment and to increase their employability through training.

These include:

- jobs brokerage
- funding for training courses and work equipment
- childcare assistance
- retention bonuses
- job outcome bonuses
- training and CV advice and guidance.

Key Partners include: Steps to Work (main contractor), Walsall Metropolitan Borough Council, JCP, Chamber of Commerce/Business Link, Citizens Advice Bureau, Connexions, and the PCT.

The project's main achievements in the two years between 2005 and 2007 were:

- 238 people moved into employment
- 511 people accessed careers advice
- 131 adults accessed qualifications through this project.

2.47 Partnerships have proved **innovative in delivering services to NDC residents by:**

- providing more flexible, individualised services than those JCP is able to deliver
- ensuring advisers working for NDC projects have time to work with clients: they are not so tightly bound by output targets as are JCP advisers

- providing accessible and visible premises in the heart of the community: an NDC officer in Bradford noted there is a *'need to deliver stuff on people's doorstep as people aren't willing to travel...it has to be community-based, grassroots as people don't want to travel 2-3 miles into town'*; this proximity to residents often compares favourably with JCP whose offices can be located in urban centres some distance from NDC areas
- establishing voluntary services; to one project manager in Walsall, *'gentle encouragement and confidence building is going to do a lot more than threats of losing benefit'*
- creating holistic services to a range of clients with a wide variety of needs; for example, IAG services can help clients gain skills and qualifications before cross-referring to brokerage functions for placement in work.

2.48 The West Bowling Youth Initiative in Bradford is an example of NDC support for a project which provides long-term support to young Asian men to help them develop skills and aspirations which will make them more successful in the labour market.

Bradford

West Bowling Youth Initiative (WBYI)

WBYI is a community-based project providing sport-related activities, training opportunities and employment services to young Asian men in the NDC area. Whilst the 'Job Shop' that the WBYI runs once a week mirrors conventional services in providing job search assistance, the project is unusual in the way that it nurtures and develops participants over long periods of time. Many of the participants will start using the facility in their pre-teens, mainly to take part in cricket and football sessions or to go on 'away days' to outdoor centres. As participants enter their teens, they are encouraged to start thinking about taking responsibility for running activities themselves. More committed participants are funded to gain formal coaching qualifications. Through a Youth Action Project, other participants are supported in bidding for small pots of money to run community-based projects such as environmental improvement schemes. Once attendees reach the end of compulsory schooling age, they are encouraged to think about options in terms of remaining in school to take A-Levels or pursuing a more vocational route at local colleges. At the end of their education, the project supports them through the job search process. As the project manager explained, *'it's an holistic approach – you take them through all the stages...it's not enough to just do jobs'*.

Bradford (continued)

The project manager seeks to develop participants from whatever point they become involved in order to help them acquire a set of sustainable and transferable skills that will enable them to develop a 'career'. He values volunteering and community work as it provides young men with the confidence and skills to enter sustainable forms of employment, rather than move straight into less stable forms of work at the lower end of the labour market such as call centre and retail work which is often '*low-paid and short term*'. WBYI is unusual in its long-term, community-based approach to developing the skills and aspirations of young people. Mainstream service providers usually do not have the time and resources for this kind of development which nurtures young people from pre-teens to adult life through involvement in longer-term projects.

2.49 Finally in this brief review of worklessness interventions, it is worth commenting that some partnerships have attempted, at the margins, to boost **demand** in the local economy by:

- providing employment opportunities through ILMs: placing workless individuals in temporary jobs in order to equip them with skills and experience to find unsubsidised work
- ring fencing jobs for local people through section 106 agreements⁵³
- business support projects to stimulate the creation, or growth of, small businesses
- support to existing businesses.⁵⁴

2.50 In Knowsley, the Revive project has secured the employment of local people in the construction work generated by redevelopment of the NDC area.

⁵³ Section 106 (s106) of the Town and Country Planning Act 1990 allows a local planning authority (LPA) to enter into a legally-binding agreement or planning obligation with a landowner in association with the granting of planning permission. The obligation is termed a Section 106 Agreement. These agreements are a way of delivering or addressing matters that are necessary to make a development acceptable in planning terms. They are increasingly used to support the provision of services and infrastructure, such as highways, recreational facilities, education, health and affordable housing.

⁵⁴ Including schemes to provide assistance in securing premises against business crime such as the 'Trade Safe' scheme in Newcastle which offers discretionary grants to businesses for security and environmental improvements.

Knowsley

Revive

Knowsley NDC Partnership wanted to maximise the number of local people benefiting from the programme to regenerate the area. Legally binding clauses were negotiated with developers to ensure that local people were employed and a team of staff experienced in construction was set up to liaise with contractors to ensure that they recruited locally. NDC staff sourced vacancies and secured employment positions for local people within the construction sector. Key partners in the project included JCP, Huyton Churches Training Centre, and the North Huyton Partnership. The achievements of the project included:

- 279 local residents received guidance and advice regarding careers and training
- 65 local residents secured jobs in the construction industry
- 63 entered further training and/or learning courses.

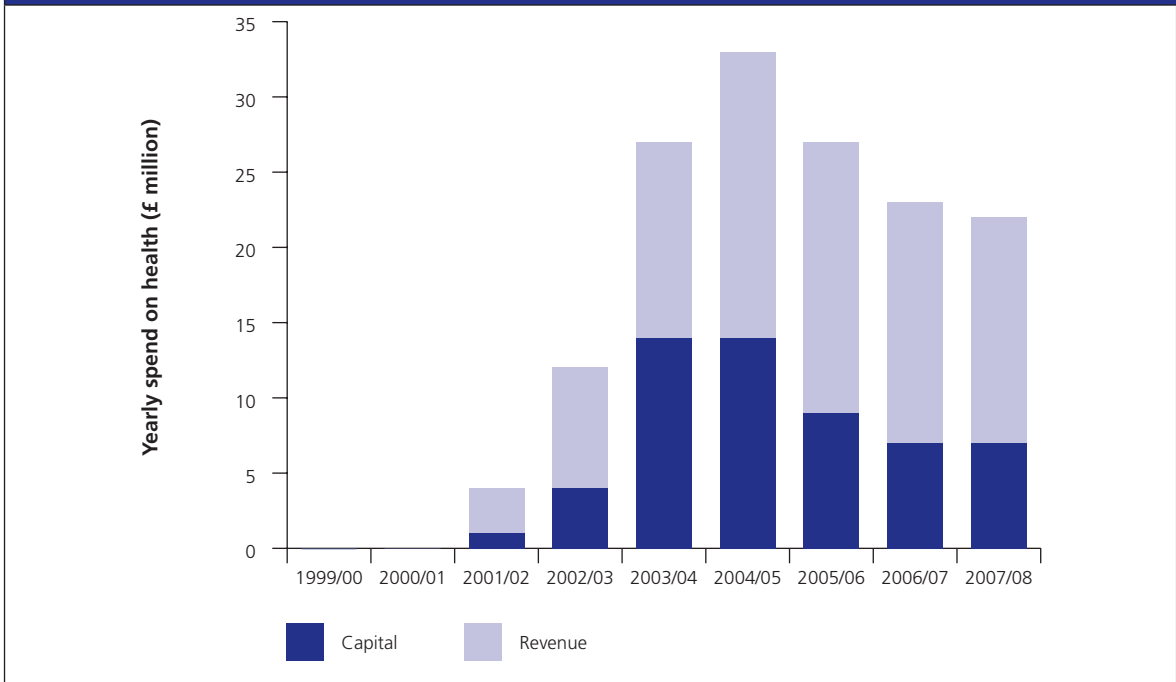
The downturn in the housing market has affected this project. Private sector developers are no longer able to meet commitments to employ local people as they are having to make redundancies among existing staff.

2.51 However, as discussed at 2.19, demand-side interventions have not featured extensively in local NDC programmes and NDC partnerships have experienced a number of problems in implementing these interventions including cost, leakage and the small business-base in many NDC areas.

Health

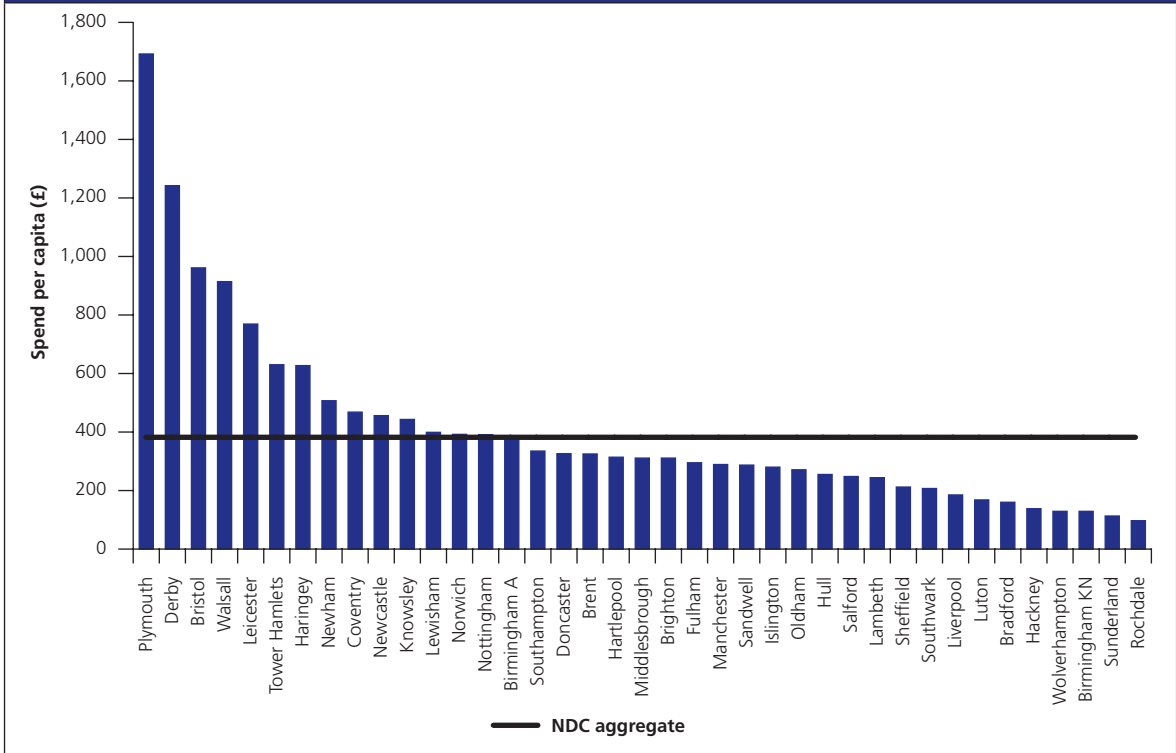
2.52 By March 2008, NDC partnerships had spent £148m on **health**, which had helped lever in another £72m from other public, private and voluntary sources. The largest areas for health expenditure were new or improved health facilities (£36m), and additional staffing in the sector (£17m). Annual NDC spend on health increased each year until 2004-05 when £32m was spent. In general, revenue spend was higher than capital spend, accounting for 62 per cent of spend for the period as a whole (Figure 2.8).

Figure 2.8: NDC health spend: capital and revenue: 1999-00 to 2007-08 (current prices)



Source: CEA, System K

Figure 2.9: Health spend per capita, by NDC: 1999-00 to 2007-08 (current prices)



Source: CEA, System K

- 2.53 Per capita spend on health interventions was highest in Plymouth and lowest in Rochdale (Figure 2.9).
- 2.54 NDC partnership activity has culminated in more than 175,000 opportunities for participation in healthy lifestyle projects and over 200 new or improved health facilities, which have been used almost 90,000 times by NDC residents (Table 2.3).

Table 2.3: Health Project outputs for the NDC Programme and estimates of net additional outputs, 1999-00 to 2007-08

	Total net additional outputs	
	Net additional outputs	Net additional outputs per 1000 population
Health outputs		
No. uses of new or improved health facilities	88,794	236.7
No. participants in healthy lifestyle projects	175,954	469.0
No. new or improved health facilities	221	0.6

Source: Cambridge Economic Associates analysis of validated System K data for five case studies, grossed up to expenditure for the 39 NDC partnerships and translated to net additional outputs

- 2.55 Generalising across NDC experience in relation to health, four, inter-related, areas merit comment. First, NDC partnerships have sought to **improve access to, and the quality of, services**. This often cropped up as an issue in initial consultations with local residents. In Salford a lack of accessible local health facilities at the outset of the Programme was a key issue for the NDC partnership's health task group. Local residents formed themselves into the Community Health Action Partnership (CHAP) and, supported by the NDC Partnership, lobbied for improved local health facilities. Development and feasibility work carried out by consultants in collaboration with CHAP and the NDC Partnership identified two potential sites for new healthy living centres which were financed through the Local Improvement Finance Trust (LIFT) and opened in 2005 and 2006. Further improvements to service infrastructure in the Salford NDC area have been achieved via investments from the NDC Partnership and the PCT in an additional healthy living centre which provides creative arts-based therapy and training opportunities to people with mental health difficulties and through the provision of walk-in primary care facilities.

- 2.56 Similarly, in Hackney the NDC Partnership's service-level agreement with the PCT, covers a wide range of new or improved services including a mental health community development initiative with black and minority ethnic groups, information resources for primary care teams, a community maternity centre, improved GP premises and capacity, and local venues for NHS and non-NHS health activities. The Infant Mortality Reduction project has improved access to maternity services for women living in the NDC area.

Hackney

Infant Mortality Reduction Project

When the local NDC programme began, two or even three buses were needed to get from Shoreditch to the local hospital. The NDC Partnership negotiated an extension of an existing bus route to take it as far as the hospital. This helped but there were still women with a risk of infant mortality who were not accessing services.

The NDC Partnership worked with the PCT to look at the possibility of providing a local maternity unit to complement the work of community midwives. Infant mortality was identified as a priority and stretch target in the Hackney LAA in 2007 and Team Hackney (the LSP) agreed to include a local centre in its infant mortality reduction programme. The NDC Partnership worked with Shoreditch Midwifery Group Practice (SMGP) to provide a more localised service for women in the Shoreditch area. Based in a church hall, community midwives contacted women who were newly pregnant and asked them to come for an appointment either at the church hall or at their GP surgery. If this was not possible, midwives would visit women at home.

The provision of a local maternity service has been a great achievement for the NDC Partnership. Positive evidence includes feedback from mothers, support from the hospital-based consultant and project evaluations. Stillbirths have gone down in Shoreditch, as has the incidence of low birth weight babies. A new maternity unit is under construction which will bring all parts of the project together in one building, making a more cohesive service.

- 2.57 Second, NDC partnerships have introduced a range of initiatives designed to support **healthier lifestyles**. In Fulham a central focus has been on developing new models of community-based service delivery to address a range of healthy living issues. Key projects have included:
- exercise on referral: getting people involved and active, with signposting to and from smoking cessation and alcohol services
 - health and wellbeing services to vulnerable people including drug and alcohol services for adults and winter warmth for low income households

- from 2002 the NDC, alongside the London Borough of Hammersmith and Fulham, commissioned the delivery of the Family Support/Family Welfare Association Project to offer school based intensive support to vulnerable and disadvantaged families
- community-based exercise: a highly successful relationship with Chelsea Football Club engaging relatively marginalised men (initially and now progressively more women) in sport; participants are linked into other local services, including job-related training
- a programme tackling childhood obesity, delivered in partnership with a number of other agencies
- food co-ops which are now self sustaining
- a 'road to jobs' project to help people suffering from mental illness into paid work.

Fulham

Smoking cessation project

Between 2008 and 2011 cessation work in the Fulham NDC area is to focus on tackling local inequalities in smoking levels by working with families through direct outreach on social housing estates. This involves developing cessation groups in local community venues, including pubs and betting shops, training more people as cessation advisers, engaging low income smokers to host cessation groups for their own social networks within their own homes and working with the PCT cessation services to implement a neighbourhood approach.

2.58 Partnerships have similarly supported projects intended to help residents manage chronic health problems. In Salford interventions aimed at addressing high levels of long-term limiting illness and mental health include:

- a local pharmaceutical pilot: a pharmacist is available to review medicines for people with long-term health problems and to deal with minor ailments
- an expert patients programme: free courses are run for local people with long-term illness to support them to manage their own health
- the refurbishment of a centre for arts, training, education and related services for those with mental health difficulties
- a healthy living project worker to support local people with diet, nutrition and exercise as part of a strategy to manage and prevent coronary heart disease and other major diseases

- a time banking project to reduce social isolation and improve mental health
- a social prescribing project which supports people with low-level depression, anxiety or work-limiting illness to identify alternatives to medical prescriptions.

2.59 Third, NDC partnerships have also sought to **target vulnerable groups**. Indeed a key issue for many partnerships has been the importance of addressing health inequalities, not only between NDC areas and better-off communities but also *within* NDC areas. In Fulham, for instance, the Lifestyle Fridays project uses community settings to provide basic health promotion and screening services to ‘hard to reach’ populations. The project has been extended across the borough and provides a model which has informed the development of a health trainers’⁵⁵ service in the area.

Fulham

Lifestyle Fridays

These community-based outreach health promotion and screening sessions are delivered by a ‘Lifestyle Team’ comprising a Registered Nurse, Clinical Exercise Specialist and Dietician. They can test and give professional advice on cholesterol, glucose, blood pressure, height, weight and BMI. Sessions are delivered in non-medical settings such as the mosque, supermarket, pubs, betting shops and drop-in nursery. The team can connect visitors to a variety of services, including smoking cessation, GPs, exercise on referral, and dietary advice. Since its adoption by the PCT, Lifestyle Fridays provides a borough-wide service targeted at at-risk communities, providing health screening and motivational support for lifestyle change.

2.60 Fourth, NDC partnerships have also been keen to **build on the capacity of local communities and to engage local people in the delivery of interventions to address health issues**. Projects have trained local people to interact with others in their community to promote healthy living and access to health services. The Shoreditch Peer Education Projects implemented in the Hackney NDC area offer one example.

⁵⁵ Health Trainers, introduced in the 2004 ‘Choosing Health’ public health white paper, reach out to people who are in circumstances that put them at a greater risk of poor health. They often come from, or are knowledgeable about, the communities they work with.

Hackney

Peer Education Projects

The idea of peer education is that people of equal status share information and learn together. People who have taken part in the projects described it as “*neighbours with know-how*”. The first peer education project supported by Hackney NDC began in 2002 and targeted Turkish and Kurdish communities, with a view to helping improve access to health services.

Extensive research was carried out with agencies and community organisations to assess the health and access needs of the target groups. Volunteer trainees were recruited from communities. Initiatives were trainee-led and owned and there were many ‘spin-offs’. For example, a video was made in Turkish about drugs, funded by the Drug Action Team.

The project has enabled the Hackney NDC Partnership to engage with hard to reach communities. The local NDC programme now has much wider community representation than in its first years, due in no small part due to peer education work. External evaluation suggests that the projects have had a positive impact on the people involved, making them feel more confident and more part of their local community. Cross-cultural exchange has been significant and much appreciated by participants. Jobs and opportunities have also been created, and local people are now governors and board members.

A wide range of organisations have contributed including the University of Kent (research and evaluation), Save the Children (identifying funding, contributing to the course), Sure Start (contributing to the course, work experience), Prince’s Trust (funding for spin-off projects), and community groups supporting target communities.

The peer education approach has also informed a number of subsequent projects, including the Bump Buddies scheme and health trainers. Through Bump Buddies women from a wide range of backgrounds and ethnicities have been trained to talk with other pregnant women about their experience and about the services and help available to them. These projects have been funded by mainstream health agencies.

- 2.61 This chapter has looked at the rationale for NDC partnerships to improve outcomes for NDC residents and has outlined the strategies, spend and interventions which partnerships have employed in attempt to achieve these aims. The next chapter identifies Programme-wide change in outcomes associated with these interventions.

Chapter 3

Improving outcomes for people – change across the NDC Programme

3.1 The previous chapter laid out the rationale and policy context for improving deprived places and provided an overview of the approaches, spend and interventions implemented by NDC partnerships. This chapter identifies changes in place-related outcomes using a set of core indicators across the three themes. Four main issues are addressed:

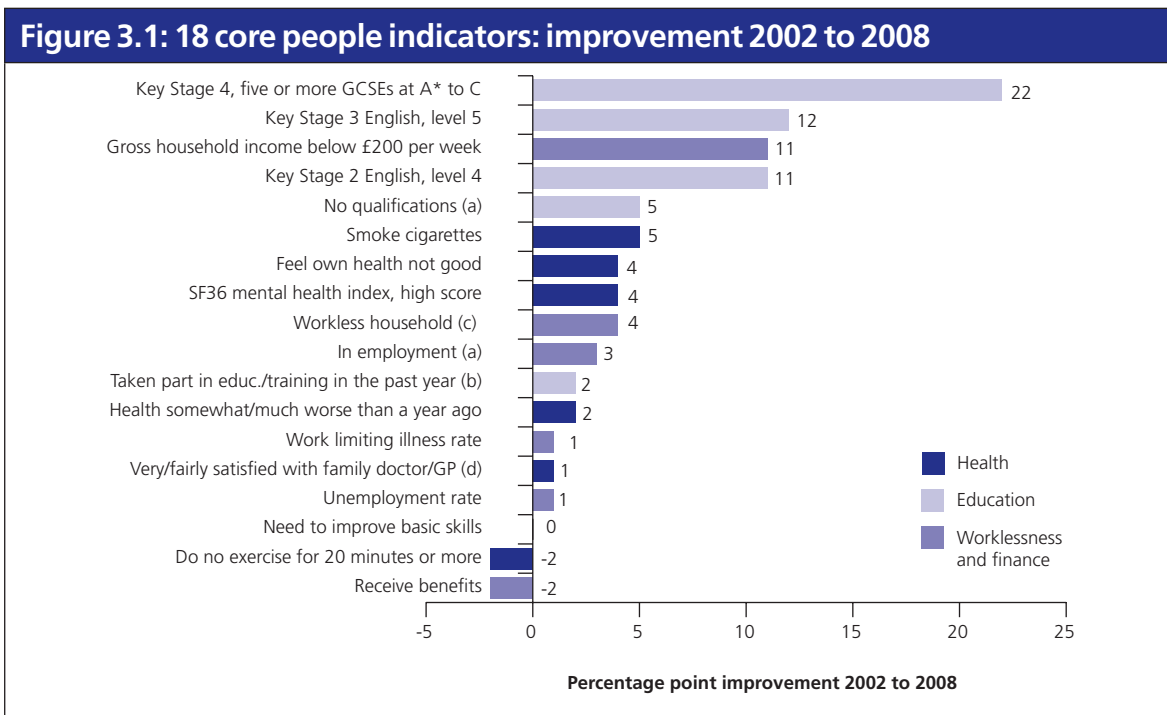
- what changes have occurred in people-related outcomes?
- what change has occurred in different NDC areas?
- what has happened at different points in the NDC Programme?
- how does change in NDC areas compare with that occurring in benchmark geographies?

What changes have occurred in people-related outcomes?

3.2 Figure 3.1 presents a simple summary of change across the Programme since 2002 with regard to 18 core indicators, six from each of the three people-related outcomes: worklessness and finance, education, and health:

- NDC areas as a whole saw an improvement in 16 of these indicators between 2002 and 2008; for 10 indicators this change was statistically significant⁵⁶
- some of the changes are considerable for instance large improvements in relation to educational attainment for NDC pupils at Key Stages two, three and especially, four
- one indicator shows negligible improvement between 2002 and 2008: the proportion of residents thinking that they needed to improve their basic skills
- two indicators show statistically significant negative change; the proportion in receipt of means-tested benefits probably reflects changes in the benefit systems between 2002 and 2008; however, a rise in the proportion of residents doing no physical exercise represents one of the very few instances of an indicator showing genuine deterioration across this six year period.

⁵⁶ For five indicators (Key Stage attainment, unemployment and work limiting illness rates) statistical significance testing is not applicable, as these indicators are based on administrative, rather than survey, data.



Source: Ipsos MORI NDC Household Survey 2002-2008; SDRC

Base: All; (a) All working age respondents; (b) All working age not currently in full time education; (c) All working age households; (d) All seen GP in last year

All indicators have been standardised so that a positive score indicates improvement and a negative score indicates deterioration

What change has occurred in different NDC areas?

3.3 Programme-wide averages do not of course reveal the pattern of change across different NDC areas. Different NDC partnerships have implemented strategies and interventions relevant to the problems of their specific localities. Therefore there is limited value in directly comparing change across different NDC areas. But to give a flavour of the variation in change achieved between 2002 and 2008:

- across the NDC Programme there has been an overall reduction of four percentage points in the numbers of NDC residents feeling that their own health was not good but in three NDC areas the percentage of residents feeling that their own health was not good increased; variations between NDC areas ranged from a 1.2 percentage point increase in this indicator in Hartlepool to a 9.6 percentage point reduction in Doncaster

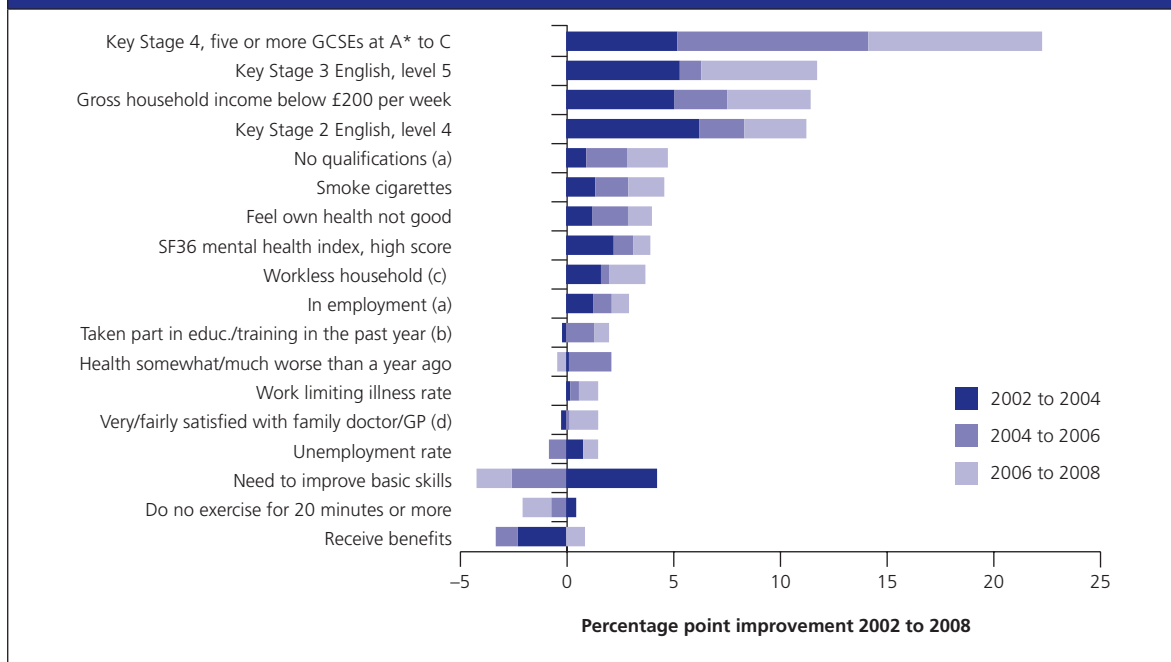
- the number of workless households has reduced across all NDC areas by 3.7 percentage points but increased in eight NDC areas; between NDC areas the change in the number of workless households ranged from an increase of 4.6 percentage points in Fulham to a reduction of 13.1 percentage points in Newcastle
- the percentage of working age adults taking part in education or training has increased in 29 NDC areas but reduced in 10; across all NDC areas there has been a two per cent improvement in this indicator but this has ranged from an improvement of 12.5 percentage points in Doncaster to a reduction of 9.4 percentage points in Brent.

What has happened at different points in the NDC Programme?

3.4 Data suggests that improvements in people-related outcomes were **spread fairly evenly across the timescale of the NDC Programme** (Figure 3.2). Of the 16 indicators showing improvement between 2002 and 2008:

- six indicators improved more between 2002 and 2004 than in later periods; four showed most improvement between 2004 and 2006, and six between 2006 and 2008. Those which showed most improvement in the first two years were improvements in English attainment at Key Stages Two and Three. In the more recent 2002-2006 period there has been a marked improvement in the proportion of pupils attaining five or more GCSEs A* to C at Key Stage Four
- six people-related indicators showed statistically significant improvement in each of the three time periods: 2002 to 2004, 2004 to 2006, and 2006 to 2008.

Figure 3.2: 18 core people indicators: improvement 2002 to 2004; 2004 to 2006; 2006 to 2008; 2002 to 2008



Source: Ipsos MORI NDC Household Survey 2002-2008; SDRC

Base: All; (a) All working age respondents; (b) All working age not currently in full time education; (c) All working age households; (d) All seen GP in last year

All indicators have been standardised so that a positive score indicates improvement and a negative score indicates deterioration

How does change in NDC areas compare with that occurring in benchmark geographies?

3.5 All of the change in these 39 NDC areas cannot be attributed to what partnerships have done: some change would have occurred even had the Programme not been introduced. It is therefore essential to **benchmark change** occurring to NDC areas with what happened elsewhere.

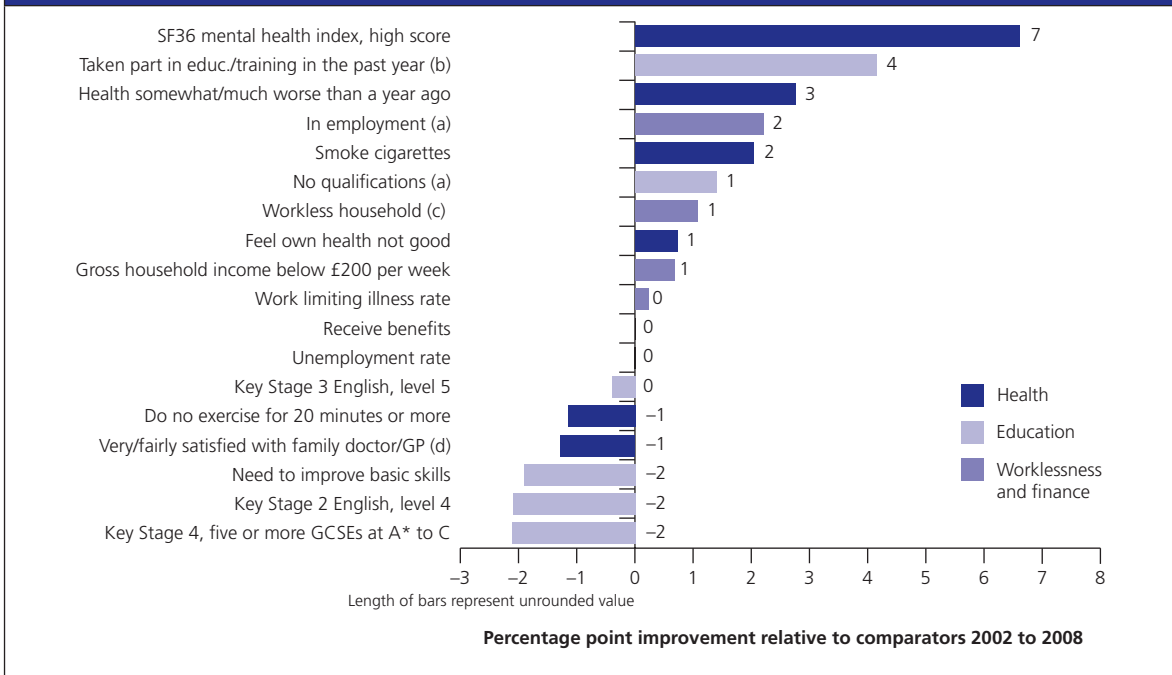
3.6 For the 18 core people-related indicators it is possible to compare change in NDC areas with that in the **comparator areas**, similarly deprived neighbourhoods in the same local authority⁵⁷ (Figure 3.3). The overall picture here suggests NDC areas have made some modest positive net changes:

- NDC areas saw more improvement than did comparators for ten of these 18 indicators, and for three of these this difference was statistically significant:
 - having a high score on the SF36 mental health index

⁵⁷ Further details on the comparator areas used by the NDC evaluation are at CLG (forthcoming) The New Deal for Communities Evaluation: Technical Report.

- having taken part in education or training in the past year; and
- thinking that health is worse than one year ago
- the comparator areas saw marginal improvement in eight indicators, although for two this difference was negligible: the unemployment rate and the proportion receiving benefits. Change was not statistically significant for any of these eight.

Figure 3.3: NDC improvement relative to comparator areas: 2002 to 2008



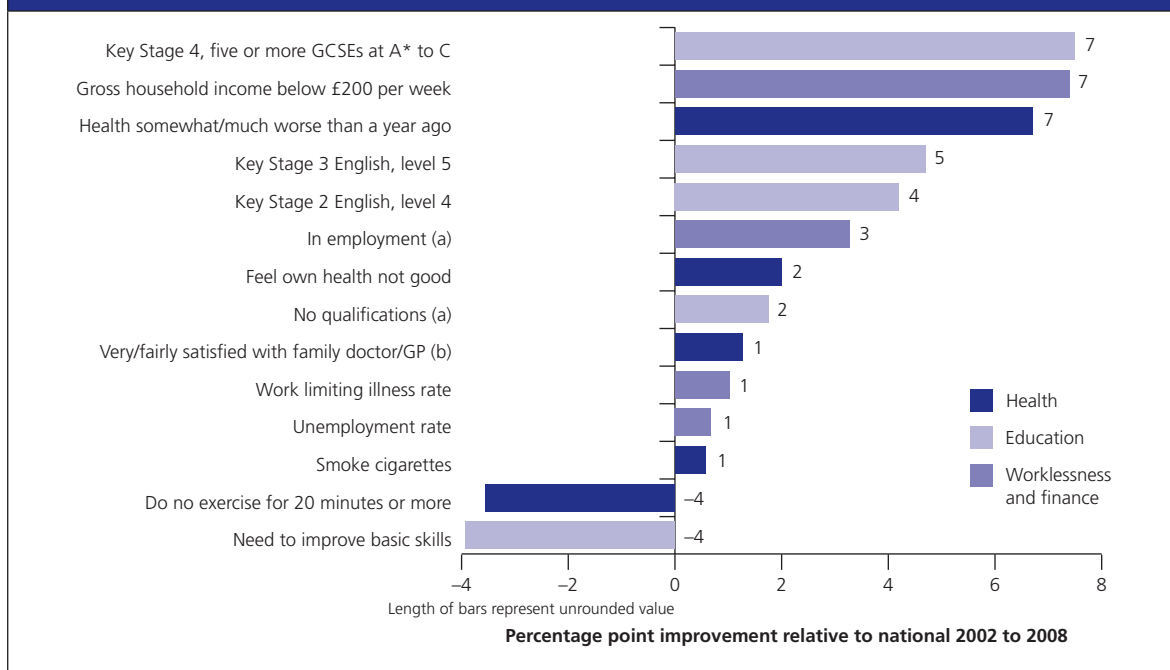
Source: Ipsos MORI NDC and Comparator Household Surveys 2002-2008; SDRC
 Base: All; (a) All working age respondents; (b) All working age not currently in full time education; (c) All working age households; (d) All seen GP in last year
 A positive score indicates that NDC areas have seen more improvement (or less deterioration) than comparators; a negative score indicates that NDC areas have seen less improvement (or more deterioration) than comparators

3.7 For 14 core people-related indicators it is possible to compare change in NDC areas with that occurring **nationally**^{58,59} (Figure 3.4):

- NDC areas showed more improvement than the national benchmark for 12 of these; this relative improvement (closing the gap) was particularly marked in relation to educational attainment at Key Stage Four
- for two indicators the national average improved by more than the average across all 39 NDC areas: needing to improve basic skills and doing no exercise for 20 minutes or more.

⁵⁸ There is no compatible data at national level for the remaining 4 core indicators: percentage taking part in education/training in the past year; percentage receiving benefits; percentage of workless households; SF36 mental health score.
⁵⁹ This analysis does not test for statistically significant differences between NDC and national change. This is due to the nature of national benchmark data: many indicators are based on rounded percentages rather than raw data and the sample size is not always known.

Figure 3.4: NDC area improvement relative to national benchmarks: 2002 to 2008



Source: Ipsos MORI NDC Household Survey 2002-2008

For details of national data sources see CLG (forthcoming) *The New Deal for Communities: Technical Report* section 6.9

Base: All; (a) All working age respondents; (b) All seen GP in last year

A positive score indicates that NDC areas have seen more improvement (or less deterioration) than the national benchmark; a negative score indicates that NDC areas have seen less improvement (or more deterioration) than the national benchmark

3.8 The data outlined in this chapter demonstrate that, across the NDC Programme, there has been improvement in outcomes related to improved health, education and employment circumstances for NDC residents. There are particularly marked improvements in educational outcomes (at Key Stages Two, Three and Four) and in the numbers of households with an income below £200 per week. However, one key indicator has deteriorated: the number of NDC residents claiming that they do no exercise for 20 minutes or more at time has increased (and most of this increase has been in the period 2006-08). Changes in these people-related outcomes have varied between NDC partnerships and over time, but in relation to this latter point there has perhaps been more consistent pattern of steady change over the lifetime of the Programme than has been the case for outcomes relating to improvements to NDC areas (see Volume 3 Figure 3.2). When comparing change in NDC areas to that in other deprived communities and nationally, it emerges that NDC areas have improved significantly more than comparator areas on three indicators: having a high score on the SF36 mental health index; having taken part in education or training in the past year; and thinking that health is worse than one year ago. There is also evidence of NDC areas 'closing the gap' with national benchmarks: NDC areas showed more improvement than the national

benchmark for 12 indicators across these three outcome areas. There was a particularly marked relative improvement in educational attainment at Key Stage Four (discussed further at 4.22 to 4.28).

- 3.9 The next chapter presents more detailed evidence in relation to outcome change within the key themes relevant to improving outcomes for NDC residents.

Chapter 4

Improving outcomes for people in deprived communities: health, education and worklessness

4.1 The previous chapter looked at change across the NDC Programme by focusing on 18 core indicators relating to outcomes for NDC residents. This chapter explores in more detail change in relation to the three themes designed to improve outcomes for people: health; education; and worklessness. It then draws out some of the cross-cutting issues relating to achieving place-related change through an ABI.

Health

4.2 NDC interventions have been designed to address **three key sets of problems** in NDC areas:

- high rates of illness, low birth weight and perinatal⁶⁰ and premature deaths
- lifestyle issues – smoking, lack of exercise, low levels of fruit and vegetable consumption, substance misuse, teenage pregnancy etc
- poor services and problems around access.

4.3 This section looks at the extent to which the NDC evaluation provides evidence of positive change in NDC areas in relation to these key objectives.

What changes have occurred in health outcomes?

4.4 Household survey data provides evidence of change in self-reported (ill) health, trust in, and access to, local health services, and change to behaviour and lifestyles. Table 4.1 shows the eight indicators which have changed most over the period 2002 to 2008. There has been an increase in indicators signifying improved mental health and in access to and trust in local health services. There has been a decrease in the proportion of NDC residents who smoke cigarettes, who feel that their own health is not good and who feel down in the dumps most of the time. However there has also been an increase in the proportion of NDC residents who never eat five portions of fruit and vegetables in a day.

⁶⁰ Perinatal mortality includes stillbirths and deaths under aged seven days see Office for National Statistics (2009) Statistical Bulletin infant and perinatal mortality 2008: health areas, England and Wales.

Table 4.1: Health indicators: eight showing greatest change

	2008	Change 2002-2008
Felt calm and peaceful most/all of the time during past four weeks	54	6
Trust local health services a great deal/a fair amount	81	6
Smoke cigarettes	35	-5
Very/fairly easy to see family doctor/GP (a)	75	4
Feel own health not good	19	-4
Never eat five portions of fruit or vegetables in a day	15	-4
Felt down in the dumps most/all of the time during past four weeks	8	-3
Been a happy person most/all of the time during past four weeks	67	2

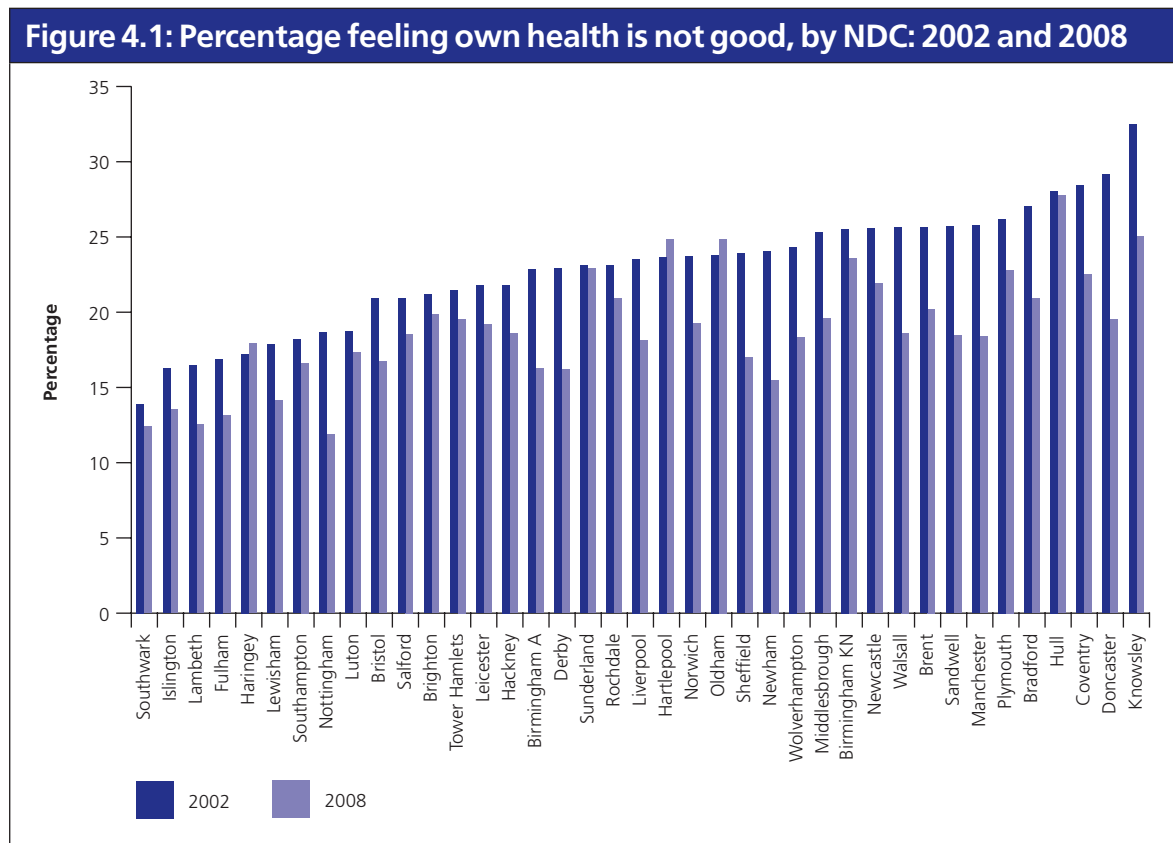
Source: Ipsos MORI NDC Household Survey 2002-2008

Base: All; (a) All seen GP in last year

Bold: Change significant at the 0.05 level (Z test)

Do NDC residents think that their health has improved?

4.5 Across different NDC partnerships, the picture in relation to change in self reported ill-health has generally improved (Figure 4.1). In 2002 the proportion of residents feeling their own health was not good ranged from 14 per cent in Southwark to 32 per cent in Knowsley. By 2008 the range was from 12 per cent in Nottingham to 28 per cent in Hull, showing a slight convergence. In 36 NDC areas the proportion of residents feeling their own health was not good decreased. In three NDC areas (Haringey, Oldham and Hartlepool) this proportion increased.



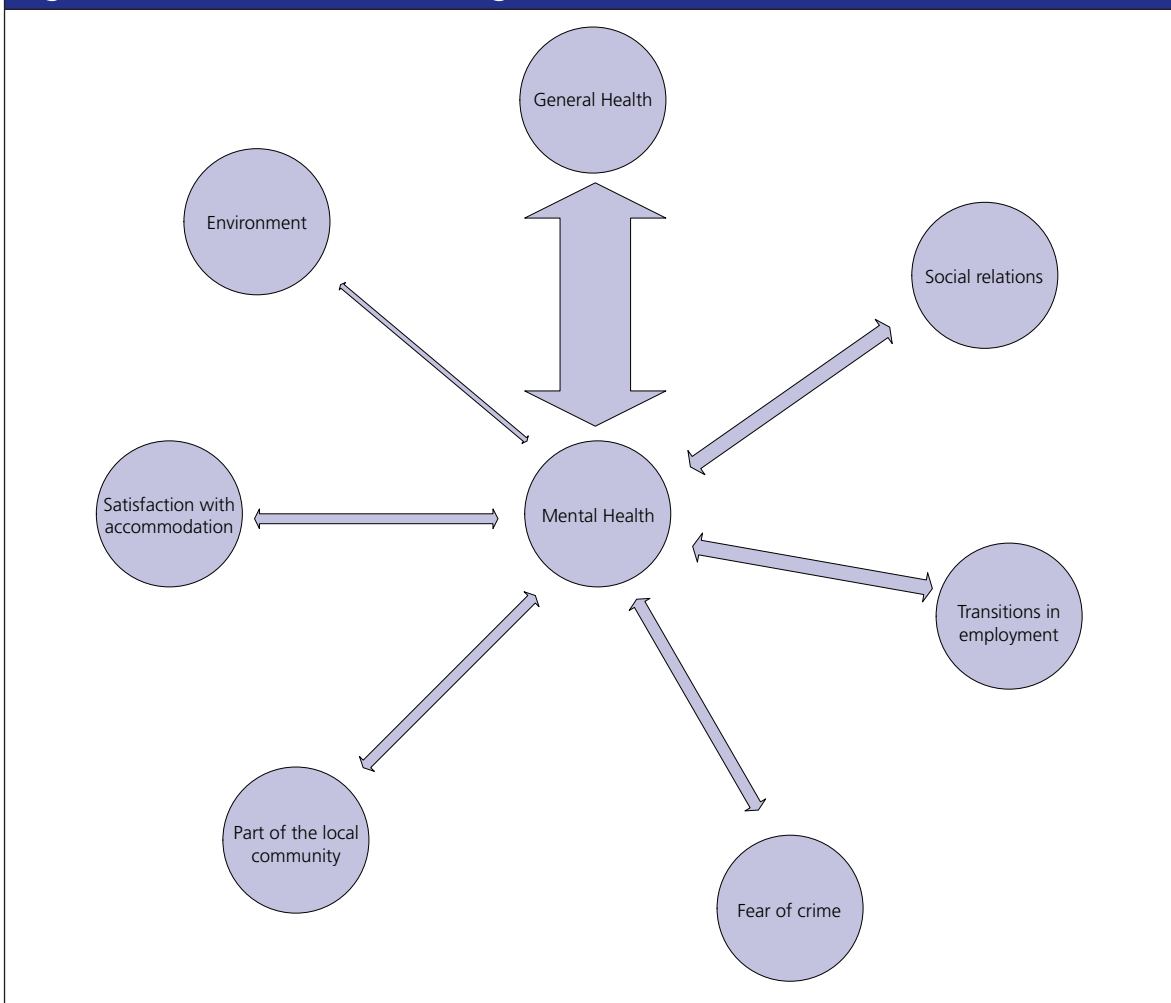
- 4.6 Across the Programme as a whole the proportion of people feeling that their own health was not good fell by four percentage points between 2002 and 2008. This improvement was slightly better than that occurring both in comparator areas and nationally.
- 4.7 Longitudinal survey data can be used to monitor individuals' changes in self-reported health over time. Of all those in NDC areas who felt that their health was not good in 2002, 46 per cent felt that their health was good by 2008. The equivalent figure for comparator area residents was only 31 per cent. Meanwhile, 85 per cent of those NDC residents reporting good health in 2002 still felt that their health was good in 2008, slightly higher than the comparator figure of 83 per cent.
- 4.8 The proportion of people reporting good mental health in NDC areas improved between 2002 and 2008 whilst comparator areas saw a decline in this indicator over the same period. Thirty-eight per cent of NDC residents had a 'high'⁶¹ mental health index score (greater than 80), an increase of four percentage points between 2002 and 2008. In the same period the proportion with a high score in comparator areas decreased by three percentage points, meaning that in general NDC areas have improved more than similarly deprived areas over

⁶¹ Respondents to the household survey were asked a series of five questions about their mental health from which a composite score, the SF36 mental health index, can be calculated. This corresponds to the mental health domain of the SF36 health survey. A high score on the mental health index is indicative of a good state of mental health. For the purposes of the research a 'high' score was defined as one of 80 or more.

the period of review. Volume 6 of these reports discusses the overall impact of the NDC Programme; it identifies improvements in mental health outcomes in NDC areas as one of the key outcomes of the NDC Programme. There is a seven percentage point difference in the change in this outcome between NDC and comparator areas for period 2002 to 2008, equating to almost 20,000 more people in NDC areas than in the comparators reporting improved mental health scores (Volume 6, Table 4.2).

- 4.9 This is an intriguing finding, as there has not been a strong focus across the NDC Programme on supporting interventions which aim directly to improve mental health outcomes. However, analysis of the factors associated with improved mental health outcomes for individuals who have remained in NDC areas between 2002 and 2008 (the NDC 'panel') developed in Volume 5 of these reports, suggest that for this group, change in mental health outcomes is significantly associated with change in a range of other outcomes: general health, social relations, transitions into employment, fear of crime, feeling part of the local community, satisfaction with accommodation, and perceptions about the local environment (Figure 4.2).

Figure 4.2: SF36 Mental Health: significant interactions with other outcomes



Have people living in NDC areas adopted more healthy lifestyles?

- 4.10 NDC residents in 2008 were less likely to be eating healthily and meeting guidelines on taking a healthy amount of exercise than they were in 2002, although the proportion of people smoking had fallen by five percentage points, slightly more than in the comparator areas and nationally (Tables 4.2, 4.3 and 4.4).
- 4.11 Reductions in the proportions adopting healthy lifestyle guidelines were more pronounced amongst older age groups. There were bigger reductions in the proportions of men smoking than women, but smaller increases in the proportions not doing exercise of 20 minutes or more amongst women. People from Asian or black ethnic groups were more likely to have seen reductions in the proportions achieving the five fruits/vegetables per day target than white residents in NDC areas.

Table 4.2: Eat five portions of fruit or vegetables everyday: 2002 and 2008

	Eat five portions of fruit or veg everyday (per cent)		
	2002	2008	Change 2002 to 2008
NDC	23	19	-3
Comparator	23	22	-1

Source: Ipsos MORI NDC Household Survey

Base: All

Note: Rows may not sum due to rounding

Table 4.3: Smoke Cigarettes: 2002 and 2008

	Smoke cigarettes (per cent)		
	2002	2008	Change 2002 to 2008
NDC	40	35	-5
Comparator	33	31	-3
National	26	22	-4

Source: Ipsos MORI NDC Household Survey

Base: All

Note: Rows may not sum due to rounding

Table 4.4: Do no exercise for 20 minutes or more at a time: 2002 and 2008

	Do no exercise for 20 minutes or more (per cent)		
	2002	2008	Change 2002 to 2008
NDC	9	11	2
Comparator	8	8	0
National	7	5	-2

Source: Ipsos MORI NDC Household Survey

Base: All

Note: Rows may not sum due to rounding

4.12 It is not clear why there has not been more significant change across these indicators, as they are directly relevant to many of the projects which NDC partnerships have supported. However, it is possible that the high profile given nationally to fruit and vegetable consumption at the outset of the Programme⁶² artificially inflated figures and has contributed to a reduction in these outcomes over time.

Have services and access to service improved?

4.13 The priority attached to improving access to and quality of local services will depend on the particular issues faced locally. At the start of the Programme, concern lay primarily around access to and adequacy of GP services⁶³ and this is the primary focus for indicators used by the evaluation to assess access to health services.

4.14 Across NDC areas the proportion of people who believe it is easy to see their GP has increased by four percentage points but there has not been a closing of the gap with the picture nationally. Additionally, greater change was seen in comparator areas, where the proportion reporting that it was easy to see their GP was particularly low in 2002. Comparator areas also saw greater improvements in satisfaction with GPs.

4.15 Trust in local health services has risen nationally, as well as in NDC and comparator areas. Both NDC and comparator areas saw similar amounts of change and there was no narrowing of the gap between deprived areas and the national average.

⁶² The Department of Health launched the 'Five A Day' campaign in 2000, with a view to encouraging increased fruit and vegetable consumption.

⁶³ For instance, in 2002, only 56 per cent of residents in one NDC area, Tower Hamlets, thought it was easy to see a GP, compared with 76 per cent nationally.

Why have health indicators not improved more?

4.16 The change in health outcomes outlined in chapter 3 and above, may be seen to be been disappointing given the considerable effort and resources devoted by the 39 NDC partnerships to improving health outcomes amongst local residents. However, there are a number of reasons why this might be the case:

- NDC supported interventions have, on the whole, been **small scale**: there is ample evidence within the case study NDC areas of positive outcomes for project beneficiaries, but the projects have by their nature reached small numbers of NDC residents and have not impacted significantly on the scale of the problems faced by NDC communities
- there is also the associated issue of the degree to which the benefits of interventions which target small numbers of NDC residents can be picked up by **'top-down' surveys and data**: because health interventions have affected relatively small numbers of people (with the possible exception of Healthy Living Centres) they are unlikely to impact significantly on Programme-wide change data
- NDC partnerships may have sought to address **too many health issues** at a time rather than developing a more sustained focus on aspects of health inequalities most amenable to local intervention
- NDC areas have not been the sole beneficiaries of **developments and investment in health services**: health agencies work to national targets and programmes and investments tend to be rolled out on a national basis. For example, the LIFT⁶⁴ programme has supported investment across almost 50 schemes, resulting in over 200 new primary health care facilities either open or under construction. Clearly some of these will have benefited deprived communities outside NDC areas
- there has been a need, in some NDC areas, to improve the **infrastructure** of local health services, and a consequent early prioritisation of investment in this, as opposed to projects which aim directly to tackle health outcomes. Whilst there may be a consequent improvements in the health circumstances of NDC residents, these are unlikely to be evidenced by the six years of data available to the NDC evaluation, and may occur beyond the lifetime of the NDC Programme
- there are also questions about the nature of some NDC interventions: there is a relatively sparse evidence base on the effectiveness of interventions in tackling **health inequalities** between deprived and better off areas. The case study NDC partnerships have endeavoured to ensure that their interventions are based on evidence of what works in improving health outcomes; the Salford

⁶⁴ Local Improvement Finance Trust (LIFT) is vehicle for the development of new primary and community services. www.dh.gov.uk/en/Procurementandproposals/Publicprivatepartnership/NHSLIFT/index.htm

NDC Partnership for instance has allocated up to 20 per cent of each health intervention's budget for external evaluation. But it has not always been clear that effective delivery will also result in narrowing the gap between NDC areas and their parent local authorities. In health, perhaps more than in any other NDC outcome area, the linkages between interventions and outcomes are not always obvious

- and it is also important to consider the role of local communities in devising strategies to improve health amongst local residents: there is some evidence from the case studies that the **priorities** of local residents have not always gelled with those of the local service providers. One obvious example is around complementary therapies and new models of service delivery, which have clearly been priorities for local residents and where NDC partnerships have been uniquely placed to implement innovative approaches which are beyond the scope of statutory agencies. This has been a strength, and an important role for NDC partnerships has been to 'test out' new interventions and approaches. But it has also been true that for some of the interventions valued by local residents there is less than robust evidence of their long-term impact on health outcomes.

Education

- 4.17 The education theme is particularly broad ranging, and includes interventions designed to enhance pre-school and child-care provision, and those which aim to improve the attainment of school-age children, through to projects which focus on post-compulsory education and training for young people, adult skills and family learning. The indicators used by the NDC evaluation reflect outcomes associated with adult skills and attainment by children.
- 4.18 The 39 NDC areas started from very different positions and faced different challenges in relation to educational attainment. Analysis of the characteristics of pupils resident in NDC areas⁶⁵ reveals that the home neighbourhoods of pupils resident in NDC areas (of both primary and secondary age) are, in general, more deprived than the home neighbourhoods of children attending the same schools who live outside the NDC areas. Pupils in NDC areas also generally exhibit higher rates of eligibility for free school meals and higher levels of special educational needs than pupils from outside NDC areas attending the same schools. In general, educational attainment is lower amongst NDC pupils than amongst non-NDC pupils attending the same schools, certainly when looking across all partnerships as a whole. This applies to both primary and secondary attainment (although individual partnerships show great variety in both the direction and extent of differences between NDC and non-NDC

⁶⁵ CLG (2009) Raising educational attainment in deprived areas: the challenges of geography and residential mobility for area-based initiatives.

pupils). In the NDC areas in which there are the largest differences between the levels of income deprivation for NDC and non-NDC pupils, pupils resident in NDC areas have the lowest attainment scores at Key Stage Four⁶⁶ (although this does not hold true for attainment at Key Stage Two).

What changes have occurred in education outcomes?

4.19 Table 4.5 outlines key household survey indicators within the theme of education that have changed most in the period 2002 to 2008. It demonstrates that there have been substantial increases in the proportion of NDC residents utilising IT and electronic communications at home and at their place of work or study. This is to be expected, as these trends mirror those which have occurred nationally over the same period.

Table 4.5: Education indicators: eight showing greatest change		
	2008	Change 2002-2008
Use Internet at home	51	27
Key Stage 4, five or more GCSEs at A* to C	48	22
Use PC at home	57	22
Use email at home	44	22
Key Stage 3 English, level 5	58	12
Key Stage 2 English, level 4	68	11
Use Internet at work/place of study	24	6
Use email at work/place of study	22	5

Source: Ipsos MORI NDC Household Survey 2002-2008; SDRC

Base: All

Bold: Change significant at the 0.05 level (Z test)

4.20 There have also been substantial increases in educational attainment, at Key Stages Two, Three and Four. These improvements also need to be seen in the context of national improvements in attainment levels over the same period, a point which is discussed further at 4.22 to 4.28 below.

⁶⁶ There is, however, no apparent link between actual levels of income deprivation in the NDC areas and key stage 4 attainment i.e. children living in more income deprived NDC areas do not have lower key stage 4 attainment than those living in less income deprived NDC areas.

Have adult skills improved in NDC areas?

4.21 Figure 3.3 shows change in NDC areas in relation to comparator areas for a number of core indicators. Three of these indicators related to adult skills. In NDC areas there has been a bigger improvement in the proportion of adults taking part in education or training over the last year and in the proportion of adults with no qualifications. Conversely, comparator areas saw a bigger reduction in the proportion of people feeling that they needed to improve their basic skills. However this indicator is difficult to interpret as a growing awareness of the need to address skills can be a good indicator that those traditionally most detached from labour markets are considering how to improve their situation. A concern over basic skill levels can also arise from exposure to the kind of support some NDC partnerships have developed for parents of school age children, aimed at better equipping them to support their children's learning.

Has there been an improvement in children's educational attainment in NDC areas?

4.22 Since 2002, there have been improvements across all the main indicators and in all 39 NDC areas, in some cases to a very substantial extent. In all the cases, improvements across the Programme as a whole have outstripped improvements at the national level, and in some cases the gap between NDC areas and their parent local authority has also closed (Table 4.6).

Table 4.6: Educational attainment in NDC and comparator areas, and nationally: 2002 to 2008

	NDC		Comparator		National	
	2008 (Per cent)	Change 2002 to 2008	2008 (Per cent)	Change 2002 to 2008	2008 (Per cent)	Change 2002 to 2008
Key Stage 2 English, level 4	68	11	73	13	81	7
Key Stage 3 English, level 5	58	12	59	12	74	7
Key Stage 4, five or more GCSEs A* to C	48	22	53	24	64	15

Source: SDRC

- 4.23 Whilst clearly welcome, attributing this scale of positive change to local NDC programmes raises issues of plausibility. Additional work has been undertaken to explore educational attainment between 2002 and 2007 using data which tracks individual NDC pupils and a 'difference-in-difference' statistical estimation method to match children living in NDC areas with similar children living in similarly deprived areas.⁶⁷ This approach is able to determine if educational attainment outcomes improved over and above changes that might have been expected in the absence of the NDC Programme.
- 4.24 Findings show that there has been a significant positive improvement in Key Stage Three science results, but not for any other attainment outcomes. At the Programme-wide level NDC pupils were generally not seeing better educational attainment rates than their peers in other deprived localities.
- 4.25 However, there is some evidence that three groups of children have fared better in NDC areas than in comparator areas: those with low prior attainment at Key Stage Two; those from the lowest income areas; and children from black Caribbean, other black and Bangladeshi groups.⁶⁸ This may well reflect the targeting of these groups of pupils by NDC projects.
- 4.26 One issue facing NDC partnerships has been the number of schools attended by pupils resident in NDC areas. This has created difficulties for partnership working with schools and the effective targeting of interventions to NDC pupils.⁶⁹ In light of this, the NDC evaluation has also explored whether there are any relationships between patterns of school attendance and educational attainment for pupils resident in NDC areas. Analysis of Key Stage Three and Key Stage Four outcomes for NDC pupils between 2002 and 2006 did not show any relationship between the geographical patterns of school attendance and educational attainment. Outcomes were not significantly better in NDC areas where children can be more easily targeted due to the fact that a high proportion of NDC children are concentrated in a small number of schools.⁷⁰
- 4.27 It is also true that some schools in NDC areas have experienced very high levels of turnover in pupils. But again, the evaluation has not been able to identify any consistent relationships between pupil mobility and educational outcomes, when exploring data for the period 2002 to 2006. Despite some very high

⁶⁷ CLG (2010) *Narrowing the gap? Analysing the impact of the New Deal for Community Programme on educational attainment.*

⁶⁸ CLG (2009) *Narrowing the Gap? Analysing the impact of the New Deal for Communities Programme on educational attainment.*

⁶⁹ The SDRC team analysed patterns of school attendance across NDC partnerships, identifying the three main secondary schools, catering for the highest percentage of children resident in the NDC area. There are substantial variations: at the extremes, more than 92 per cent of secondary school age children in Rochdale attend just three schools; in Lambeth the figure is 28 per cent.

⁷⁰ CLG (2009) *Raising educational attainment in deprived areas: the challenges of geography and residential mobility for deprived areas.*

rates of turnover amongst school-aged children in NDC areas⁷¹ migration appears not to be associated with differences in attainment across NDC areas.⁷² However, there is some evidence that high levels of overall residential mobility are associated with poorer educational outcomes. In an analysis of relationships between residential mobility and outcome change in NDC areas for the period 2002 to 2006, high levels of residential mobility were found to be associated with lower levels of attainment at Key Stage Four⁷³ (see also 5.4).

- 4.28 There is a range of evidence from elsewhere to suggest that educational attainment is affected by a number of factors, including schools, but perhaps more importantly, home life and background.⁷⁴ Many NDC partnerships have developed innovative projects which have contributed to improved attainment amongst NDC pupils, but across the Programme it is not clear that the approaches taken by NDC partnerships have been effective. This issue is discussed further at 6.13.

Worklessness and finance

- 4.29 Changes in worklessness have been tracked and analysed through the evaluation in two main ways: using administrative data to identify the worklessness rate (incorporating Jobseeker's Allowance (JSA), and Incapacity Benefit (IB)/Severe Disability Allowance (SDA) claimants) and household survey data which provides a workless households indicator. Detailed analysis of change in worklessness outcomes, and NDC interventions in this theme, is contained in three reports.⁷⁵ It should be noted that the data contained in these reports is slightly different to that analysed in these final reports,⁷⁶ but there are a number of important findings which are repeated in brief here.
- 4.30 As at February 2008 the **worklessness rate** amongst working age residents across all 39 NDC areas was 18.4 per cent; this equates to about 45,800 workless residents and was double the rate for England as a whole at the time. As with other indicators, Programme-wide NDC worklessness rates mask considerable **variation at the NDC area level**. Lambeth has the lowest rate at 10.8 per cent, Sunderland's at 29.8 per cent is almost three times greater.

⁷¹ In general, only 50% to 70% of the 2002 primary and secondary school cohorts remained resident in the NDC partnership in 2006. Again, considerable variation is apparent between partnerships, but it is notable that in some partnerships less than half of the original 2002 NDC cohort remained resident in the NDC Partnership through to 2006. 'Raising Educational Attainment'.

⁷² CLG (2010) Narrowing the gap? Analysing the impact of the New Deal for Community Programme on educational attainment.

⁷³ CLG (2009) Residential Mobility and Outcome Change in Deprived Areas; Evidence from the NDC Programme.

⁷⁴ JRF (2007) Tackling low educational attainment.

⁷⁵ CLG (2009) Understanding and Tackling Worklessness Volume 1: Worklessness, Employment and Enterprise: Patterns and Change; CLG (2009) Understanding and Tackling Worklessness Volume 2: Neighbourhood Level Problems, Interventions, and Outcomes.

⁷⁶ Data contained in the worklessness reports is estimated from data for standard geographies available via NOMIS. Other data contained in this report relates specifically to NDC areas and is derived from geocodable data held by DWP. However, the two methods produce very similar worklessness figures.

- 4.31 In 2008 the extent of worklessness in NDC areas was broadly the same as that in similarly deprived comparator areas, but 6.1 percentage points higher than a benchmark for the 38⁷⁷ parent local authorities within which they are located.
- 4.32 The **balance between JSA and IB/SDA** claimants provides an indication of the nature of worklessness in an area: whereas JSA claimants are economically active and looking for work, IB/SDA claimants are not. Across all NDC areas the ratio of IB/SDA claimants to JSA claimants in 2008 is 2.2:1: more than twice as many out of work residents are claiming incapacity, rather than unemployment, benefits. There is a strong correlation between the levels of IB/SDA in NDC areas and in their parent authority.
- 4.33 There are some differences between the experiences of the workless in NDC and nationally. In NDC areas 65 per cent of claimants have been on **JSA for less than 6 months**; nationally this figure is 71 per cent.⁷⁸ Additionally, amongst NDC residents in receipt of IB or SDA, a high proportion had been on either these benefits **for some considerable time**, 54 per cent for five or more years. The most common medical reason for entitlement is mental and behavioural disorders which accounts for 47 per cent of claimants, somewhat higher than the national equivalent. Reducing IB/SDA, or now Employment Support Allowance (ESA), in NDC areas will involve partnerships and other delivery agencies addressing issues surrounding mental health. Changes in mental health outcomes in NDC areas are discussed at 4.8 and 4.9.

What change has occurred in relation to worklessness indicators?

- 4.34 Table 4.7 outlines the eight indicators within the worklessness theme showing greatest change between 2002 and 2008. Note that these indicators are derived from a combination of household survey and administrative data and also include indicators relating to personal finance, which was a theme in the household survey. They show substantial improvements in the proportion of NDC residents having a bank account and in levels of household income, although again these changes mirror wider societal trends. Smaller improvements are also observed in some employment and benefit-related indicators.

⁷⁷ Birmingham contains two NDC areas: Aston and Kings Norton.

⁷⁸ National figures suggest that about 4,500 people flow onto, and 4,200 flow off, JSA in NDC areas each month.

Table 4.7: Worklessness and finance indicators: eight showing greatest change

	2008	Change 2002–2008
Have current account	72	13
Gross household income below £200 per week	34	-11
Gross earnings from work less than £100 per week (a)	7	-5
In employment (b)	54	3
Receive benefits	45	2
Have national savings	6	2
Work limiting illness rate	13	-1
Have credit card	27	-1

Source: Ipsos MORI NDC Household Survey 2002-2008; SDRC

Base: All; (a) All receiving income from work (b) All working age respondents

Bold: Change significant at the 0.05 level (Z test)

- 4.35 The NDC Programme-wide worklessness rate has in the main fallen year on year in the period 1999-2008.⁷⁹ The change in the worklessness rate in NDC areas has exceeded that occurring over the same period in parent local authorities (by two percentage points) and nationally (by three percentage points). However, changes in NDC areas are little different from those in the comparator areas.⁸⁰ The proportion of workless households in NDC areas fell from 41 per cent in 2002 to 37 per cent in 2008, whilst in comparator areas a three percentage point reduction occurred.
- 4.36 Looking at the component parts of the worklessness rates shows that both JSA and IB/SDA fell more in comparator areas than in NDC areas over the 1999 and 2008 time period⁸¹.

⁷⁹ All 39 NDC areas experienced a fall in their worklessness rate between 1999 and 2008. Those areas with the highest rates of worklessness at the beginning of the period tended to see the biggest falls.

⁸⁰ There were 6,000 fewer workless residents in NDC areas in 2008 compared with 1999. The reduction in the worklessness rate across NDC areas was 0.4 percentage points less than in the comparator areas but 1.2 percentage points more than in parent local authorities.

⁸¹ The overall NDC Programme-wide JSA rate fell by 3.1 percentage points. This compares with a fall of 3.4 percentage points in the comparator areas, 2.0 percentage points in the parent local authorities and 1.1 percentage points nationally. For IB/SDA the fall of just 0.9 of a percentage point in NDC areas from August 1999 to February 2008 was more than double the national reduction: 0.4 of a percentage point however compared with similarly deprived comparator areas the NDC aggregate IB/SDA rate actually fell by a slightly smaller amount: 0.2 of a percentage points less change. At the partnership level, 15 NDC areas experienced a relative improvement and 24 a relative deterioration compared with their comparators.

Have employment and economic activity rates changed in NDC areas?

4.37 Employment rates have tended to be lower, and economic inactivity rates higher, for NDC residents than is the case for either the comparator areas or nationally. However, between 2002 and 2008 the self-reported NDC employment rate increased by three percentage points from 51 per cent to 54 per cent. NDC areas achieved a two percentage point greater increase in self-reported employment than the comparator areas.

What explains change in worklessness in NDC areas?

4.38 The evaluation has explored a range of factors associated with worklessness outcomes between 2002 and 2006. This analysis is contained in a series of reports on worklessness in NDC areas published in 2009.⁸² More recent analysis on the factors associated with change to the worklessness group of core indicators and across all the place-related outcomes is discussed at 4.45 to 4.55. However, some findings from this earlier analysis which focus on change to specific outcomes are worth repeating here.

4.39 With regard to the factors associated with variance in worklessness indicators in 2006:

- areas with lower employment rates in 2006 tended to be characterised by higher concentrations of residents with no qualifications; more residents in full-time education and a greater incidence of long-standing limiting illness, disability or infirmity amongst working-age residents
- areas with a higher proportion of owner-occupiers had higher employment rates in 2006.

4.40 With regard to change in relation to employment and worklessness across the 39 areas between 2002 to 2006:

- change in worklessness outcomes at the NDC level between 2002 and 2006 was associated with change in these outcomes at the local authority level over the same period
- change in worklessness outcomes between 2002 and 2006 was affected by change in socio-demographic variables, particularly increasing levels of long-standing limiting illness and residents in social-rented housing

⁸² CLG (2009) Understanding and Tackling Worklessness Volume 1: Worklessness, Employment and Enterprise: Patterns and Change; CLG (2009) Understanding and Tackling Worklessness Volume 2: Neighbourhood Level Problems, Interventions, and Outcomes.

- there were positive associations between employment growth and/or falling worklessness, and growth in larger households and black populations: NDC areas accommodating largely static populations with entrenched worklessness problems were less likely to see positive change between 2002 and 2006.

4.41 Evidence available from the detailed review on NDC partnerships' approaches to tackling worklessness points to the strong links between different labour market indicators for NDC areas and the situation prevailing in the wider local authority district (between 2002 and 2006): NDC areas are part of wider city-regional labour markets:

- unemployment rates in the NDC areas also are positively related to those in the surrounding parent authority
- there is a strong correlation between the levels of IB/SDA in NDC areas and in their parent authority
- across the Programme as a whole, and as would be expected, there is a **significant positive correlation** (0.410, significant at the 0.01 level) between the NDC area employment rate and that in the wider local authority: NDC areas with higher levels of employment tend to be in districts with higher employment rates.

Have NDC worklessness interventions helped NDC residents?

4.42 Research based on interviews with some 68 users of 15 projects across six case-study areas has been undertaken to gain their views on how they benefited from NDC-supported projects.⁸³ Many were accessing job brokerage or IAG projects and had thus received support in relation to issues such as guidance on job options, information on local vacancies, interview preparation, help with accessing child care, and so on. Most are overwhelmingly positive about the support they received. NDC projects are seen to deliver friendly, accessible, personalised services which help clients become more job-ready or which assist them secure work. Project advisers can sometimes provide intense and sustained emotional support in addition to employment advice and guidance. Beneficiaries compare NDC services favourably with both mainstream providers and private recruitment agencies. JCP is often seen as not sufficiently interested in meeting clients' needs when compared with NDC interventions. There is a view amongst beneficiaries that tailored, flexible services delivered on a voluntary basis at the neighbourhood level can work in plugging apparent gaps in mainstream provision. In the light of these kinds of positive messages,

⁸³ CLG (2009) Understanding and Tackling Worklessness Volume 2: Neighbourhood Level Problems, Interventions, and Outcomes.

it may seem surprising that benchmarked change data, point to less change than might have been expected. This issue, the apparent discrepancy between bottom-up and top-down evidence is important and is addressed at 6.6.

Have NDC interventions benefited local businesses?

- 4.43 In 2005 Ipsos MORI surveyed **2,000 businesses** in, and around, 19 NDC areas to examine the impact of partnerships on local businesses and to find out the perceptions of businesses towards the NDC area and the local workforce.⁸⁴ Two different samples were used. The **'cross-sectional'** sample is based on 1,623 interviews carried out with a random selection of businesses inside all of the 19 NDC partnership areas. The **'engaged'** sample is based on 423 interviews carried out with businesses having some contact with their local NDC partnership. Businesses in NDC areas tend to be small: 60 per cent employ between 1-5 staff, and over half have a turnover of less than £250,000. Around a quarter had traded at their then current site for less than three years. Local NDC residents make up less than half the workforce in 44 per cent of cross-sectional, and 56 per cent of engaged, businesses. Just under half of all businesses think the local NDC workforce lacks the necessary experience and appropriate qualifications and training. However, while only a quarter think the local workforce is highly motivated, only a fifth go so far as to describe them as unreliable.
- 4.44 Most businesses had heard of their local NDC partnership: 64 of the cross-sectional sample, rising to 74 per cent of the engaged sample. Overall, businesses⁸⁵ (particularly in the cross-sectional sample) are much more positive about the impact their NDC partnership has had on the local area generally than the impact it has had on their specific business, though very few say it has had a negative impact. Fifty-eight per cent of cross-sectional businesses believe the NDC partnership has had a 'very' or 'fairly' positive impact on the local area, compared with 28 per cent who say it has had a positive impact on their own business. Reasons for being positive about the impact of the NDC on the local area include better employment opportunities, improved liveability (cleanliness and safety), more signs of community cohesion, and more interaction between local groups. Businesses receiving help from NDC partnerships are very positive about it: three-quarters who have received some help say the partnership has had a beneficial impact on their company. Help received is usually based around infrastructure and equipment (mentioned by just under half of businesses), while a quarter have benefited from grants

⁸⁴ MORI (2005) New Deal for Communities National Evaluation: survey of businesses. <http://extra.shu.ac.uk/ndc/downloads/reports/business%20survey.pdf>

⁸⁵ Those who know at least a little about the NDC partnership.

and assistance for business start-ups, and around one in ten mention training, networking and employment assistance. In short although local businesses are not especially positive about the local labour force, they are about the area, their local partnership, and any business support they have received.

What factors are associated with change in people-related outcomes in NDC areas?

4.45 Volume 5 of the final evaluation reports contains detailed analysis of the factors associated with change across the NDC Programme for both NDC areas and for the individuals living in NDC neighbourhoods. These findings are not replicated in detail here and readers interested in the full explanation of neighbourhood-based change are strongly recommended to refer to this volume. The analysis uses the concept of benchmarked relative change in order to compare NDC areas with each other on a like for like basis. It is important to note that this analysis explores only 39 cases, and as such caution needs to be employed in interpreting these findings, and too much emphasis should not be placed on any one association. However, some significant (although in many cases relatively weak) correlations are revealed in relation to change in people-related outcomes for NDC areas, explored around a number of key themes:

- the characteristics of different NDC partnerships
- the characteristics of different NDC neighbourhoods
- the characteristics of the local authority districts in which NDC areas are based
- cross-cutting models (which look at the combined impact of different factors to explain why some NDC areas achieve more change than others).

Partnership characteristics

4.46 Factors which relate to the structure, operation and activities of NDC partnerships are especially important in explaining change, as these are factors which fall under the control or at least influence of NDC partnerships. This analysis has explored the impact on outcome change of NDC board composition, continuity of staffing and board effectiveness, engagement with other ABIs, phasing of the Programme and expenditure patterns. Only one partnership characteristic seems to be associated with change in people-related outcomes: spend, and in particular there is evidence, albeit relatively weak, that **expenditure in the education theme has negative associations with outcome change**:

- there is a negative association between per-capita spend on education and Programme-wide change across all 36 key outcome indicators (people- and place-related). As per capita spend on education and learning increases, the overall achievement of NDC partnerships decreases
- this also holds true for outcomes within the education theme: there is a negative association between per capita spend on education and education outcomes
- and for specific indicators and outcomes in other themes: there are negative associations between spend on education and smaller rises in the numbers of residents thinking that the area has improved, and thinking that the NDC has improved the area; and more spend on education is associated with less change in the community theme as a whole.

4.47 The potential policy implications of these relationships are discussed in Volume 5. But the evidence suggests that the more that NDC partnerships have spent on education (as a proportion of their overall budget) the less outcome change can be observed in NDC areas. Much of the expenditure of NDC partnerships in this theme has been directed at schools, rather than perhaps the more targeted support for pupils and families which appears to be so critical to increasing attainment. It may also be that school-based spend is not especially 'visible' to most NDC residents, and they may not associate school improvements (or additional resources) with the NDC partnership. Thus it may have limited impact on their attitudes toward the area or community in which they live.

4.48 The analysis identified one other relationship between spend on people-related interventions and outcomes in another area. There is a negative association between spend in the worklessness theme and outcomes in housing and the physical environment. It maybe that NDC areas with more pressing needs in relation to employment and worklessness have prioritised these issues over the substantial programmes of redevelopment to housing and the local environment which have characterised NDC programmes in other areas.

4.49 And there are also suggestions that improvements in some people-related outcomes might help to achieve positive change in others:

- greater improvements in worklessness outcomes are more likely to occur in areas with improved education outcomes
- and there is a weak (but still significant) relationship between worklessness and health outcomes.

Neighbourhood characteristics

4.50 This analysis looks at the impact of a range of neighbourhood characteristics on place-related outcomes: composition of the local population, tenure profile, population mobility, economic status of residents, overall level of deprivation, involvement of local residents in NDC activities, type of area, and population size. Across all NDC areas factors such as the economic status of residents and the extent to which residents are involved in activities have no consistent relationship to outcome change (although analysis of outcome change in the 10 NDC areas experiencing most change between 2002 and 2008 does suggest that resident involvement in these areas has increased more than in those areas where there has been less overall change). There are also no direct and consistent associations between levels of mobility and outcome change⁸⁶ across people-related indicators. Nevertheless, some significant relationships are revealed in relation to neighbourhood characteristics and people-related change:

- there are negative associations between people-related change and areas which a typology⁸⁷ developed by the evaluation team classifies as **stable and homogeneous**; the 14 NDC areas in this group consist of largely white, peripheral estates and include those in Norwich, Luton, Oldham and Derby; being located in this type of area emerges as a significant predictor of achieving less change in worklessness and all three people-related outcomes together (worklessness, health and education)
- being in a cluster of NDC areas identified as experiencing '**entrenched disadvantage**' is associated with achieving **less relative change in education outcomes**; this group of NDC areas (Liverpool, Nottingham, Knowsley, Doncaster and Coventry) were the most deprived group of NDC areas at the beginning of the Programme and although these areas have seen absolute improvements they are not greater than those occurring in comparator areas within the same local authority district; this may reflect the fact that these NDC areas are located in disadvantaged districts which have secured regeneration funding to support schemes in a wide range of other deprived, but non-NDC, neighbourhoods
- there are associations between **changing tenure** profiles and outcome change: areas with increasing owner occupation have seen greater improvement in worklessness outcomes over time; this is likely to be a result of housing development and resultant tenure diversification which increases the proportion of owner-occupiers (who are more likely to be in work)

⁸⁶ An earlier study of relationships between residential mobility and outcome change between 2002 and 2006 identified associations between high levels of residential mobility and lower levels of educational attainment at Key Stage Four.

⁸⁷ CLG (forthcoming) New Deal for Communities Evaluation: Technical Report.

- areas with **larger populations** experienced **more change than would have been expected in relation to the three people-related outcomes** taken as whole; it may be that there is more scope for achieving better outcomes for residents in areas with larger populations as agencies may be more willing and able to improve service delivery for larger groups; it may also be that there is more scope for capturing change as there are more people making more changes than is the case for smaller populations.

Local authority district characteristics

- 4.51 The local authority district characteristics considered are buoyancy of the wider labour market, ONS classification of authorities, educational attainment, level and concentration of deprivation (as measured by IMD scores), size of the local authority, recorded crime rate, and social housing as a proportion of all housing stock.
- 4.52 Only of these factors was found to be significantly associated with people-related change: there is an overall association between change in people-related outcomes and the **extent of deprivation** local authority districts. In NDC areas located in districts where there are widespread areas with high levels of deprivation there tends to be more change in people-related outcomes. This may be because these types of local authority areas attract more regeneration funding and are better geared-up to deal with area-based deprivation.

Cross cutting models

- 4.53 Volume 5 also uses regression modelling techniques to explore the combined impact of different factors associated with changes in **people-related outcomes**, and identify which factors are most helpful in explaining how and why change occurs differently in different NDC areas. Sixty-nine per cent of the difference in people-related outcomes between NDC areas is explained by four factors: being in an area characterised as stable and homogeneous; low levels of residential mobility; growth in couple households with no dependent children; and size of the NDC population. Of these, only the latter is a factor which might have been within the Programme's control when the initiative was launched. The others are factors over which NDC partnerships have little control. More than **three-quarters of the explained variance** is associated with being in a **stable and homogeneous area**.

- 4.54 An additional cross-cutting model has explored factors associated with differences in worklessness outcomes. Seventy-eight per cent of the variation in worklessness outcomes is explained by four factors. As with people-based outcomes as a whole, being located in NDC areas characterised as 'stable and homogeneous' is the most influential single factor. Other area-level factors such as changing tenure mix and household composition also come though as significant. One partnership factor is retained in this model: overall spend on housing and the physical environment. Although this only accounts for 6 per cent of overall variation, it perhaps indicates that areas which have undergone major re-development may have also diversified tenure mix and delivered more change on worklessness indicators. This may be because of local job opportunities arising from housing refurbishment schemes. But it may also be because in-coming, and largely in-work, residents dilute the intensity of worklessness within these 39 areas.
- 4.55 Largely using change data, this chapter has examined some of the questions inherent to each of the three people-related outcomes. The next chapter synthesises across all of the evidence in relation to the evaluation to explore some of the issues and tensions arising from the implementation of interventions designed to improve outcomes for NDC residents.

Chapter 5

Issues and tensions

5.1 The previous chapter explored change in three areas associated with improving outcomes for NDC area residents: health, education and worklessness. This chapter explores issues and tensions faced by NDC partnerships in seeking to improve these outcomes. This material is considered within five themes:

- outcome change and residential mobility
- aligning NDC interventions with wider strategies
- working with partners
- engaging the community
- sustaining change.

Outcome change and residential mobility

5.2 The national evaluation team has produced three studies addressing residential mobility in NDC areas. One identified motivations behind the decision of some 300 households to leave NDC areas between 2002 and 2004;⁸⁸ one explored mobility with a number of NDC case study areas;⁸⁹ and a third examined pupil-level mobility as part of a study looking at educational attainment in NDC areas.⁹⁰ Other evaluations, notably that for the National Strategy for Neighbourhood Renewal have also explored mobility and its implication for neighbourhood level change.⁹¹ In the context of the NDC Programme this is a complex arena best addressed within four themes: What is happening in relation to residential mobility? What are the associations between residential mobility and outcomes? What is the evidence for beneficiaries leaving NDC areas? What are the implications for policy?

⁸⁸ The Moving Escalator? Patterns of Residential Mobility in New Deal for Communities areas. www.neighbourhood.gov.uk/publications.asp?did=1899

⁸⁹ CLG (2008) Challenges, Interventions and Change: An overview of Neighbourhood Renewal in Six New Deal for Communities areas.

⁹⁰ CLG (2009) Raising educational attainment in deprived areas: the challenges of geography and residential mobility for area based initiatives.

⁹¹ Robson, B., Lymperopoulou, K. & Rae, A. (2008) People on the move: the functional role of deprived neighbourhoods. *Environment and Planning A*, 40, 2693-2714.

- 5.3 What is happening in relation to residential mobility?** NDC areas accommodate mobile populations. In 2008 13 per cent of households had moved more than three times in the previous five years. And only about 70 per cent of those pupils resident in NDC areas in 2002 were still there by 2006. Differences in rates of mobility across the 39 areas are overwhelmingly determined by socio-demographic characteristics: nearly three quarters of the variance can be attributed to the proportion of 16-34 year olds in the local population. It is not necessarily the case that more deprived people are replacing the less disadvantaged. This is a complicated issue since it varies across NDC areas and through time. But to give a flavour of these patterns. Those moving into NDC areas between 2004-2006, were more likely to be in employment than those who moved in during the previous two years, and only marginally less likely to be in jobs than were NDC stayers.
- 5.4 What are the associations between residential mobility and outcomes?** The evaluation team has looked at associations between residential mobility and outcome change.⁹² Such analyses do not identify many statistically significant relationships, although there are some. For instance, in areas of high mobility there has been more positive change than the NDC average in relation to some worklessness and income indicators.⁹³ Higher mobility tends to be found in 'inner-city' NDC neighbourhoods where access to labour markets may be easier than in more stable, edge of city neighbourhoods based around social housing estates. However, higher rates of mobility are also associated with negative outcomes in relation both to some place-based outcomes, notably attitudes towards the area, and also some education outcomes especially performance at Key Stage Four.
- 5.5 Do beneficiaries leave NDC areas?** There is an argument that ABIs will always struggle to achieve positive people-based outcomes because individual residents gaining from interventions improve their life-skills and subsequently leave taking 'benefits' with them. The evaluation team is not in a position to be definitive about this issue, but would caution against assuming it occurs to any large extent. Previous work has explored why some 300 people left NDC areas between 2002 and 2004.⁹⁴ There was little to suggest that many had left because of personal-level benefits arising from NDC activities, or indeed any other interventions. This argument around leakage of benefits is often given a worklessness flavour: residents undertake a training/mentoring/brokerage scheme, gain skills which allow them to acquire a new or better job, their income rises, thus providing them with an opportunity to leave these deprived areas. No doubt this does happen, but it is not going to lead to major issues of leakage.

⁹² CLG (2009) Residential mobility and outcome change in deprived areas: evidence from the New Deal for Communities Programme.

⁹³ NDC areas categorised as having high levels of mobility achieved at least two percentage points more positive change (when compared to the NDC average) between 2002 and 2006 in the percentage of residents that claim benefits and the percentage of households with an income of less than £200 per week.

⁹⁴ The Moving Escalator? Patterns of Residential Mobility in New Deal for Communities areas. www.neighbourhood.gov.uk/publications.asp?did=1899

Work undertaken into worklessness at the local level suggests much activity is directed at those distanced from the labour market.⁹⁵ The notion that such projects will directly lead to individuals gaining skills which ultimately allows them to relocate to better neighbourhoods, is based on a series of heroic assumptions.

- 5.6 **Finally, what does all of this mean for policy?** As is discussed in 5.4, there are associations between higher levels of residential mobility and lower outcomes especially in relation to educational attainment and attitudes towards the area. But there is neither a great deal to suggest mobility impacts on outcomes across the board, nor is there much evidence to indicate higher levels of mobility are associated with 'higher' demands or costs. The service needs of younger, more mobile, but generally healthier and employed populations, may simply be different to those arising from more static, less healthy, older households. There may however be increased demands in relation to some aspects of education provision. Evidence from case study areas,⁹⁶ indicates, for instance, a growing need for the provision of English for speakers of other languages (ESOL). Residential mobility is overwhelmingly associated with demographics, but in planning interventions ABIs and policy makers will need to take account of detailed intelligence on the drivers, patterns and impacts of mobility at the local level.
- 5.7 But the theme of residential mobility does raise a more fundamental policy issue. As housing redevelopment and refurbishment schemes come on stream in many NDC areas, so it can be anticipated that resident populations will change. Much of any new or refurbished housing will culminate in changes in tenural patterns, in particular a rise in owner-occupation. Those in that tenure are more likely to be in work and/or to be relatively less disadvantaged than was the case across NDC areas at their designation in 1998-99. It can therefore reasonably be anticipated that in turn neighbourhood-level people-based outcomes will improve: lower worklessness levels, better health indicators, improved educational attainment rates, and so on. If these patterns emerge, this will raise a tension fundamental to the very nature of area-based improvements. On the one hand, improving places may well help retain more of, or attract in, the relatively less deprived, a process which should eventually impact favourably on people-based outcomes. But on the other hand, new developments in the owner-occupied sector will not bring benefits to many more deprived, existing residents, some of whom may have to move to other localities to access rented, or cheaper owner-occupied, accommodation. Improving areas does not always bring benefits to existing residents.⁹⁷

⁹⁵ CLG (2009) Understanding and tackling worklessness Volume 2: neighbourhood level problems, interventions and outcomes: evidence from the New Deal for Communities Programme.

⁹⁶ CLG (2009) Residential mobility and outcome change in deprived areas: evidence from the New Deal for Communities Programme.

⁹⁷ Further analysis of the impact of tenure change in NDC areas can be found at CLG (2010) Tenure and change in deprived areas: Evidence from the New Deal for Communities areas.

Working with agencies

- 5.8 Volume 1⁹⁸ in this series of final reports deals in more detail with the evolving narrative of how NDC partnerships have engaged with partner agencies. It is not the intention here to repeat that evidence. But it is worth reflected briefly on a few key issues as they impact on delivering interventions to improve outcomes for NDC residents.
- 5.9 The first comment to make is that relationships are complex and intense: partnerships engage with a **wide range of organisations** in order to deliver interventions designed to improve outcomes for NDC residents. As an example, Table 5.1 provides a broad overview of partners involved in working with one NDC Partnership solely in relation to worklessness.

Table 5.1: NDC Worklessness Strategies: partner engagement

Sector	Key partners
Public sector	Jobcentre Plus (JCP) Connexions Local Authorities Colleges of Further Education Schools The Learning and Skills Council (LSC) Government Office Business Link
Private sector and business-related agencies	Employment agencies Employers including sector specific sources of training and employment such as construction companies The Chamber of Commerce
Third sector	Church-based groups Not-for-profit employment service providers Community and voluntary sector organisations

⁹⁸ CLG (2010) The New Deal for Communities Programme: Achieving a neighbourhood focus for regeneration. The NDC national evaluation final report volume 1.

- 5.10 It is not just the range of organisations which is of interest here, but also the **intensity of relationships** which NDC partnerships have with particular agencies. In one NDC area, partnership working with the PCT has involved senior and frontline PCT staff representation on NDC Boards, theme groups and forums; PCT funding for projects and interventions; the secondment of PCT to NDC management teams; and the involvement of PCT staff in delivering NDC projects. This depth of engagement can work well. In Sandwell the insights and knowledge drawn from PCT staff, coupled with the alignment of NDC and PCT targets, have helped in addressing local health issues.
- 5.11 There are **positive observations** to make about relationships between NDC partnerships and partner agencies. NDC officers point to advantages in working with partner organisations arising from a sharing of expertise and a joint critical oversight of strategies. Formal partnership structures can enhance information sharing between agencies. In Walsall, one member of the steering group for a worklessness project commented that:

'I think, while it's good to bounce ideas off people who are directly involved on the day to day because they might spot things, the other thing is it is very good to get everybody together; we do a lot of information sharing and there is such a diverse group that there's always something you can pick up so, it's not just to do with steering here, it's also to do with the partnerships themselves and the information sharing.'

- 5.12 Collaboration often extends beyond strategic oversight, to the delivery of projects. NDC partnerships work alongside, or directly commission, public, private and third sector organisations to deliver services in the local area. Partnership working can create a more supportive environment within which mainstream providers agree to deliver new or improved services into NDC areas. NDC facilities can also provide outlets for mainstream providers to deliver services at a neighbourhood level. Having £50m of NDC resource to invest has clearly acted as an incentive to partnership working. Although this NDC resource is not large in relation to total spending going into these 39 areas,⁹⁹ it can be used flexibly. Partnerships often comment that their ability to use NDC resources in a discretionary manner can have a disproportionate impact: small additional resources can provide sufficient incentive for agencies to spend more, or retain enhanced investment, in NDC areas.¹⁰⁰

⁹⁹ CLG (2009) Assessing neighbourhood-level regeneration and expenditure.

¹⁰⁰ CLG (2010) The New Deal for Communities Programme: Achieving a neighbourhood focus for regeneration. The NDC national evaluation final report volume 1.

5.13 A number of factors are seen as **contributing towards good partnership working**:

- open and effective communication amongst partner organisations
- the active participation of key organisations such as JCP and local authorities in steering groups and thematic working groups
- the identification of clear roles and responsibilities for all partners
- quick resolution of any competitive tensions that arise; in Newham a local worklessness project and JCP agreed to share outputs for clients with which they both worked to avoid disputes over who could claim outcomes
- a willingness to share what one informant called *'a can do, will do attitude; rather than a can't do, won't do, it's not my job anyway'*
- formal structures, the NDC boards, within which to organise and stimulate partnership working, and separate outcome working groups to oversee the delivery of people-based interventions
- informal channels of communication, such as ad-hoc meetings, through which partners keep NDC partnerships informed of developments in their own organisations and within which personal relationships can be built between NDC officials and representatives from partner agencies.

5.14 However, **partnership working does not always run smoothly**. One reason for this is change in the attitudes and institutional structure of people-based agencies. One case study NDC partnership reported problems in working with Connexions, the organisation responsible for meeting the education and employment needs of 14-19 year-olds. Constant organisational changes within that service as well as a territorial *'tendency to grab your funding'* for their projects meant that partnership working had been strained and limited. Similar problems can crop up in engaging with schools increasingly driven by the requirements of the national curriculum and a 'standards agenda' wherein heads are accustomed to having final say in the use of resources. Partnerships seeking a collective response to area-based issues can find it hard to establish relationships with school heads who are preoccupied with meeting a raft of national targets and requirements. This can become a particular issue in relation to newly established Academies, because, according to some NDC observers, as a result of different governance structures, they may lack a sense of local accountability. In a similar vein targets built into training/job placement contracts can act as a disincentive to joint working as, in the words of one stakeholder, *'agencies hold onto people in order to meet their targets'*. Reflecting on this *'target culture'* the manager of one community-based employment project suggests that partnership working is therefore not always desirable as the target-driven approach of some providers can alienate hard-to-reach clients.

- 5.15 On occasions there have been particular tensions between some NDC partnerships and local PCTs. Partnership working has been hampered by re-structuring and staff turnover within PCTs. Over the lifetime of the NDC Programme, PCTs and other NHS organisations have been subject to numerous reorganisations and mergers, resulting latterly in the merger of smaller PCTs into single borough-wide commissioning bodies. This has created challenges for NDC partnerships, not least the need to keep building new relationships and to agree common goals with agencies having a wider constituency than the NDC area. In Salford, for instance, health improvement services are delivered through eight neighbourhood management areas in the borough. The East Salford area is larger than the NDC area and, because the NDC Partnership has been seen as having its 'own' resources, health improvement services have been delivered out with the NDC area. Here there has been continuity in terms of senior PCT representation on the NDC board. But, and this trend has impacted on partnership working across the Programme, turnover at the operational level has created problems: experienced and supportive staff move on.
- 5.16 Of course partnership working assumes there are partners with whom to engage. Whilst there is ample evidence of NDC partnerships working with public sector partners, there is **less evidence for partnership working with the private sector**. In principle there are a number of reasons why NDC partnerships might want to engage with the private sector, perhaps especially within the remit of worklessness. The private sector can, for instance, provide inputs into worklessness strategies, job interview guarantees and placement opportunities for those finishing training courses. Similarly local NDC programmes may be able to enhance the longer term sustainability of businesses through business support mechanisms.
- 5.17 However, the dominant view from most observers is that private sector involvement has been limited. In relation to worklessness, where more private sector involvement might have been expected, a number of factors have constrained partnership working. Some NDC areas accommodate little in the way of commercial activity. The supply-side focus of local NDC programmes has generally left little time or resources for supporting and developing links with private businesses. Some businesses have comparatively little interest in the Programme, because it can be perceived as a community-based project, or because it does not provide any direct funding or 'rewards' to justify the time spent in, what many in the business community would see as, 'talking shops'. There is a feeling among some local informants that limited engagement by NDC partnerships with the private sector has been a missed opportunity, a view reflected in evaluations of other ABIs.¹⁰¹ An interviewee closely involved with one local NDC programme 's worklessness activities reflected that:

¹⁰¹ Dewson et al.'s 2007 Evaluation of the Working Neighbourhoods Pilot found that some pilot managers considered the limited engagement with employers a 'wasted opportunity' (p.6).

'...employers in the private sector have been involved to a small extent but not as much as they could have been. There were good links with the hospitality industry both in terms of placing people in jobs and in terms of employers offering work placements and training places.In retrospect, we should have employed specialist recruitment staff who could 'sell' the services of the project to the private sector and get them on board as partners.'

Aligning NDC interventions with wider strategies

- 5.18 One issue of particular interest is the need for NDC partnerships to align their strategies with those adopted by other delivery agencies. However, there are tensions in aligning neighbourhood-based strategies with those of organisations which have remits which primarily focus on improving individuals and households, not places; they may rarely focus on 'neighbourhoods'; and their strategies almost always cover wider areas than those administered by local NDC programmes.
- 5.19 In the early days of the Programme this was a live issue. In Sandwell, the Partnership initially supported some health interventions and projects over the period 2000 to 2004. However, activities were largely ad-hoc in nature and were not driven or informed by an overarching strategy. NDC and PCT outcomes were not aligned and partnership working was difficult due to PCT workloads and a fledgling NDC organisation, trying to establish itself.
- 5.20 However, through time there have been signs of increasing complementarity between strategies adopted by at least some organisations dealing with these people-related outcomes and NDC plans. In relation to worklessness, there is evidence of NDC partnerships successfully aligning their programmes with strategies operating at **the local authority district level**, through for instance working with:
- those managing other district-wide funding streams, such as the WNF to sustain interventions to tackle worklessness in deprived neighbourhoods once NDC funding ends
 - district-level agencies to establish which groups of clients local NDC programmes should prioritise; in Knowsley this has seen the NDC Partnership focus on unemployed JSA claimants because of the view that economically inactive groups are better catered for by JCP and the local authority which can deliver a better-resourced mainstream strategy.

- 5.21 Local Strategic Partnerships (LSPs)** figure prominently in discussions surrounding district-level alignment of strategies. In general NDC partnerships tend to see LSPs as useful forums facilitating partnership working around issues such as worklessness. Across the Programme, 33 NDC partnerships are involved with their LSPs and 35 with their Local Area Agreements (LAAs).¹⁰² In Walsall the role of LSPs and LAAs in reducing worklessness and supporting economic development is viewed in positive terms because it brings organisations together to identify issues, as well as to plan appropriate interventions. Informants think that growing devolution of responsibility has substantially increased the impetus for partnership working.
- 5.22 In Birmingham Aston, all NDC project aims are linked to LAA objectives. This has helped attract partners from the public sector, which in turn has assisted in project design and implementation. However, there is also an appreciation that this will not sustain projects unless partners are able to support projects from mainstream resources, which will only happen if NDC funded projects meet the organisational objectives of other agencies. In Liverpool the overall focus for ensuring that mainstream activities continue to meet the needs of the area will be through two working Groups which are linked to the LSP, and have responsibility for the coordination of activity to ensure that the relevant Neighbourhood Area Agreement targets (sub-sets of the LAA) are achieved. In education the city council, as local education authority, will build on NDC Partnership activity including continuing to facilitate a 'Heads Together' network.
- 5.23 Although informants are generally positive about their experience of LSPs and LAAs, it has not always been plain sailing. In one case-study NDC area, the LSP and NDC partnership had failed to establish a good working relationship. This was attributed to heavy workloads and a perception that the LSP was ineffective, slow and bureaucratic. It was also felt that the LSP had not drawn on the NDC partnership's knowledge and experience of tackling worklessness as part of negotiations to set up the LAA. As a result, the NDC partnership withdrew from the organisation set up by the LSP in 2007 to develop a city-wide strategy for tackling worklessness. Instead, it approached a development trust to set up a recruitment agency in the NDC area. Whilst the NDC Partnership justified this approach as a means of bypassing what it saw as ineffective district-level policymaking, some local stakeholders criticised this decision to '*go it alone*' on the grounds that it could lead to a duplication of provision put in place through the WNF and a proposed Local Employment Partnership. One agency representative also claimed it highlighted the lack of commitment to partnership working by the NDC Partnership which had '*a tendency to need to manage, control, replicate*'. According to this informant,

¹⁰² CLG (2009) The 2008 NDC Partnership Survey Evidence from the New Deal for Communities Programme.

the NDC partnership had apparently failed to recognise that *'the landscape has changed over the 8 years'* and had retained its tendency to work in isolation rather through partnerships. It should be emphasised however, that this apparent rupture in partnership working is unusual. However, a more widespread reality is, as one agency representative noted when commenting on an NDC partnership's role within local authority district agendas, that the *'NDC is [just] another strand in a much bigger picture.'*

- 5.24 This evidence supports the central importance of regeneration agencies such as NDC partnerships developing programmes which reflect, and help facilitate, strategies adopted by agencies. Because NDC partnerships have had access to flexible resources, they have been able to add value to programmes developed by organisations such as PCTs, JCP and local schools. They have also been able to test out new interventions and ways of working outside of the more constrained parameters of mainstream agencies. Ultimately however, policy is driven by, and a large proportion of resources are available to, mainstream delivery agencies. It makes sense for NDC partnerships, indeed any regeneration bodies, to work with mainstream agencies.

Engaging the local community

- 5.25 The national evaluation team has previously addressed issues surrounding community engagement.¹⁰³ It is also considered separately in Volume 2¹⁰⁴ of these final reports, and as a place-based outcome in Volume 3.¹⁰⁵ But because the Programme is designed to place the community at its 'heart', a brief flavour is provided here of community engagement as it has impinged on NDC partnership's strategies to achieve people-based outcomes.
- 5.26 There are numerous examples of **community involvement in the planning, delivery and monitoring** of strategies and projects designed to improve outcome for NDC residents. For example:
- consultation at the beginning of the NDC Programme, mainly through surveys and focus groups, contributed to strategies to addressing problems: in Newham, feedback from residents led to the creation of 'Personal Job Accounts', discretionary pots of funding to cover back-to-work costs for unemployed NDC residents

¹⁰³ CLG (2009) Improving outcomes? Engaging local communities in the NDC Programme.

¹⁰⁴ CLG (2010) Involving local people in regeneration: Evidence from the New Deal for Communities Programme. The NDC national evaluation final report volume 2.

¹⁰⁵ CLG (2010) Making deprived areas better places to live: Evidence from the New Deal for Communities Programme. The NDC national evaluation final report volume 3.

- members of the community have been involved in outcome-based committees; in Liverpool, the Life-Long Learning and Education committee consists of nine members, the majority of whom are community representatives
- community leaders have had direct involvement in the operational side of projects; resident board Directors acted as mentors to young people in the Team North Huyton project in Knowsley
- residents have helped shape projects; in Walsall, a drugs aftercare service project was finding it difficult to engage drug users, at a time when community representatives were concerned about the absence of interventions to tackle alcohol abuse; the focus of the project was hence widened to include alcohol as well as drugs abuse
- citizens' juries and focus groups have been created to gauge the success of projects.

5.27 However, there are **limitations** on the scale and impact of community involvement in people-related projects and strategies because of factors such as:

- problems in helping residents to become conversant with policy drivers apparent within, and administrative structures adopted by, people-based delivery organisations
- uncertainties (shared by residents and professionals) about whether communities are expected to point to a sharper analysis of the problem or contribute to a solution; to one resident in Walsall: *"you are in the hands of the experts... we have no idea of the types of things health professionals do for things such as addressing long term conditions... our influence is therefore limited in coming up with the solutions"*
- agencies have expressed concerns about the extent to which 'representative democracy' through elected resident representatives truly reflects broader community influence, as opposed to mechanisms promoting wider engagement.

5.28 In the context of community involvement in people-related change perhaps the three overarching conclusions to stress are the need to:

- establish at the outset what 'the community dimension' means in relation to programme implementation and to set appropriate objectives accordingly: is it about informing residents, using local community resources to help define issues and set strategies, involving residents in governance, appraisal and evaluation, utilising residents' skills to help deliver projects, or some combination therein?

- be robust about accepting that community sentiment may not always be right: in the early days of the Programme there was evidence of partnership boards putting too much emphasis on immediate visible symptoms of disadvantage such as anti-social behaviour to the relative detriment of equally pressing problems of education and health
- manage expectations: residents can have inflated ideas about how quickly projects can be introduced, and how rapidly outcome change will occur.

Sustaining change

- 5.29 Volume 1 of this suite of final reports considers in depth issues of sustainability across the Programme. But here it is worth briefly exploring this theme in the context of interventions designed to improve outcomes for NDC residents.
- 5.30 One issue to flag up at the outset is that some projects were **always designed to be time-limited**. These include, for instance, a Community Interpreters project in Newham and a community drop-in shop in Knowsley. The intention in these instances was to introduce a particular, but time-limited, initiative to deal with an identified problem over a specified period of time. In the main, however, partnerships want to sustain at least some projects beyond the lifetime of the NDC Programme. Some mechanisms through which this might occur have already been discussed, notably the importance of NDC partnerships aligning their strategies with city-wide frameworks agreed by partner agencies (5.18). But other approaches have also been tried. In particular NDC partnerships have **engaged with mainstream agencies to secure longer-term sustainability of projects**. Previous work by the national evaluation team has shown how ‘mainstreaming’ can mean different things to different stakeholders.¹⁰⁶ Here there are at least five interpretations of what ‘mainstreaming’ people-based interventions means in practice.
- 5.31 First, it can be interpreted as local NDC programmes drawing down resources from mainstream providers to fund interventions originally launched by NDC partnerships. The Opportunity Centre in Bradford is a one-stop shop offering brokerage and also IAG services. The NDC Partnership directly funded some posts in the first year of operation (2007-08). This level of support was subsequently reduced so that the NDC Partnership only subsidised the rent paid by the two organisations, as well as the costs of running the Centre, other expenditure being taken on by mainstream agencies. Similarly, in Sandwell, the Healthier and Safer Older Age project where occupational health workers include low level mental health work in their falls prevention programme,

¹⁰⁶ Stewart, M. and Howard, J. (2004) Mainstreaming in NDC areas: evidence from the national evaluation; Research report 66. <http://extra.shu.ac.uk/ndc/downloads/reports/RR66.pdf>

and older peoples champions project, have been taken on by the PCT. And in Hackney, health interventions such as local blood and alcohol testing, were taken on by mainstream agencies because they were able to demonstrate cost-effectiveness in meeting local needs.

- 5.32 Second, some interventions have been mainstreamed in the sense of NDC innovations being rolled out across wider areas, sometimes entire local authorities. The business support scheme initially introduced by the Newcastle NDC Partnership was subsequently extended across the city. The NDC Programme can be an ideal laboratory within which to test out ideas.
- 5.33 Third, mainstreaming can also mean NDC partnerships working with delivery agencies to secure a guarantee that some form of activity survives once NDC funding comes to an end. In Knowsley, one element of the NDC partnership's Succession Strategy is to commission JCP to continue allocating a dedicated team member to help JSA claimants living in the area.
- 5.34 Fourth, it can mean agencies using opportunities created by the local NDC programme to reconfigure their services. In Sandwell, the PCT seized the opportunity presented by the NDC Programme to reconfigure its locality working by establishing a dedicated Neighbourhood Health Management Team, as a single point of contact for all health services in the area. This team has now been mainstreamed by the PCT.
- 5.35 Fifth, it can also mean NDC partnerships establishing framework agreements with other agencies through which activity should be sustained after Programme funding ceases. Fulham has facilitated a 'succession project' with external agencies in relation to health. This is based on a shift from short term, small scale, project-by-project work towards a longer term approach using borough wide mainstream services and represents a last push to achieve the NDC's 10-year Health and Wellbeing outcomes.
- 5.36 Despite a desire by NDC partnerships to sustain people-based interventions after funding ceases, a number of **risks and uncertainties** could jeopardise succession:
- there may be no guarantee that all partners share the NDC partnerships' visions of sustainability; one partnership has outlined plans to establish four one-stop shops for employment across the district along the lines of the model successfully operating in the NDC area; however, it is not clear that this vision is supported by the local authority or JCP, or how such a model might be funded

- mainstream providers with a wider geographical remit taking over services currently funded by NDC partnerships may not feel the need, or have sufficient funding, for a continued presence at the neighbourhood level
- there is no guarantee that any legacy of physical assets such as managed workspace can be sustained; in Walsall, one informant noted how dedicated facilities provided through an earlier City Challenge programme proved unsustainable once funding ceased: *'City Challenge in Walsall had a unit, and when the central government funding, which paid for the rent, the heat, the light and what have you, pulled out and the college took the programme over, it closed very quickly'*
- there is concern that the needs of NDC areas will be overlooked as local concerns are 'swamped' by the wider district focus which LSPs have to address
- revenue-based projects requiring additional and continuing investment from mainstream agencies may well not survive in what is likely to be a period of retrenchment in relation to public sector investment.

5.37 This chapter has outlined some of the issues and tensions which NDC partnerships have faced in delivering better outcomes for NDC residents. The final chapter of this report reflects on all the evidence to draw conclusions and policy implications on the experience of NDC partnerships in implementing people-based change.

Chapter 6

Conclusions and policy implications

- 6.1 This final chapter reviews the evidence with regard to the success of NDC partnerships in improving outcomes for residents in NDC areas. It then goes on to outline the key policy implications arising in relation to role of ABIs in improving deprived neighbourhoods.
- 6.2 Across the Programme, the 39 NDC partnerships, working in collaboration with other delivery agencies, have been adept in introducing innovative projects to help achieve people-related outcomes. The sheer scale and variety of interventions is impressive, as is the range of organisations with which NDC partnerships have worked. It is interesting too to see the ways in which NDC partnerships have been prepared to change their plans to meet evolving needs of local residents.
- 6.3 There is evidence of absolute change in many people-related outcomes across these 39 areas. Virtually all indicators moved in a positive and often statistically significant manner. And where it is possible to obtain the views of constituencies such as project beneficiaries and the business community, responses are also on the whole positive. However, very little of this change was significantly greater than that experienced in the comparator areas, or nationally. For only three people-related indicators is change in NDC between 2002 and 2008 greater than that which has also been observed in similarly deprived comparator areas: having a high score on the SF36 mental health index; having taken part in education or training in the past year; and thinking that health is worse than one year ago.
- 6.4 There are number of implications arising from this apparent lack of positive change in improved outcomes for NDC residents.
- 6.5 It could be that it will take time for identifiable change to appear. Much of the change data explored here covers just six years: 2002-2008. Clearly for some 'ultimate' outcomes, particularly those surrounding health, it may well take decades for any effects from interventions introduced by NDC partnerships to become apparent. But in other respects it is harder to explain why only limited change has happened. It seems reasonable to argue, for instance, that identifiable net positive change would have occurred by 2008 in relation to worklessness or healthier life-styles. But to a large extent that that has not happened.

- 6.6 One factor helps to explain this conundrum: the projects supported by NDC partnerships may well have helped participants, but these benefits have been swamped by processes operating at the wider spatial level. NDC partnerships have simply not been able to make a significant impact on these wider processes. Worklessness provides a good example of how this operates. Previous case-study work in a number of NDC areas has shown the range and depth of interventions supported by partnerships, an overview of which is developed in Chapter Two.¹⁰⁷ These activities help move people closer to employment. Programme-wide change data,¹⁰⁸ on the other hand, reflect a large number of individual-level changes as people move into, and out of, employment, change jobs, leave, or move into, NDC areas, and so on. To give a sense of this churn. If national trends are applied to the 39 NDC areas, then about 60,000 people each year claim, and a similar number come off, JSA and IB/SDA in the 39 areas. 'Top-down' Programme-wide statistics provide a 'gross' overview of that myriad of individual-level changes and choices. Neighbourhood-level interventions will tend to be associated with a relatively small number of individual-level gains.¹⁰⁹ At the area-level the effects of these interventions will be swamped by the scale of changes occurring across NDC areas as a whole.
- 6.7 Two **policy implications** arise from this, one relatively minor, the other less so. In relation to the former, it is important that government and regeneration agencies remain realistic about what any ABI can achieve in relation to improving outcomes for residents in deprived areas. Schemes may well provide benefits to individuals. But many of these result in 'soft' outcomes which will be difficult to measure at the area level.
- 6.8 The second policy issue is more fundamental. In the light of the limited nature of change which this evaluation has been able to identify, what should be the role in future ABIs for interventions designed to improve outcomes for people in deprived areas? As laid out in Chapter One there are principled reasons for supporting the view that ABIs should indeed embrace the 'people' dimension. An important argument here is that, even if the root causes of deprivation are not 'of areas', there is much that can be done to improve services to individuals and households concentrated in deprived neighbourhoods. In addition there is at least one source of evidence emerging from the evaluation to suggest that people-based interventions have a role to play in regeneration policy: projects provide direct benefits for individual participants.

¹⁰⁷ CLG (2009) Understanding and tackling worklessness Volume 2: neighbourhood level problems, interventions and outcomes: evidence from the New Deal for Communities Programme.

¹⁰⁸ CLG (2009) Understanding and tackling worklessness Volume 1: worklessness, employment and enterprise: patterns and change: evidence from the New Deal for Communities Programme.

¹⁰⁹ CLG (2010) The New Deal for Communities Programme: Assessing impact and VFM. NDC national evaluation final report volume 6.

- 6.9 All respondents to the 2004 household survey were asked whether or not they, or anyone in their household, had 'directly benefited from, used or attended' any of a selection of local projects.¹¹⁰ Changes in outcome between 2002-2004 were tracked back using the longitudinal component of the surveys. Fourteen significant differences emerged between change for those benefiting, as opposed to not benefiting, from projects in that two year period 2002-04. In all but one instance, those benefiting from projects saw more positive changes than did those who had not benefited. For example, when compared with those that had not benefited, respondents benefiting from an employment project were statistically significantly more likely to make a transition from not being in employment at 2002, to being in employment at 2004. Thus whilst there are problems in identifying people-based change at the area level, once the focus of attention shifts to what happens to individuals in projects, then there is evidence that ABI interventions do indeed achieve positive outcomes for participants.
- 6.10 There is the issue too considered at 5.5 that people-based interventions will always be subject to complexities surrounding mobility: beneficiaries may leave regeneration areas. In addition there is also an institutional dimension to all of this. There are well established delivery agencies in relation to 'people' including JCP, private and public sector training organisations, schools and FE Colleges, GPs and PCTs. There may be legitimate concerns that such organisations are not always effective at improving delivery into deprived areas. There is ample evidence of NDC partnerships and delivery agencies developing and implementing innovative projects, and mainstream agencies have taken on elements of learning from NDC projects and incorporated them into mainstream delivery. But, as discussed in Volume 1 of these reports, the focus of this collaboration has invariably been about spending NDC resources. Challenging the focus of mainstream agencies has proved difficult for NDC partnerships to achieve. Nevertheless, mainstream agencies generally hold the purse strings, they are the accepted drivers of change, and their staff hold outcome-specific expertise. Ultimately, whether and how ABIs embrace people-related outcomes will always be a fine judgement informed by considerations such as the size, ambition and resources of the ABI scheme concerned, the political and policy context, and the nature of the locality concerned. But whatever approaches are adopted, people-related interventions in regeneration schemes need to:
- ensure they are sufficiently flexible to 'fit' the needs of the locality
 - reflect the aims adopted, and interventions effected, by existing delivery agencies

¹¹⁰ 145 projects were analysed more than 80 of which had received funding of at least £500,000 by 2006. Full details of the analytical methods and results can be found elsewhere: CLG (2009) Four years of change? Understanding the experiences of the 2002-2006 New Deal for Communities Panel.

- seek to secure longer term sustainability from the outset
- focus on those living within regeneration areas
- work with communities to identify needs, refine services, and maintain impact through interventions to boost self-help approaches to resolving issues wherever possible.

- 6.11 But there are also considerations in relation to the three individual outcome areas which comprise people-related change. In health, there is evidence to suggest that the NDC Programme has improved mental health outcomes for residents in NDC areas. Mental health outcomes are intimately tied up with general health, but also with people's experiences of employment and their environment and community (see also Volume 5, 3.41). There are numerous instances of NDC partnerships nurturing projects with PCTs, and other health agencies which have aimed to improve equality of outcomes for residents in NDC areas. And although ultimately change is largely likely to be implemented by institutions such as PCTs, and to be managed within facilities such as GP practices, whose primary focus is on the individual and/or the family, it may too be that ongoing collaboration between PCTs and the third sector organisations supported by NDC partnerships continues to shape the delivery of health services to deprived communities.
- 6.12 Having a neighbourhood-level dimension to worklessness interventions might also in principle be sensible in ensuring bespoke services to meet the needs of those in the most deprived localities, a view reflected for example in the 2008 'Tackling Worklessness Review': '*local authorities with local partners should focus their efforts on the most disadvantaged people and neighbourhoods*'.¹¹¹ There may be limited scope for ABIs, such as the NDC Programme, to influence demand by operating at relatively small spatial scales, but across the NDC Programme worklessness projects such as IAG schemes, job mentoring and job placement projects have been well received by NDC residents. Problems of worklessness cannot be resolved in neighbourhoods but there seems much to be said for strategies to be devised at the local-authority or city-regional scale, evidence from which informs neighbourhood-level interventions designed to equip local residents with skills necessary to meet demand in the economy:

*'the best level to tackle a problem is not always the spatial level at which it manifests...tackling neighbourhood deprivation requires recognising the connections between neighbourhood and a wider economy and understanding the factors that constrain people in disadvantaged areas from taking advantage of opportunities in the wider labour market'*¹¹².

¹¹¹ Houghton, S. et al. (2009) p.65.

¹¹² CLG (2008) Why place matters and implications for the role of central, regional and local government (p.41).

6.13 But the evidence outlined here does suggest that there is one people-related outcome that has been particularly problematic for NDC partnerships: education. There is evidence that in areas where NDC partnerships have spent more on education there has been less change in the way of improved outcomes for NDC residents (although it should be noted that these relationships are not particularly strong). In general, although attainment levels for children in NDC areas have improved, the education interventions that NDC partnerships have supported have not given rise to improvements that are over and above those of children in other deprived communities. Much of the change that has been observed in NDC areas owes at least as much to changes in the national policy framework as it does to NDC interventions. That is not to say that there are not examples of successful interventions which have provided support to children, adult learners and families. Case study work has highlighted examples of NDC projects which have resulted in improved attainment for pupils and have supported individuals to access learning opportunities and gain qualifications. But there may be a particular issue around the focus of NDC interventions. Across the NDC Programme, much of the work in this theme has been undertaken in collaboration with schools. But the evidence suggests that these have not been the most effective means of improving attainment for children living in deprived areas and it has not always been easy for NDC partnerships to impress upon schools the relative importance of neighbourhood renewal priorities within the context of a culture in which targets and attainment dominate. Future ABIs may be able to add value by supporting increased and enhanced parental involvement in their children's education, particularly when it encourages support for learning in the home. It might also be appropriate to focus resources on out-of-school activities, which evidence suggests are vital for children's learning and may provide an avenue for more effective targeting than interventions which are schools-based.

6.14 Perhaps the overall conclusion to be drawn from the experiences of NDC partnerships in seeking to improve outcomes for NDC residents is that there is a need in future ABIs for a more detailed consideration of what might realistically be achieved at the neighbourhood level. NDC partnerships, working with agencies, have delivered innovative and locally appropriate services and there is ample evidence from local NDC programmes in relation to 'what works' in delivering services in deprived communities. But ultimately NDC approaches have had limited impact on area-level indicators around worklessness, attainment and improved health. The NDC Programme is a relatively well-resourced ABI (compared to its predecessors) but its resources are dwarfed by those of the mainstream agencies which will ultimately deliver change in these outcomes. Neighbourhood-based partnerships can highlight problems, and can play a key role in shaping local services and providing an important

link between agencies and communities; and this may well be a role for future ABIs. But improving outcomes for residents in deprived areas will depend at least as much on what happens outside those neighbourhoods as what goes on within them. In this context it is encouraging to observe the aligning of NDC targets and strategies with those of LAAs and other vehicles operating at wider spatial scales, but it must also be acknowledged that the ability of NDC successor vehicles to influence wider strategies may well be limited in the more constrained financial climate currently facing delivery agencies.

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