KEEPING US WELL

How non-health charities address the social determinants of health

Katie Boswell, Iona Joy and Charlotte Lamb

November 2017

CONTENTS

FOREWORD FROM THE PARTNERS

Health and well-being are much needed assets central to the lives of individuals and the communities in which they live. Levels of health and well-being are also important measures of the degree to which society is meeting fundamental human needs. In England, however, stark health inequalities exist and are clearly demonstrated by differences in life expectancy and healthy life expectancy. These inequalities are unjust and unfair, arising because of inequalities in the social, economic, political, cultural and environmental conditions in which people live. People are unnecessarily living shorter lives with longer periods of ill health.

Action is needed to address these inequalities in health and well-being that affect almost all of us. Health care is important, especially when people get sick, but health is as much about keeping people well, or preventing ill health, as it is about treating them. Our family life, friends and neighbours, education and work life, our resources and where we live, all play an integral part in determining how well we are. To improve life expectancy and healthy life expectancy across the social gradient it is essential to focus on the social determinants of health.

The voluntary sector plays a fundamental role in working with local populations to support families and communities, promote education and good work, and ensure our surroundings promote health. When non-health charities take action on the determinants of health they are working in the cause of social justice. Highlighting and developing the voluntary sector's action on the determinants of health has the potential to create further impetus to an important movement, one that must now gain momentum if we are all to live longer, healthier, lives. I very much welcome this report by NPC, underpinned by the Institute of Health Equity's Evidence Review, all of which was made possible by the support of the Health Foundation.

Sir Michael Marmot, Director, Institute of Health Equity

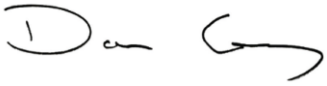
During 2017 the Health Foundation embarked on a long-term strategy that aims to bring about better health for people in the UK. Creating better health requires a strong, coordinated voice speaking out for action at national, regional and local level, as well as a clearer understanding of the roles and potential contributions of different parts of the system. The complex systems in which heath is created in communities requires leadership from both within and outside the health system. Leaders may be councillors, mayors, charities or community workers. We believe good health is key to a flourishing and prosperous society, and the work charities do is crucial to helping create an environment more conducive to supporting healthy lives.

Our work with NPC and the Institute of Health Equity is part of our work towards one of our three core aims: to support local action to address variation in people's opportunities for a healthy life. We hope this report, alongside the Evidence Review, will provide charities—in particular those that don't traditionally see themselves as influencing people's health—with tools to measure health outcomes and to use existing evidence to support their impact on people's health. For those charities that are already aware of the impact they have on health, we hope this work will help them make the case—for example, to politicians, businesses, and the health and care system—of the important role they can play in improving the public's health and reducing health inequalities.

Jo Bibby, Director of Strategy, the Health Foundation

We believe charities make a key contribution to the nation's health. In our recent work on this topic—*Untapped potential: Bringing the voluntary sector's strengths to health and care transformation*[1] and *Supporting good health: The role of the charity sector*[2]—we argued this case in key but relatively conventional ways that relate to our health care system. Yet it is increasingly recognised that social factors and inequalities, such as poor housing, unemployment, pollution and loneliness, are equally important influences on our health. So, as well as helping support people who are unwell, or contributing to health research, the charity sector, whether it realises it or not, is playing a vital role in addressing these social determinants of health—such as education, family life, and money and debt problems. And this impacts hugely on health outcomes and health inequalities.

During challenging times for the health sector in the UK, and in a country still reeling from the consequences of austerity and stagnant real wages, charities are stepping up to fight social inequalities and mitigate their effect. The impact of the sector's work on the health of those it works *with* and *for*, needs to be recognised and supported if we are to make progress as a nation in improving health outcomes and reducing health inequality. Here in this report we begin this task by looking at the role charities that are not primarily focused on health play in addressing health inequalities through tackling their underling social determinants. We hope that this is the beginning of a journey that will bring many rewards to the health of our citizens.



Dan Corry, Chief Executive, NPC

INTRODUCTION

Stark and widespread health inequalities in the UK represent a striking social injustice. A difference of nearly two decades in healthy life expectancy* between those living in the least and most deprived areas is largely influenced by social, economic, and environmental factors—such as housing, work, family life and education, known as 'social determinants of health'.

The impact that these social factors have on our health mean that even those charities that are not explicitly pursuing a health-focused mission—'non-health charities', as we call them—are helping to support people's health.

'Health' and 'non-health' charities

4% of UK voluntary sector organisations define their charitable activity as health related. These organisations accounted for 11% of spending in the sector in 2014/2015[3]. These charities have a great impact on health by meeting need in areas such as medical research, raising awareness of health conditions, and providing support and advice to those affected by poor health. Some health charities also address the social determinants of health. However, this report mainly focuses on those charities that are *not* working in or with the health sector directly, but are focusing on social determinants have an impact on health—such as housing and education. For ease, we refer to these charities as 'non-health charities'.

Many non-health charities also provide health related services. For example, a homelessness charity providing health check-ups for those sleeping rough, or mental well-being services for those who are volunteering at the charity. However, these activities are also outside of the scope of this work. We focus on non-health-related activities and their impact on health.

This report aims to support non-health charities to better understand and use the evidence about the social factors that impact on people's health and well-being.

By summarising this evidence and making it accessible to charities, we hope this might enable and encourage them to:

- use findings to shape strategy and service design in order to benefit the health of those they work for
- communicate the health benefits of their work to current and potential beneficiaries
- engage with policymakers and the public about the significance of the social determinants of health in order to build a movement around this agenda
- build partnerships with other health-focused charities
- demonstrate wider impact to funders and supporters and even leverage a more diverse range of funding for their activities
- contribute to the body of evidence by measuring their own impact on health, if appropriate.

* Healthy life expectancy refers to the average number of years a person will live in a state of 'good' general health.

There are two sections in this report:

- Part 1: A look at the impact of non-health charities on the social determinants of health
- Part 2: A summary of the evidence for several major social determinants of health;
  - Family
  - Friends and communities
  - Housing
  - Education and skills
  - Good work
  - Money and resources
  - Our surroundings

We have designed this work—particularly Part 2—as a gateway to the Institute of Health Equity's Evidence Review[4], which provides a more extensive summary of the existing evidence on the impact of various social determinants on our health.

Throughout, we have drawn on our conversations with charities across the country, many of whom are passionate about reducing health inequalities. Of course, not every non-health charity will want to link their work to health. Individual charities will want to consider how relevant health inequalities are to their mission and values. But we believe that charities can have greater collective impact in this area by making the most of the rich evidence base summarised in this report and detailed in the IHE Evidence Review.

We hope that this report will enable more non-health charities to understand their impact on health, gain recognition for it, and use evidence to further their impact on health. In doing so, we believe that the charity sector's role in fighting this particular social injustice can grow.

SECTION ONE

A look at the impact of non-health charities on the social determinants of health

CONTEXT: THE SOCIAL DETERMINANTS OF HEALTH AGENDA

The existence of health inequalities is a striking social injustice. Those living in the most deprived areas of the UK will, on average, live in 'good' health for 16.5 more years than those living in the least deprived areas.[5] This means for example, that at birth, females born in Richmond-upon-Thames can expect to live to 72.2 years in good health—but for their counterparts in Manchester, it's 54.4 years.[6]

These widespread and consistent health inequalities are often determined by stark social and economic inequality. It is estimated that 10–43% of what makes us healthy is related to access to health care services.[7] The rest is influenced by social factors—from money and resources, housing, education and employment circumstances; to our surroundings, friends and communities, and our family life and early years' experiences.[8] These persistent social and economic inequalities can cause stress and hopelessness for those at the bottom of the social gradient—and make their health even worse.

But action to address this is possible. In recent years there has been increasing recognition of this. In 2010, The Institute of Health Equity (IHE) published *Fair society, healthy lives (The Marmot Review)*[9]. This review of health inequalities in England clearly showed those who are socially and economically 'worse-off' had shorter and less healthy lives, than those who are better-off. The review made recommendations for action from government and other organisations to reduce health inequalities by addressing the social determinants of health.

This work has started to make waves within the NHS; from social prescribing[†], to the focus on integration of social and health care services of the vanguards[10] leading the new health care models. However, shifting attitudes so that the link between social conditions and health becomes a main focus is a challenge—especially in an age where public finance is in short supply.

Other areas of the health sector are looking at social determinants of health too. Public Health England[11], which was set up partly to address this, has launched a Wider Determinants of Health[12] tool to reduce health inequalities and improve our health. Health-focused foundations are also concentrating on this; for example The King's Fund[13] with its Time to Think Differently[14] project and the People's Health Trust's approach[15] to addressing health inequalities through supporting people to have greater control over their lives and what happens in their communities.

In short, momentum on the social determinants of health is gradually building. Equipped with the right knowledge of the evidence, the voluntary sector could help push this agenda further.

[†] Social prescribing is when health practitioners refer patients to non-clinical services such as volunteering and community arts activities.

THE ROLE OF NON-HEALTH CHARITIES IN TACKLING HEALTH INEQUALITIES

Whether or not they know it, or can quantify it, many non-health charities are already tackling some of the root causes of poor health and of health inequality—from providing shelter for those who are homeless, or creating opportunities for lonely people to connect with others. There are two reasons this is important:

Helping to reduce health inequalities for all

Non-health charities' contribution means they have a vital role to play in the wider conversation about our health. They can help build a movement towards a society that sees good health as a right of all, and promote a change in health attitudes—from tackling our ill health to promoting what makes us healthy.

They have a distinct role to play here:

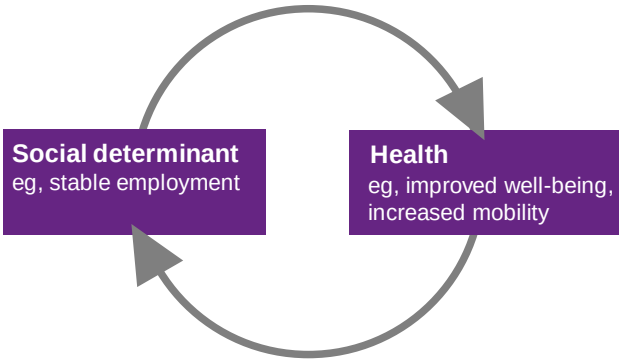
- Charities tend to support some of the most economically disadvantaged or discriminated groups—they are targeting those worst affected by health inequalities to tackle the root cause of poor health.
- In contrast to a highly specialised health system, charities often engage users through a range of activities and services, providing a more holistic view of a person's well-being—often an effective approach to preventing poor health and well-being.

Helping to pursue a specific social mission

Not all non-health charities will want to look at their work through a health lens, though. Some may see a focus on health as deprioritising other important issues, like poverty and education, which are legitimate ultimate outcomes in their own right.

Yet addressing health inequalities may still be an important part of pursuing these mission and values: because while social factors impact health, health also influences social factors (see Figure 1). Therefore, a charity may see health as an *enabler* to achieving their other goals.

Figure 1: The symbiotic relationship between social factors and health



Many health-*focused* charities are recognising this symbiotic relationship: that social, economic or environmental, as well as clinical, interventions can improve the health of their beneficiaries and therefore significantly increase a health charity's chance of achieving its goals. For example, the British Heart Foundation's focus on improving air quality[16], and Mind's housing support and advice[17].

Understanding, evidencing and communicating a charity's impact on health will inevitably take some time and resources—and so may not be the right strategy for all charities. So, considering how health inequalities are relevant or important to its mission and values can help a charity decide if this is something they want to focus on. There is no right answer—it depends on a charity's mission and values.

HOW CHARITIES CAN USE EVIDENCE OF SOCIAL DETERMINANTS OF HEALTH

Many non-health charities are already aware that their work has an impact on people's health—their users tell them, or they can observe the effects. But their evidence is often anecdotal or piecemeal. They may struggle to really understand *how* and *in what circumstances* their work impacts on people's health. Charities also find that the evidence is strongest for the *negative* impact of social factors (eg, poor housing contributing to poor health) but weaker for the positive impact of interventions (eg, good housing improving health).

Understand how evidence can help

First, being clear on *how* evidence on health outcomes could help a charity to increase its impact will allow it to decide how best to approach the evidence base. Possible reasons to utilise evidence on the social determinants of health are to:

- use findings to shape strategy and service design in order to maximise impact on health of beneficiaries
- communicate and charity's health impact to current and potential beneficiaries
- engage with policymakers and the public about the significance of the social determinants of health in order to build a movement around this agenda
- build partnerships with other health-focused charities
- demonstrate wider impact to funders and supporters and potentially leverage a more diverse range of funding for activities

Ultimately, all of these could maximise a charity's impact on health and other causes through greater awareness, improved funding and better service design. But first, the impact of a charity's work on health needs to be measured, demonstrated and communicated.

Collect your own health outcomes evidence

One way of understanding a charity's impact on health is to start to measure and track health outcomes from its own work. This would enable a charity to evidence the direct impact of its intervention. Charities with the resources to conduct longitudinal or robust studies may be able to contribute to the body of evidence that shows how social interventions can have a positive impact on health.

There are several tools that charities are already using to do this. The ONS Well-being Framework[18] and Warwick Edinburgh Mental Well-being Scale (WEMWBS)[19] are some of the most commonly used. Another example is NPC's *Outcomes map: Physical health*[20], which includes a measure the success of an intervention to improve physical health. Charities can also use observational tools to measure outcomes. These are usually designed by the user for a specific purpose, and list types of behaviours that can be observed such as eye contact, optimism and personal care—the horticultural therapy assessment form[21] is an example of this. These have the added benefit of not requiring the individuals to answer questions about their health—however they will need to give their consent to the tool being used.

Making health outcomes part of its theory of change[22] can help a charity to track progress against health outcomes. Qualitative research[23] is then often used, but collecting both numbers as well as stories[24] can help a charity gather a better picture of its impact. NPC's report *How to make your data more meaningful*[25] provides further guidelines on capturing better data. Collecting this data can be resource-intensive. A charity should make sure its impact measurement is proportionate[26], particularly if it is a small charity. NPC's *four pillar approach*[27] to impact measurement provides more detailed guidelines.

Case study: Leeds Community Foundation (LCF)

In June 2015, NHS Leeds North Clinical Commissioning Group (CCG) and NHS Leeds South and East CCG launched the NHS CCG Third Sector Health Grants in partnership with LCF who manage the grant making programme, which has invested just under £2.4m in 77 projects that help reduce health inequalities in Leeds.

Funding has been made available to support a wide range of projects from developing or delivering new community services, establishing and maintaining partnerships, and involving local people in community activities surrounding health and well-being.

The grants included a budget for evaluation and grantees had to measure health outcomes. Some adapted existing measurement tools by adding questions about health, while others developed questionnaire tools with local universities. Some charities have revisited their theory of change and whole approach to supporting their specific target group, and some have gone on to secure particular funding as a result. The funding has helped give these non-health charities an opportunity to show the outcomes they can have on health, and increased their credibility. But charities need core, longer term funding to be able to do this on a long-term basis.

'It has been a real opportunity for third sector organisations to demonstrate that they can deliver health projects and work towards demonstrating health outcomes–-a real opportunity for a range of third sector organisations.'

Measuring health outcomes is not always appropriate

Yet for many charities, measuring health outcomes is simply not an option. Asking people about their health when they are coming to a charity for help finding a job or a home can be intrusive, and change the dynamic of relationships. The trust and understanding that frontline workers build up with service users sometimes depends on them *not* asking personal and probing questions.

Measuring health outcomes is also challenging for a number of other reasons:

- There is a lack of available comprehensive and easy-to-use tools for measuring health outcomes. Physical and mental health is so broad; it would be impractical to measure all health outcomes.
- Attribution of impact to a particular activity or service is difficult because so many things affect health.
- The impact on health is often long-term, and can only be seen in longitudinal studies—these are resource intensive and often impractical as a charity might not have long-term contact with users.
- Robust measurement of health outcomes is costly. For charities whose main focus is not health, this cost may not be justifiable.

For these reasons, non-health charities—and their funders—should not necessarily expect to collect their own evidence of the impact of their services on health. Instead, a more effective approach might be to make use of existing evidence—which we discuss below.

Accessing health funding

If a charity wants to evidence its impact on health in order to access funding from the health sector, there are some particular challenges. Resources in the health sector are tight. Supporting the voluntary sector is not necessarily part of the health system's responsibility. Even if it does, time horizons and funding cycles are not aligned. In addition, the current commissioning process does not incentivise collaboration between services—the level of competition for funding is unhelpful and divisive.

But the key challenges for non-health charities is the burden of evidence expected from the health sector in directly evidencing their own individual impact on health: this is often disproportionate, and far higher than is asked of other sectors. It is important that health-focused funders manage their expectations of evidence from non-health charities, not using it as an easy excuse not to fund. We hope this report will also show how existing evidence can be used for this purpose.

Use existing evidence to show impact on health

Existing evidence can demonstrate how a certain outcome—such as poor housing—impacts on health. This can be used by a charity to make the case for their impact on health. If a charity can demonstrate its impact on other outcomes, the wider evidence base shows how this affects health. For example, if the evidence shows that access to green space improves people's health, and a charity can show it has increased people's access to green spaces, it can say it has made a difference to people's health.

Access to good quality evidence that makes these links can help charities to show their impact on health in a practical and affordable way. In Part 2 of this report, we provide a summary of the evidence. This is underpinned by the Institute of Health Equity's Evidence Review, which highlights in more detail the evidence on how social determinants impact on health outcomes.

Many social determinants are connected and overlap. However, in order to make the Evidence Review accessible and easy to use, they have been categorised into seven areas under which the evidence has been grouped. Some charities will focus in one of these areas, whereas the work of other charities may cross several of these determinants. The seven social determinants of health that we focus on in Part 2, and the IHE's Evidence Review, are:

Family

Friends and communities

Housing

Education and skills

Good work

Money and resources

Our surroundings

The intersection of social determinants with individual-level factors

The causes of health inequality—such as poverty, unemployment, low educational attainment—are, to a broad extent, defined. But that does not mean they are same for everyone. Every person's experience of health inequalities is different—and ultimately this means that the ways in which their health and well-being is impacted is different.

Part of the reason for this difference is because these social determinants intersect in a complex and dynamic way with other contextual factors—such as discrimination—that in turn interact with individual characteristics such as such as age, gender, race, religion and culture. In addition, discrimination can compound disadvantage associated with a low socio-economic position. The report by Public Health England and the Institute of Health Equity, *Psychosocial pathways and health outcomes: Informing action on health inequalities*[28], refers to these contextual factors as 'position in society' and suggests that these affect exposure to negative social determinants of health.

Many charities work with groups that are facing complex and multiple disadvantage, often due to other contextual factors such as racism, sexism or other forms of discrimination. These charities tend to focus on particular factors at an individual level to address social determinants of health. For example, a charity that supports people with a disability with money and debt problems, or a charity that helps improve the educational attainment of girls from BME communities. Other charities focus on more specific social, economic or environmental issues across the whole population. Both address health inequalities in different ways.

The focus in this report is on the social, environmental and economic determinants of health, and we do not cover, either here or in the IHE Evidence Review, how they intersect with individual-level factors—it just wasn't possible in the scope of this research. However, acknowledgement that these are different for everyone and the importance of a person-centred approach is essential. For charities that want to explore this further, Public Health England has produced a report looking at this: *Health Equity in England: A report on health equity in England focusing on inequalities between ethnic groups*.[29]

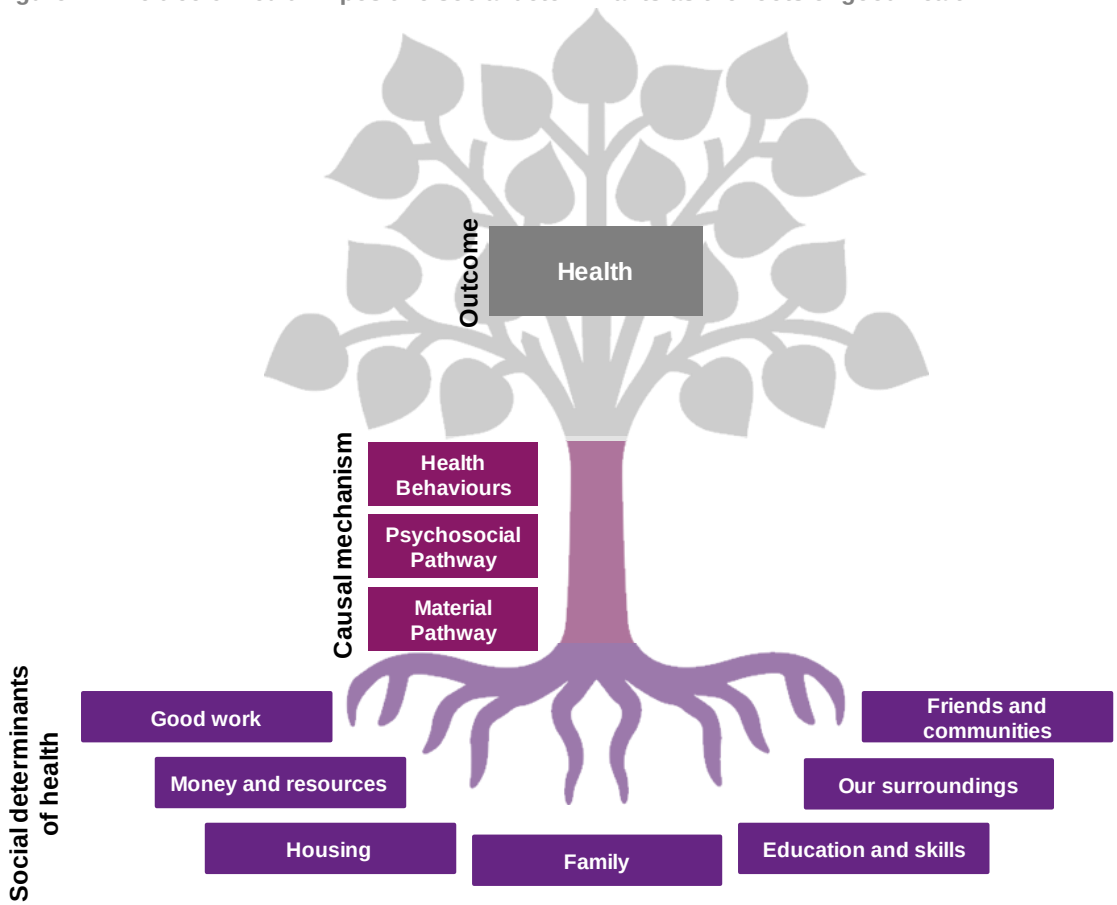
SECTION TWO

A summary of the evidence for the social determinants of health

IN THIS SECTION

Throughout the course of this work, we've thought about the social determinants of health as the roots of a tree.

Figure 2: 'The tree of health'—positive social determinants as the roots of good health



The roots nurture health through **three pathways**. These three pathways are covered in more detail on page 16–17 of the Evidence Review. In brief, they are:

- **Material pathway**: Reducing material deprivation affecting health—eg, poor living standards or low income.
- **Psychosocial pathway**: Reducing feelings such as stress, lack of control, misery, despair and hopelessness induced by material deprivation.
- **Health behaviours**: Influencing factors that affect health behaviours such as alcohol consumption.

Here we focus on the roots—**seven social determinants of health**. We have pulled together snapshots underpinned by more detail in the Evidence Review. For each determinant you will find:

- a summary of the key evidence
- a case study of a charity already using this evidence to understand their impact on health
- an overview of the current opportunities and challenges that exists, which charities should be aware of when linking their work to health outcomes (these are by no means comprehensive, but cover the main insights we uncovered in the course of this research).

We hope charities find them instructive.

FAMILY

Our relationships with family members and experiences at home as children can impact our health throughout our life. The same is true when we grow up—caring responsibilities, family debt, and spousal conflict all affect an adult's health.

Evidence summary

Pages 28–36 of the Evidence Review discuss in detail the evidence that suggests the following:

- Circumstances during a mother's pregnancy impact a child's health across their life course.
- A high number of adverse childhood experiences (ACEs) is damaging to a person's health throughout their life time. Abuse, neglect or bereavement are examples of adverse childhood experiences.
- Caring responsibilities can be financially and emotionally draining, and can result in social isolation.
- A good spousal relationship can have a positive impact on health, particularly mental health.

Adverse childhood experiences (ACEs) affect the likelihood of certain behaviours, such as smoking, in later life. People experiencing six or more ACEs are three times more likely to develop lung cancer, and have symptoms around 13 years earlier than those without ACEs.

Key evidence links to Education and skills: Maternal health, birth weight, stress, and cognitive stimulation of a child are all linked to how well they do at school. ACEs have also shown to lower grades, attendance and a higher placement in special education programmes.

Case Study: Body & Soul uses a comprehensive definition of health that, alongside physical and mental health, considers connectivity, capability, confidence and productivity. The charity was originally established to support people affected by HIV. It found that members' needs were not confined to the impact of HIV on physical health, but also experiences of trauma and adversity which further impacted all aspects of their lives.

Evidence of the impact of adverse childhood experiences (ACE) on health and wellbeing supports these observations and drives its new strategy 'transforming childhood adversity'. Body & Soul's new model of care includes other communities at risk of having experienced childhood trauma, and focuses on supporting members to build resilience and mitigate the impact of past trauma and adversity.

Body & Soul uses the ACE score—which measures exposure to trauma during childhood—with members to understand their experiences and inform programme planning. It measures health outcomes and is constantly seeking ways to balance capturing impact whilst making sure members do not feel measurement is intrusive.

Body & Soul has used external evidence of the impact of ACEs to communicate their vision and model to funders, stakeholders, and members alike. By focusing on its health impact, Body & Soul has ensured its message is clear and fully encompasses the breadth of its work.

Challenges

Barriers to gathering and using evidence

- Because a family is more than one individual, and often made up of different generations, social determinants can have an impact in multiple ways:
  - Directly: Through the quality of family relationships, for example.
  - Indirectly: Through how the other determinants may impact the family—for example, good work and money and resources.

  Therefore, it can be harder to understand exactly which social determinant is having the impact on health.

Barriers within the sector and wider environment

- Family is closely related to other factors, such as poverty, employment and housing. These different drivers also make measurement—particularly understanding the impact of one intervention—complex.
- There are concerns about under resources in children's social care budgets—the sector may be too stretched to think about linking work to health.

Opportunities

Opportunities for gathering and using evidence

- Appetite to prove the effectiveness of different approaches in this area may encourage the capturing of health outcomes.
- There is a current research interest in the link between aspects of family life—for example, shared parenting, fathers' involvement—and parent and child mental health.
- A number of existing evaluations are exploring the links between family life and mental health and well-being—with a particular focus on the role of relationship support, domestic violence work and parenting support.
- There is an appetite for increasing the awareness of impact of domestic violence on children's and women's mental health.

Opportunities within the sector and wider environment

- Work by the Early Intervention Foundation[30] on evaluating the cost of lack of preventative measures in its *Spending on late intervention: How we can do better for less*[31] discusses family life as a determinant of health.
- The Troubled Families Programme has created a focus on vulnerable families, which may encourage an interest in the evidence on the link between family and health.

FRIENDS AND COMMUNITIES

Friends and communities enable us to develop social networks and relationships that improve our health and well-being. Loneliness and social isolation have significant health implications—and are both more likely without friends and the social networks we develop within our communities.

Evidence summary

Pages 37–43 of the Evidence Review discuss in detail the evidence that suggests the following:

- Having friends and participating in community and social groups can have a positive effect on both physical and mental health; both through psychological factors such as reducing stress and promoting feelings of purpose, and through lifestyle factors such as more encouraging physical activity and improving nutrition.
- Social isolation and loneliness increase the risk of poor physical health such as coronary heart disease, and the risk of cognitive decline, mild cognitive impairment and dementia.
- A sense of community can lower blood pressure, reduce ageing and improve immune systems. A strong community enables people to feel they have influence over decisions that impact them—improving health.
- Social exclusion has a negative impact on health.

Social isolation and loneliness are associated with 50% excess risk of coronary heart disease, similar to the excess risk associated with work-related stress.

Key evidence link: Poor housing, unemployment and money problems, can all prevent social interaction and lead to social isolation and loneliness.

Case Study: South London Cares (SLC) is a community of young professionals and their older neighbours who share time and socialise together. The charity aims to tackle social isolation and loneliness by brokering meaningful interactions between people who wouldn't ordinarily meet.

Loneliness is increasingly recognised as a health hazard, and the charity can see from qualitative input from participants that through involvement with their programmes, their wellbeing benefits. SLC finds that measuring health outcomes for this type of work is not always appropriate, and may have a negative impact on its beneficiaries—so the charity does not currently conduct health-based impact evaluations.

But the link between loneliness and health is still relevant. Loneliness can be an abstract, intangible concept. Explaining the link between health and social connections contributes to an understanding of loneliness, gives it a physical context for someone who may not have experienced it themselves, and help funders to understand the tangible and significant impact possible through interventions like SLC. To make this link, SLC uses existing evidence on the impact social connections have on loneliness and on health from other sources—such as that published by the Campaign to End Loneliness. The charity has developed outreach partnerships with pharmacies, GP surgeries, hospital discharge teams and CCGs to reach particularly isolated older people but does not receive any direct funding from health services. Wider knowledge of the impact social connections have on health would help the charity mobilise further partnerships, support and funding opportunities.

One of South London Cares' key challenges is using evidence of the impact of social connections where it's known that every person has a different need when it comes to feeling less lonely or isolated.

Challenges

Barriers to gathering and using evidence

- A lack of strong social relationships can affect everyone at different stages of life, and is not necessarily linked to other determinants. Interventions cover a broad area—older people, young mothers, and carers for instance—and so there are a broad range of different interventions for each. This creates two key challenges:
  - External evidence may not be relevant to each type of intervention.
  - Creating a substantial body of evidence of the positive impact of these interventions difficult.
- The quality of social networks and relationships is more subjective and difficult to define, than say, the quality of housing. This makes measurement of change in outcomes more difficult.
- Social isolation is closely related to other factors, such as poverty, debt and housing. These different drivers also make measurement—particularly understanding the impact of one intervention—complex.

Barriers within the sector and wider environment

- Many of the organisations in this sector are small, community organisation with limited resources to link their work to health outcomes.
- A lack of friends or social connections is often perceived as a challenge for older people, whereas it is a determinant of health that can affect people at any age.

Opportunities

Opportunities for gathering evidence

- As with many of the determinants, the reverse link with health is also true—poor health can impact on our relationships. This can be another way for charities to link their work to health, as an 'enabler' of their wider goals. NPC and Relate's joint report *The best medicine: The importance of relationships for health and well-being*[32] looks at the evidence for this.

Opportunities within the sector and wider environment

- Recent research and news headlines mean that awareness of the importance of friends and social connections for our health is increasing.
- There are tools already out there to measure the link between health and friends, relationships and communities. For example, the ONS well-being measure[33], or NPC's well-being measure[34], which was used to measure different aspects of well-being, including relationships with friends and satisfaction with community. *That awkward age*[35] analyses this data and looks at how relationships impact on well-being for young people.
- There are strong charity sector campaigns already working on this issue, which have gained the attention of the health sector, for example the Campaign to End Loneliness[36] provides guidance for the health sector on reducing loneliness.
- There is currently an interest in community resilience and well-being from local government, of which the link between health and friends and communities plays a part.

EDUCATION AND SKILLS

Our education is a significant social determinant of mental and physical health. It can also affect many other social determinants throughout the life course—from our job to the amount of money and resources we have.

Evidence summary

Pages 44–51 of the Evidence Review discuss in detail the evidence that suggests the following:

- High cognitive scores are associated with healthier lifestyles, lower levels of obesity, and the risk of diseases like cancer, stroke and diabetes.
- Poor educational attainment is associated with an increased risk of poor mental and physical health, and associated with poor health behaviours—such as smoking.
- People with higher levels of qualifications have a lower risk of developing dementia, symptoms are delayed should dementia occur, and they have a wider set of skills and abilities to cope with the disease when it develops. Mentally stimulating experiences in later life can be effective in replacing lost cognitive function due to dementia—particularly Alzheimer's disease.
- Good educational attainment is linked to being able to better obtain, process, and understand basic health information. It is also linked to having the skills, knowledge and confidence to access health and social care services.

Key evidence links to Good work: If young people have poor educational achievement in childhood, they are more likely to not be in education, employment or training (NEET).

Key evidence links to Money and resources: Higher cognitive functioning—which allows us to process, access, and use knowledge—is linked to a higher socio-economic position.

There are several ways in which education charities are linking their work to health.

- Charities like Sported and Empire Fighting Chance use sport to engage young people and help them achieve better outcomes at school and throughout their lives.
- Health-focused charities can work specifically in education settings. For example, Place2Be focuses on the mental well-being of children by providing mental health support, including counselling, in schools. Its School Project Managers (SPMs) ask children, their teachers and their parents to complete questionnaires about their behaviour and emotional and social well-being before and after the school-based intervention. Measures include the Strengths and Difficulties Questionnaire (SDQ) and Clinical Outcomes in Routine Evaluation (YP-CORE). It benchmarks its research with other mental health specialists.
- Other organisations, such as Education for Health, focus on health education and literacy to improve a person's ability to interact with the health system and take care of their own health.

Challenges

Barriers to gathering and using evidence

- The impact of education on health is mostly over the life course. This can mean that:
  - Establishing the impact of an education intervention often requires a longitudinal study.
  - Even though a good education and skills affects a wide range of life outcomes, some of its impact on health is less immediate than the impact from other social determinants—such as housing. This may make interest in its link to health lower, or less of a priority, than other social determinants.
- The benefits of good educational attainment and continued, ongoing learning are very varied[37]—even the different health benefits. This makes them harder to quantify.
- Whilst there are data sets available for educational outcomes, there are fewer available on the health of those at school. This means outcomes often need to be captured separately—which takes time. NPC's report *Evidence and data collection for education start-ups*[38] provides guidance on this.

Barriers within the sector and wider environment

- Improvements in educational attainment often require collaboration between charities, schools and universities. Whether tracking health outcomes is a school or university's responsibility is debated, and there is a limit to what a charity can do on its own.
- The benefits of good education are varied and a relevant in different ways across a range of sectors and government departments. Evidence needs to be built for a wide range of stakeholders.
- School budget cuts will affect the ability of schools to collect evidence or implement evidence based interventions to improve mental health of children at school.
- Funders of education charities tend to be solely focused on education—eg, Department of Education[39] and Education Endowment Fund[40]. This may mean they have less appetite to fund the measurement of health outcomes.

Opportunities

Opportunities for gathering evidence

- Education cross-cuts many different sub-sectors within the charity sector—eg, youth clubs, tutoring, and engagement through sport. So there are many possible different ways that it could be linked to health. The link to health is stronger in some areas than others—for example, those that use physical exercise to encourage educational attainment.
- Many charities working in this area have direct contact with their beneficiaries. This makes capturing health outcomes more possible, if the charity wishes to do so.

Opportunities within the sector and wider environment

- There are already charities that blend education and health outcomes—eg, Place2Be, Studentminds. These charities could help to build a movement around the link between health and education, or could be a resource for education charities looking to make that link.
- There is increasingly prominent public debate and news about the mental health and resilience of young people at school. There may be appetite for increasing the evidence base around which evidence-based interventions (possibly in schools) work to improve mental health.

GOOD WORK

Being out of work is not good for us. Yet it's not just employment that matters for our health. People need *good quality* work in order to stay well.

Evidence summary

Pages 52–56 of the Evidence Review discuss in detail the evidence that demonstrates the following:

- Being unemployed is bad for a person's general health.
- Being unemployed increases the likelihood of poor health behaviours such as smoking, excessive alcohol consumption and lack of physical exercise.
- Good quality employment improves mental and physical health.
- Being in work is not always good for a person's health. Low stability and security, long hours, poor working conditions, and repetitious and routine tasks are bad for health. 'Good work' is what matters.

The longer someone is unemployed—the larger the negative effects on their health.

Key evidence links to Money and resources: Unemployment or low paid work can result in a lack of money and resources. People with mental illness, disabilities, and those who are young, carers or lone parents are all more at risk of having a low income due to unemployment than other groups.

Case study: Citizen's Advice provides free, confidential and independent advice to millions of people each year, and works to fix the underlying causes of people's problems. The charity aims to provide holistic and tailored support, to help people with a range of problems, such as managing debt, or stabilising their employment or housing circumstances. As well as improving employment or debt outcomes, the charity feels that health has always been 'part and parcel' of its work through the impact of these social factors on health and well-being.

Citizen's Advice has undertaken work to understand its impact—including its employment advice—such as its 2017 Outcomes and Impact Research which shows the direct benefits on health. Using New Economy's cost-benefit-analysis tool[41] has enabled it to place a financial value on its impact, including the reduced cost to the Department of Health—in 2016/2017, this was estimated at £50 million. Citizen's Advice uses a combination of existing questionnaires such as ONS[42] and WEMWBS[43] to measure a client's wellbeing, but is aware of a need to be proportionate—particularly as health can be a sensitive area. Data like this enables Citizen's Advice to best meet client needs in the future. This research has enabled Citizen's Advice to articulate its impact on health, and helped it think about—and make the case for—health as primary outcome of its work.

Employment concerns are some of the most reported causes of poor mental health. In response to this, Citizen's Advice is part of the VCSE Health and Well-being Alliance[44], and is responding to a consultation on mental health by NHS England.

Challenges

Barriers to gathering and using evidence	• Many charities in this sector focus on getting people into a job. Charities have very little control over the actual quality of employment in other organisations—which is one of the big links to health. • A charity working in this sector may lose direct contact with the individual once they gain employment. This may mean tracking any change in health outcomes is difficult.
Barriers within the sector and wider environment	• Charities in this sector tend to be very dependent on government funding. Government funding streams focused on creating employment opportunities may not fund measurement of health outcomes. • The benefits of good work are varied, and their relevance alters across the different sectors and government departments. This means that evidence needs to be built for a wide range of stakeholders. • Other bodies, like employers, are key players in improving quality of work. This makes it challenging to quantify and attribute the impact a charity has made towards work and health outcomes.

Opportunities

Opportunities for gathering and using evidence	• Data on employment and type of employment is generally good, and can therefore provide a useful resource for charities linking employment and health outcomes. • Many charities working in this area have direct contact with their beneficiaries. This makes capturing health outcomes more possible, if the charity wishes to do so. • Employers are interested in staff productivity—which is often related to health. This may provide an opportunity to gather data and look at correlations between work and health.
Opportunities within the sector and wider environment	• The government's Work and Health Programme[45] targets those with health conditions and disabilities, reflecting an interest in this link from the government. • Due to an increase in zero hours contracts, the gig economy and flexible working, there is an increasing focus within public debate on quality of work. A health focus might be a way to drive improvements in this area. • The reverse link between health and work—the impact of poor health on work—is salient and of concern to all employers and government. NPC's report *Job well done*[46] highlights interventions in this area from which examples can be drawn. • The What Works Centre for Wellbeing have done several evidence reviews of well-being and work, such as *Gender and unemployment*[47]—a report on the differences in effect of unemployment between men and women, and *Job quality and well-being*[48]—looking at what needs to happen in a job for it to improve well-being.

MONEY AND RESOURCES

High rents, low wages, and cuts to benefits means that many people's money and resources have reduced significantly. Low income, lack of savings, debt, and any financial difficulties can affect our mental health, and these feelings of stress and lack of control impact our physical health.

Evidence summary

Pages 57–64 of the Evidence Review discuss in detail the evidence that demonstrates the following:

- There is a link between income *inequality* and health outcomes such as obesity and poor mental health.
- Not having enough money and being in debt is linked to poorer physical health, for example:
  - Lack of money and resources may mean that someone is unable to access things that are good for their health, like: services, opportunities to socialise, work and education, a variety of healthy fresh foods, and opportunities to exercise.
  - A low income can induce stress and feelings of a lack of control—which affect mental and physical health. This in turn increases the risk of behaviours such as excessive alcohol consumption and smoking.
- There is a significant relationship between debt and financial difficulties, and poor mental health**.** Areas of high deprivation tend to have more gambling and 'pay-day loan' outlets. Gambling is associated with feelings and emotions that result in bad health outcomes, such as increased blood pressure, diabetes and depression.

Key evidence links to Friends and communities: Lack of money and resources can stop participation in social events, and so reduce opportunities for social interaction.

Key evidence links to Family: Low income can impact a parent's behaviour, marital relationships and a child's well-being. For example, expectant mothers from low income households are more likely to smoke, drink, and have a poor diet. Disadvantage and deprivation also increase the risk of adverse childhood experiences.

Key evidence links to Education and skills: Children from disadvantaged backgrounds are more likely to start school with lower social and emotional development and literacy skills.

Charities working on helping people with money and resources problems are starting to think about evidencing health as a key outcome:

- SROI analysis for StepChange Debt Charity's report *Transforming lives*[49] has helped the charity understand the huge impact of its work helping people suffering from debt problems, on mental and physical health outcomes.
- Citizens Advice has also used a New Economy Tool to estimate the huge impact of its work on health—featured in its national outcomes and impact research (see the Good work section for more details).

Challenges

Barriers to gathering and using evidence	• Money and resources is closely related to other factors, such as work and education. These different drivers also make measurement—particularly understanding the impact of one intervention—complex • Once a person has been helped by a charity and no longer requires its services, a charity working in this sector may lose direct contact with a person. This may mean tracking any change in health outcomes is difficult.
Barriers within the sector and wider environment	• Charities working on money and resources have had more of a focus on mental health, and it may be more difficult to generate interest in the link to physical health. • Many charities in this sector have very little control over external impacts on money and resources that come from local authorities, banks and landlords, for example—and these have a huge impact on people's health.

Opportunities

Opportunities for gathering evidence	• Money and resources is less subjective and easier to define and track, than say, the quality of social relationships. This can make measurement of change in outcomes, and their impact on health, simpler. • Money and resources has key links to other social determinants of health, eg, work and housing—and so impact here can affect health through other routes. • As with many of the determinants, the reverse link with health is also true—poor health can impact on our money and resources. This can be another way for charities to link their work to health, as an 'enabler' of their wider goals.
Opportunities within the sector and wider environment	• Health-focused charities are already looking at issues related to money and resources, For example, Mind's In the Red[50] research explores the link between mental health and debt. This could be an opportunity for health-focused charities and non-health charities to work together. • There is already social prescribing happening in relation to money and resources. GPs referring patients to money advice services shows the willingness of the health sector to act in this area. • There are existing evaluations on the links between poverty, mental health and well-being. For example, from the Money and Mental Health Policy Institute[51].

HOUSING

1 in 4 homes in the most deprived areas of the UK fail to meet the decent homes standard—which is likely to be having a large impact on the health of those living in them.

Evidence summary

Pages 65–70 of the Evidence Review discuss in detail the evidence that suggests the following:

- There are strong associations between living in a non-decent home and poor mental health. Poor housing causing problems such as anxiety, depression and psychological distress.
- Homelessness, temporary accommodation, overcrowding, insecurity of tenure, and housing in poor condition, all increase the risk to people's physical health.
- Cold homes contribute to excess winter deaths, and increase the risk of respiratory problems in children and adults.
- Exposure to multiple poor housing conditions is particularly damaging to health, and comparable to the health risks posed by smoking and excessive alcohol consumption.

Cold housing contributed to an extra 24,300 winter deaths in 2015/2016.

Key evidence link to Education and skills: Poor housing can delay physical growth and cognitive development in children—contributing to poor educational outcomes.

Case Study: Shelter helps millions of people every year who are struggling with poor housing and homelessness. The strong link between housing and health is reflected in the charity's work; for example, services that help people to register with vital health services, advice services that a GP can directly socially prescribe, and research campaigns focusing on the links between housing and mental health.

The charity monitors health outcomes for clients. It does this through a follow-up survey with a sample of clients who self-report on the perceived change in their mental and physical health. For more health-focused services it collects a self-reported score of a person's assessment of their health and wellbeing, using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), both at their first touchpoint with Shelter and then again after receiving help from the charity. The charity has found that 51% of people with mental health issues and 35% of people with physical health issues see an improvement after coming to Shelter for help with their housing.

Currently, WEMWBS is only collected in a limited number of services. The organisation feels that asking personal questions related to health is simply not appropriate or relevant in some services and could jeopardise vital, trusting relationship between Shelter and the people it supports. However, Shelter does make use of existing third party research and evidence—including from Homeless Link, National Housing Federation[52] or the Chartered Institute of Housing[53]—to draw links between its work and health outcomes in some funding applications. Shelter has also used external evidence when liaising with a CCG considering funding Shelter to integrate housing and welfare benefits advice services within local GP surgeries.

Challenges

Barriers to gathering and using evidence

- Problems like poverty, isolation from the wider community, or crime levels—which are correlated with poor housing—also have an impact on someone's health, which can compound the issue of poor housing and make a person's health worse.
- There are many different groups of people that suffer from housing problems. The problems they face and their needs vary—and so will the impact of housing problems on their health. Communicating and evidencing the variety of impacts on different groups is more complicated than on a few groups.

Barriers within the sector and wider environment

- The housing crisis in the UK is significant and getting worse. Private and public sector investment and structural intervention are required, as well as charity sector action, to solve these challenges.
- Those areas where housing charities may have the biggest impact on health are often the hardest to reach for the sector—eg, people sleeping rough or experiencing 'hidden homelessness'.

Opportunities

Opportunities for gathering and using evidence

- Although poor housing can affect a person throughout their life, the impact is more immediate than other determinants like education. This can mean that:
  - It is easier to measure the impact of a housing intervention as you can measure short term changes: a longitudinal study is not required.
  - It is more likely that a change in health can be attributed to housing.
  - There is a convincing argument for immediate action.
- Poor housing is an issue that impacts health across the life course. This makes the issue relevant for many different groups of people—and so there are more opportunities for its impact on health to be measured.
- The quality of housing is more tangible and less subjective than say, the quality of social relationships, which makes measurement of outcomes changes easier.

Opportunities within the sector and wider environment

- Health-focused charities are already looking at issues related to housing. For example, Rethink Mental Illness's A Place to Call Home campaign[54], and Mind's housing support and advice[55]. This could be an opportunity for health-focused charities and non-health charities to work together.
- The National Housing Federation has developed helpful resources linking health and housing.[56]
- There is an increased awareness of the impact of housing on health and this has been reflected in government policy. For example, the Care Act 2014[57] includes housing measures.
- Increased attention in this sector due to the UK's current housing crisis may be an opportunity to link housing to health inequalities, and the burden on the NHS.
- Non-health charities are starting to really focus on health already: Citizen's Advice's Winter Resilience project[58] delivers energy and holistic advice on homes, in response to National Institute for Health and Care Excellence (NICE) guidance on mortality and ill health from cold homes.

OUR SURROUNDINGS

Living in areas that have less access to green space, fewer places to be physically active, higher crime and a higher number of fast food shops, can mean we are more likely to suffer from poor health.

Evidence Summaries

Pages 71–82 of the Evidence Review discuss in detail the evidence that suggests the following:

Access to green and blue spaces and green infrastructure

People have a desire to connect with nature. And so, access to good quality green and blue spaces and infrastructure—parks, canals and rivers, cycle paths, and street planting—is linked to better mental health outcomes, and encourages physical activity.

Good quality green space is linked to improved health outcomes.

Key evidence links to Friends and communities: Green infrastructure and green spaces make an area more attractive and less polluted. This encourages social interaction and community cohesion, and provides a space for community activities—and therefore improves social connections and communities. Streets that are more walkable and cycleable also provide more opportunities for social interaction in pedestrian environments.

Key evidence links to Education and skills: Green space and infrastructure aid cognitive development and result in better education outcomes for children.

Case study: TCV Green Gym creates and runs free outdoor sessions where participants are guided in practical activities such as planting trees, sowing meadows and establishing wildlife ponds. Many of its training programmes are targeted at those recovering from poor mental health, although the programme impacts across a range of health issues.

TCV North Leeds and South & East Leeds Green Gym were funded by Leeds North CCG and Leeds South and East CCG for a one-year pilot project to demonstrate the potential of outdoor practical activity to improve the physical and mental well-being of priority groups.

TCV asks new starters at Green Gyms to complete SWEMWEBS and International physical activity questionnaires (IPAQ)[59], and then again at set quarterly monitoring points. As part of the CCG funded project TCV also used specific additional ‘snap shot questionnaire’ on social isolation, nutrition and feeling in control.

Measuring its impact on health has enabled TCV to strengthen its case for environmental interventions to be referenced in tender documents for mental health programmes. Wider recognition of its impact on health would enable the charity to attract more members—as activities would be better recognised as successful interventions by social prescribers and wider NHS staff—and has helped diversify funding, namely 2.5 years of replacement and increased funding.

Case Study: The Canal & River Trust cares for 3,219 kilometres of working canals and river navigations, docks and reservoirs across England and Wales. Its vision is for living waterways that transform places and enrich lives. It partners with others (including Public Health England, Public Health Wales, Sport England and Mind) to support the health and wellbeing of millions of people, offering sustainable routes for walking and cycling which connect communities, whilst at the same time improving air quality and reducing carbon emissions.

The Trust has begun to build an evidence base for its impact, published in its first outcomes report[60]. It has found the use of waterways encourages an improvement in health and well-being—with people using the waterways to increase their daily exercise and to reduce anxiety. Its outcomes work seeks to give a more robust and rounded understanding of how our waterways touch the lives of people and communities.

Climate

- Climate change poses a significant risk to health through increased death, disability and injury from extreme weather. A rise in surface ozone levels will increase the risk of skin cancer and cataracts, and result in an additional 1,500 deaths per year.
- Those who are already vulnerable because of the quality of their surroundings or income will have fewer resources to prepare, respond and recover from extreme weather.

Heat-related mortality is expected to range from a 70% increase in 2020s to 540% increase in the 2080s.

Key evidence links to Our surroundings (transport): Climate change is related to transport and pollution. More green infrastructure in urban areas could help mitigate the effects of climate change.

Key evidence links to Housing, and Money and resources: Those living in poor quality housing or a lack of money and resources will be more vulnerable to the effects of climate change.

Access to shops and services

- The types of shops in our surroundings can affect health behaviours, such as what a person eats and how they spend their money. Those that are surrounded by more fast food shops and a lack of available healthy produce, have a higher risk of food poverty, obesity and malnutrition.
- Reduced access to amenities impact other determinants of health, such as employment and education services, as well as cultural, social and leisure activities.

Over 2 million people in the UK are estimated to be malnourished, and 3 million are at risk of becoming malnourished.

Key evidence links to Money and resources: Betting shops and pay day loan shops are more prevalent in deprived areas, making those living there more likely to use them. Both may increase financial difficulties.

Key evidence links to Friends and communities: When shops and services are not accessible, people—particularly older people and those with disabilities—are put off from visiting public spaces. This reduces opportunities for social connection and interaction.

Transport

- Walkability and cycle ability of streets and pavements affects levels of physical activity.
- Higher levels of pollution contribute to poor physical health.
- Those living in more deprived areas are more likely to be in a road traffic accident.

In the 20% most deprived areas, rates of fatal or serious injury on the road are 9 times higher than the national average for 5–9 year olds, and 3.7 times higher than the national average for 10–14 year olds.

Key evidence links to Good work and Friends and communities: Accessible, affordable and sustainable transport systems ensure that people have access to goods and services, social and leisure activities, education, employment and health, and social services. This is particularly important for those vulnerable to social exclusion.

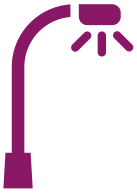
Case study: Sustrans works with families, communities, policy-makers and partner organisations so that people are able to choose healthier, cleaner and cheaper journeys, with better places and spaces to move through and live in. Active travel, such as walking and cycling, is a key means by which people can build regular physical activity into their daily lives, and there is extensive evidence of the health benefits.

It has three goals that relate to health and well-being, and numerous metrics that aim to describe its impact on public health. The charity uses some elements of national data sources, and lots of published material from academic research, and is involved with the World Health Organisation in the development of HEAT (the Health Economic Assessment Tool). This has helped the charity to assign an economic value to its work. It has recently completed studies on health inequalities, air quality, transport poverty, resilience, and well-being, all of which have health-related information as an output.

Sustrans administers a part of the Scottish Government grant for investment in active travel in Scotland. Transport Scotland asks Sustrans to work with local authorities to oversee investment on a range of infrastructure and behaviour change projects. Although this is 'transport' funding, the health benefits of active travel have been viewed as a valuable part of the overall benefit of the investment in active travel.

However, there are many challenges for Sustrans in developing the relationships with the health sector, including for example: the relative priority of preventive medicine over primary health care; and the measurement and articulation of health savings based on population level change in physical activity. Sustrans hopes to be able to work more closely with the health sector in Scotland to reach a position whereby a contribution by the health sector to investment in active travel could more readily be recognised as a constructive option.

Feeling safe and secure



- The impact of crime and fear of crime's impact on our health is mediated through direct pathways—such as death and serious injury from crime—and indirect pathways—like a range of mental health issues following experience of crime, or living in an area that feels unsafe.

Key evidence links to Friends and communities: Crime and fear of crime can put people off visiting public spaces in communities—and therefore reduce social interaction and community cohesion.

Key evidence links to Education and skills: Crime and fear of crime impact children's educational outcomes.

Challenges

Barriers to gathering and using evidence	• There is often a focus on behaviour change when it comes to healthy eating or gambling—rather than the impact of our surroundings. This can mean the impact of our surrounding is underestimated by some. By focusing on behaviour change without looking at what influences our behaviour—such as our surroundings—we struggle to make an impact on health. • As many charities working in this area focus on campaigning or influencing, they may not work directly with, or only have minimal contact with their beneficiaries. This can make it particularly challenging for a charity to capture health outcomes or understand the impact it is having on health.
Barriers within the sector and wider environment	• Many changes to our surroundings require action from the public sector—for example Local Authorities and the Police—which means that the charity sector is unlikely to be able to make a large impact without good collaboration with this sector. • Many of the organisations in this sector are small, community organisation with limited resources to link their work to health outcomes. • A lack of funding in this sector may mean there are limited resources available for charities to take action to link work to health outcomes.

Opportunities

Opportunities for gathering and using evidence	• In recent years, there has been an increasing awareness of the impacts of health and environment as a result of evidence about climate change—it is possible that this will generate more interest in the link between the environment and health. • Campaigning is a key way of making change in this area. Campaigns provide a platform to make the link between health and our surroundings, and can be used to promote these messages.
Opportunities within the sector and wider environment	• Health focused charities are already campaigning on environmental issues, for example, the British Heart Foundation's campaign on air pollution and heart disease[61]. This could provide an opportunity for collaboration between health and non-health charities. • Many changes to our surroundings require action from the public sector—such as Local Authorities and the Police—which provides an opportunity for the two sectors to work together.

CONCLUSION

Non-health charities have a role to play in reducing health inequalities through tackling some of its root causes—such as poor housing, poor educational attainment, lack of money and resources and a lack of relationships and communities. By evidencing and promoting this link, non-health charities could have an even larger impact on health.

It is not always possible for these charities to measure their own health outcomes. However, they can use existing evidence to make the case for their impact on health. IHE's Evidence Review shows the large body of evidence demonstrating the negative impact of these factors on health. This report has suggested how charities could use this evidence, and highlighted some key opportunities and barriers for charities in particular sectors for doing so.

We hope that this report will encourage:

- Charities to use the evidence to demonstrate that their work impacts on health; and therefore promote their impact on health, gain recognition for it, and use the evidence to have more of an impact on health.
- The health sector to recognise the impact of non-health charities and look for opportunities to collaborate.
- Policymakers to review the existing evidence on social determinants of health and consider how the charity sector can play a role in reducing health inequalities.

Tell us what you think

NPC's mission is to help charities and funders improve the lives of their beneficiaries. We seek to help them become more effective and efficient, through a range of services, advice and research. As we are on the journey to improve, we would very much like to hear your views on what is helpful and not so helpful about this publication on how non-health charities can promote their impact on health and shape their work to maximise it.

We are always keen to hear from charities using evidence to link their work to health. If you would like to speak to use about the successes and lessons learned from your work, or have any comments or suggestions about what might be missing from this paper, please get in touch with us via info@thinkNPC.org.

Acknowledgements

This report uses research conducted by NPC through a roundtable, several interviews and a research event. Several non-health and health focused charities took part in this research.

We would like to thank all those who have contributed to this report, especially those that have contributed case studies: Body & Soul, Canal & Rivers Trust, Citizen's Advice, Leeds Community Foundation, Place2Be, Shelter, South London Cares, Step Change, Sustrans and TCV Green Gym.

Supported by: The Health Foundation

In partnership with: INSTITUTE of HEALTH EQUITY

REFERENCES

[1] Weston, A., Bull, D., Joy, I., and Bagwell, S. (2016) *Untapped potential: Bringing the voluntary sector's strengths to health and care transformation*. New Philanthropy Capital.
[2] Bull, D., Sheil, F., Joy, I., and Bagwell, S. (2014) *Supporting good health: The role of the charity sector*. New Philanthropy Capital.
[3] NCVO (2017) *UK civil society almanac 2017*.
[4] Daly, S., and Allen, J (2017) *Voluntary sector action on the social determinants of health*. Institute of Health Equity.
[5] Daly, S., and Allen, J (2017) *Voluntary sector action on the social determinants of health*. Institute of Health Equity.
[6] ONS *Healthy life expectancy at birth and age 65 by upper tier local authority and area deprivation: England, 2012 to 2014*.
[7] Landon, J., '*Infographic: What makes us healthy?*', in The Health Foundation blog, 29 June 2017.
[8] Landon, J., '*Infographic: What makes us healthy?*', in The Health Foundation blog, 29 June 2017.
[9] The Institute of Health Equity (2010) *Fair society healthy Lives: The Marmot review*.
[10] www.england.nhs.uk/ourwork/new-care-models/vanguards/
[11] www.gov.uk/government/organisations/public-health-england
[12] fingertips.phe.org.uk/profile/wider-determinants
[13] www.kingsfund.org.uk
[14] www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health
[15] www.peopleshealthtrust.org.uk/about-us/what-we-do
[16] https://www.bhf.org.uk/about-us/our-policies/preventing-heart-disease/air-pollution
[17] https://mind.org.uk/information-support/guides-to-support-and-services/housing/#.WbpuLFWGNdg
[18] ONS (2017) *Measuring national well-being: Life in the UK, Apr 2017*.
[19] www2.warwick.ac.uk/fac/med/research/platform/wemwbs
[20] Outcome map: Physical health.
[21] https://image.slidesharecdn.com/zwy360-140927215505-phpapp02/95/transforming-counseling-pedagogy-with-horticulture-therapy-techniques-7-638.jpg?cb=1411854950
[22] Harries, E., Noble, J., and Hodgson, L. (2014) *Creating your theory of change: NPC's practical guide*. New Philanthropy Capital.
[23] Noble, J., and McLeod, R. (2016) *Listen and learn: How charities can use qualitative research*. New Philanthropy Capital.
[24] Noble, J., and Thorne, M. (2016). *Stories and numbers: Collecting the right impact data*. New Philanthropy Capital.
[25] Hoare, G., and Noble, J. (2016) *How to make your data more meaningful*. New Philanthropy Capital.
[26] Kazimirski, A., Harrison-Evans, P., and McLeod, R. (2016) *Balancing act: A guide to proportionate evaluation*. New Philanthropy Capital.
[27] Kazimirski, A., and Pritchard, P. (2014) *NPC's four pillar approach.* New Philanthropy Capital.
[28] Public Health England and The Institute of Health Equity (2017). *Psychosocial pathways and health outcomes: Informing action on health inequalities*.
[29] Public Health England (2017) *Health equity in England: A report on health equity in England focusing on inequalities between ethnic groups*.
[30] www.eif.org.uk
[31] Intervention Foundation (2015). *Spending on late intervention: How we can do better for less*
[32] Hestbaek, C., Joy, I., and Handley, S. (2015) *The best medicine? The importance of relationships for health and well-being*. New Philanthropy Capital.
[33] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing
[34] http://www.thinknpc.org/our-work/our-services/npcs-well-being-measure-2/
[35] Noble, J., Harrison-Evans, P., and Hargrave, R (2015) *That awkward age: Children, well-being and charities*. New Philanthropy Capital.
[36] www.campaigntoendloneliness.org
[37] See www.health.org.uk/blog/teachers-hidden-public-health-workforce

[38] Hoare, G., and Noble, J. (2016). *Evidence and data collection for education start ups*. New Philanthropy Capital.
[39] www.gov.uk/government/organisations/department-for-education
[40] educationendowmentfoundation.org.uk
[41] www.neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis
[42] www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/apr2017
[43] www2.warwick.ac.uk/fac/med/research/platform/wemwbs
[44] www.england.nhs.uk/hwalliance
[45] Mirza-Davies, J., and McGuinness, F (2016) *Work and health programme*. House of Commons
[46] Rickey, B., Paterson, E., and Joy, I (2012) *Job well done*. New Philanthropy Capital.
[47] What Works Well-being (2017) *Gender and unemployment*.
[48] What Works Well-being (2017) *Job quality and well-being*.
[49] https://www.stepchange.org/Portals/0/documents/media/reports/Transforming_lives.pdf
[50] Mind (2008) *In the red: Debt and mental health*.
[51] www.moneyandmentalhealth.org
[52] www.housing.org.uk
[53] www.cih.org
[54] www.politics.co.uk/opinion-formers/rethink/article/a-place-to-call-home-mental-health-and-the-supported-housing
[55] mind.org.uk/information-support/guides-to-support-and-services/housing/#.WfMT62iPKUl
[56] http://www.housing.org.uk/topics/health-care-and-housing/
[57] www.legislation.gov.uk/ukpga/2014/23/contents/enacted
[58] https://blogs.citizensadvice.org.uk/blog/winter-resilience-programme-support-for-vulnerable-people-living-in-cold-homes/
[59] (2002) *International physical activity questionnaire*
[60] Canal and Rivers Trust (2017). *Waterways & well-being: Building the evidence base*.
[61] https://www.bhf.org.uk/about-us/our-policies/preventing-heart-disease/air-pollution

TRANSFORMING THE CHARITY SECTOR

NPC is a charity think tank and consultancy. Over the past 15 years we have worked with charities, funders, philanthropists and others, supporting them to deliver the greatest possible impact for the causes and beneficiaries they exist to serve.

NPC occupies a unique position at the nexus between charities and funders. We are driven by the values and mission of the charity sector, to which we bring the rigour, clarity and analysis needed to better achieve the outcomes we all seek. We also share the motivations and passion of funders, to which we bring our expertise, experience and track record of success.

Increasing the impact of charities: NPC exists to make charities and social enterprises more successful in achieving their missions. Through rigorous analysis, practical advice and innovative thinking, we make charities' money and energy go further, and help them to achieve the greatest impact.

Increasing the impact of funders: NPC's role is to make funders more successful too. We share the passion funders have for helping charities and changing people's lives. We understand their motivations and their objectives, and we know that giving is more rewarding if it achieves the greatest impact it can.

Strengthening the partnership between charities and funders: NPC's mission is also to bring the two sides of the funding equation together, improving understanding and enhancing their combined impact. We can help funders and those they fund to connect and transform the way they work together to achieve their vision.

New Philanthropy Capital
185 Park Street, London SE1 9BL
020 7620 4850
info@thinkNPC.org
@NPCthinks

Registered charity No 1091450
A company limited by guarantee
Registered in England and Wales No 4244715

www.thinkNPC.org