



Case Study: ACCM (UK)



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ARCHES research project

This case study forms part of the ARCHES (Arts and Culture in Health Ecosystems) research, led by Leeds Beckett University (LBU) in partnership with Dr Janet Harris, Social Life and Locality.

The ARCHES study focussed on arts/ culture/ natural spaces offer provided by four community anchors. The research team worked with these organisations to explore what they understood 'scaling up' their services to mean, the challenges they faced with regards to scaling and sustainability, and what would help them to be more effective at meeting their ambitions.

The role of community anchors in addressing health inequalities

Community anchor organisations are well-placed to respond to the wider determinants of health, with many services for specific prevention priorities embedded in broader support programmes to take a 'whole-person' approach (Locality et al., 2022).

The research showed that:

- CAO activities are being effectively delivered in ways that address health inequalities by fostering connections, enabling people to become capable of managing life circumstances, increasing wellbeing and health.
- CAOs are a key mechanism for building long-standing and trusted relationships with communities who are experiencing inequalities.
- CAOs can provide spaces that allow people to come together for positive reasons, building on their creativity, strengths, and interests.
- CAOs collaborate with more specialist organisations in the arts, health and care fields who benefit from the connections and trust that anchors have developed.
- Arts, cultural and nature-based activities are used as a gateway to connecting community members to other services (e.g. ESOL classes, employment services) within the organisations or externally, in order to address social determinants of health.

[Read the full ARCHES report here](#)

ACCM (UK)

www.accmuk.com

ACCM (UK) was established in 2008 and is a community anchor organisation located in Bedford. ACCM (UK) supports girls and women who are victims of illegal traditional cultural practices and works to address wider issues that affect ethnic minority groups and other vulnerable communities, including tackling health, social and economic inequalities at a local level in Bedford. The organisation delivers a range of activities such as counselling, African celebration events (with dancing, music and food), culturally appropriate pop-up health events, cooking courses, yoga and ESOL and IT courses..

The table below shows the research methods used and the number of people involved.

Method	Number	Who
In-depth Interviews	11	Staff, volunteers, partners, commissioners – carried out by ARCHES team
Survey	33	Service Users, carried out by community researchers
Focus Groups	2 groups, 10 people involved	Carried out by community researchers
Interviews	7	Carried out by community researchers

Because interviews involved a relatively small number of people to maintain anonymity, we use the following classification in the case study:

- **Internal Interview (II)** Staff, Management Committee, Volunteers
- **Internal User (IU)** Service users
- **External Interview (EI)** Organisations who are collaborators or partners, Commissioners

Addressing health inequalities

Community outreach is a key factor for engaging ethnic minority groups in the work of ACCM (UK) to reduce health inequalities. Face-to-face engagement with communities (e.g. hosting culturally appropriate health events and African celebration events) is considered necessary to successfully engage communities and build trust and relationships. From here, further participation and deeper engagement and connections are supported by ACCM (UK) staff and volunteers who demonstrate values of kindness and compassion. Having a **“very multi-cultural team” of staff and volunteers who are “able to accept and understand the cultural elements within the community” (II)**, and invest time to build trust and relationships, was considered essential to engaging the communities that ACCM (UK) serve.

"And also, after that [African event], some of them because, they've taken away our leaflets, contact us with any issues, victims of domestic violence, or they want to join English classes, IT classes. Some of them because they're stressed, they want to, you know, some counselling support. So often, after every event, we often get, you know, people phoning or coming in, you know, I talked to one of you, I'm thinking of coming for help, or I took the leaflet, and contacting you to see if you can help me with these with this housing, domestic violence, wanting to do English." (II)

Community members discussed how participating in activities and events allows individuals to improve their English and digital literacy skill set and explore their employment options. Attending ACCM (UK) also offers participants the opportunities to get support and help, socialise and have fun. Community members felt that participation led to increased knowledge and skills, confidence, community connections and well-being as well as reduced feelings of isolation.

"I always enjoy their events, they bring people together, have fun, relax and good for mental health especially women." (II)

Interviews with staff members, volunteers and trustees confirmed participants' views of the perceived value of cultural activities, and the role these activities play in reducing health inequalities, through increasing individual's capabilities, improving access to employment, benefits and healthcare as well as promoting social inclusion.

"I think they're beneficial in the sense it connects. As I keep saying it connects the statutory bodies, to the service users. You know, you hold the very big event, anybody off the street comes into it, they're the service users. And the statutory bodies there, they have the opportunity directly personally, contact, connect with the service users." (II)

ACCM (UK) is also valued by partners and commissioners, as an organisation that bridges the gap between the local community and Local Authority, and has attracted national and European interest, particularly around their work on female genital mutilation (FGM) and other harmful traditional practices towards girls and women.

"What we have in Bedford, is a lot of small communities, which is great in terms of richness, in terms of just living right, you know, just being able to live in, it's great...But of course, that brings different challenges in terms of each of those communities can have their own ... issues which affect life in the borough. Right, and really understanding all these different communities and the different communities needs comes with challenge and umm and so I say that because it's our community. Groups like ACCM who are working with communities on the ground, a grassroots level who helped to bridge that gap for the local authority, you know, between those communities, right? So that the organisations who are on the ground are critical to providing that, bridging that gap for us." (II)

During the Covid-19 pandemic the work of ACCM (UK) continued and was adapted to meet the needs of local ethnic minority groups. Subsequently, the importance of this work was recognised by wider stakeholders. The organisation was involved in the distribution of food parcels, continued

support for victims of domestic violence, awareness raising of Covid-19 health messages among ethnic minority groups and setting-up vaccination pop-up events to encourage the attendance of “undocumented” members of the community. The relationship ACCM (UK) has with the community and specific cultural knowledge was considered essential to engaging Black African and Asian groups who were at greater risk of serious health consequences from Covid-19.

Scaling

Differing understandings of scaling were apparent, from expanding delivery, increasing reach, deepening engagement to **“providing more structure, more stability and rooting down”** (External Interview), exploring long-term impact and ensuring work is **“more neighbourhood driven”** (EI).

Research with community members generated ideas about what could be further developed based on community members’ views. These ideas related to sustaining current practice (“keep doing the good work”) and developing the offer of events/services/support available (e.g. community events, advice surgeries, parenting classes, IT support, yoga/ exercise, cooking, arts and crafts), including expanding outreach work across other areas of Bedford. Staff and volunteers discussed that scaling of activities should be responsive to community needs.

“And they do complain like, ‘oh, why, you know, haven’t come back [post Covid-19] , or why haven’t you started this? So there’s a need to go back.” (II)

“We’re going to be contacting the learners that have shown an interest from very diverse communities. Yes. And that’s where the scaling up, there’s going to be new, new areas of work for the team.” (II)

After years of uncertainty surrounding having to relocate the organisation at the request of Bedford Borough Council, in November 2022 ACCM (UK) moved to new premises within a different neighbourhood of Bedford. In interviews prior to the move, staff offered a shared vision for ACCM (UK), hoping that its relocation would establish the organisation and the building as a “community asset”. There was a view that relocating held opportunities for the organisation to scale through:

- engaging new communities and partners within the local area
- utilising existing networks to re-start the delivery of services post-pandemic (e.g. coffee mornings/health events)
- expanding the offer of current activities (e.g. through becoming involved in social-prescribing)
- offering a kitchen/social space for community members to socialise after/between activities

Participants recognised that the offer might change in response to community need (of existing and new communities).

"And other areas that we have identified is in the recent oncoming community influx. Particularly from Eastern European the Romanians, the Croatians and Polish are settling into Bedford, whom we welcome. Having lived here all my life, yes we as Bedford, yes, we welcome the influx, but they will come with their special needs. They will have specific needs which we need to address as our fellow citizens. And so that is something where a lot of work will now will be taking place." (II)

Increasing the offer of services available would also help to deepen the engagement of service users and address their wider unmet needs.

In the past, ACCM (UK) have scaled their work by increasing the size of events as well as trialling new activities.

"We took on a project of raising awareness of hate crime. Now hate crime can be, there's a legal element to it. There is the negative element, a discriminatory element, where people become victims. And there are supports available to the victims that we want in our communities to be aware of. So then... we started off with a very small gathering downstairs. And it grew to other events... then it went to a local regional level. We delivered it at the Bedfordshire University where we had the interest of the National Police authorities taking an interest in it saying "wow look what Bedford is doing", yeah and attracted the National Crown Prosecution." (II)

In the research teams' workshops with ACCM (UK) staff after relocation, early evidence of scaling was apparent. New groups (e.g. cooking on a budget) have started, and NHS winter wellbeing sessions and yoga classes are planned. Scaling had been the result of being approached by other organisations to deliver activities at the centre with the support of ACCM (UK), current funding opportunities and needs of the community. Staff spoke of a desire to sit down as a team and develop a strategic plan for the organisation.

Opportunities and challenges for scaling

There was general agreement among staff, trustees and volunteers that outreach undertaken by ACCM (UK) was enabled by:

- The dedication of loyal and hard-working staff and volunteers. Staff and volunteers placed importance on the role of developing trust and recognising the values and cultures of the community. This was informed by the lived experiences and background of staff and volunteers who "are part of the community". Developing these relations enables people to seek and get support.
- Offering a flexible and individualised approach to working with the community.
- Having an accessible location.
- Collaborative working and membership of networks. ACCM (UK) have collaborations with a range of supportive services (e.g. religious organisations / schools/ police/ GPs/ pharmacists/ Healthwatch) that champion the approach of the organisation, and support with outreach work and delivery.

"Yes, we put these events together. We invite other service providers to come and share their work with the community. So it's a two way process for us, whereby we bring in the community and we connect the community and the statutory bodies together, including the voluntary sector. And it's a two-way learning process when the community learns from what's available out there for them and the service providers are there in a relaxed atmosphere." (I1)

It was noted that outreach work has also been constrained by:

- The Covid-19 pandemic. Face-to-face delivery of activities and events largely stopped due to social restrictions. Fear, and uncertainty about social restrictions in place, remains among the community. Reach is below pre-pandemic figures. Post-pandemic, it has also become a challenge to get health professionals to engage in face-to-face delivery at events.
- Security of assets. Loss of delivery space at the previous location prevented re-starting delivery immediately after the lifting of social restrictions. Uncertainty regarding re-starting groups continued due to delays in relocating.
- Limited staff and volunteer capacity – see next bullet point.
- Funding. The organisation has lost funding in some core areas (including outreach work); funding for the delivery of an activity is often only short-term and once funding ends delivery is no longer sustainable; some funding streams only cover delivery costs and does not account for time spent building and maintaining relationships with the community and partners or time-consuming reporting processes (in some cases this process was considered so bureaucratic that funding was not pursued e.g. EU funding).
- Problematic partnerships. Whilst the benefits of strong partnerships are valued, difficulties in partnership working were recognised, surrounding market competition (with the perception that other organisations viewed ACCM (UK) as "rivals"), politics (e.g. when ACCM (UK) was awarded lottery funding and another organisations were not, this led to "tense" relationships) and speed of decision-making processes.

Further challenges and opportunities surrounding the commissioning process that had the potential to impact on scaling and organisational sustainability were identified by partners and commissioners.

Whilst the work of the voluntary sector is recognised across the borough, funding for VCS organisations has been cut and there was perceived to be no coherent and joined up approach to funding their services.

"So different services can and do commission the voluntary community sector to deliver specific services. So, for example, you'll have things around maybe support for older communities, you know ... So, depends on what the service area is responsible for. And what we don't have currently is a kind of third sector funding stream in that way where organisations are funded on or whether it was a short term and medium- or longer-term cycle to deliver kind of core services for the council". (E1)

In addition, organisations such as ACCM (UK) are subsidising commissions they do get (e.g. to provide necessary admin support for engagement), which impacts on their ability to survive due to a lack of core funding.

"So, the commissioning process needs looking at. But I know local authorities are really under pressure of course we all know that... The organisations that I work with are subsidising those commissions so even if they were getting commissions, they would be paying to prop them up out of their own pots. So how those organisations basically survive by stripping the people that work for them, of you know, basically it's all good will. It's not properly funded or resourced or supported and it's just, it's at risk". (EI)

Externally, it was suggested that the work of ACCM (UK) was not adequately recognised within the commissioning process, with ACCM perceived as losing out on commissions to larger organisations. Staff also raised this concern, stating that funding criteria favoured large organisations, who were considered "less of a risk", with greater capacity to deliver on a larger scale and "produce glossy reports", overlooking specialist knowledge and relationships with the community. Larger organisations also were perceived to have specialist staff in writing bids, whilst ACCM (UK) staff had to juggle bid writing alongside other tasks. These larger organisations were also considered to be more "vocal and aggressive" and "directly or indirectly connected to the funders", resulting in a more favourable position within the commissioning process.

"they [ACCM (UK)] know the issues and problems, they know the community in Bedford and wider I'm sure because they have a national remit as well don't they? So they know the communities and they work with them tirelessly, but they're not properly supported and backed by the local infrastructure. It's the same old story of the politicians are supportive, they make the right noises, but the officers just can't deliver in the Council, so they come a cropper with the Commissioning process. They're doing the work, they're working with the people, they're delivering, but they're not actually given commissions... The Council wants to scale-up and do it with a larger organisation. So they commission them ... and they ... come to ACCM and says 'oh can you give us this, can you tell us that?' So their skills and what they have to offer is not recognised because of the commissioning process in the local Council. So that's something that needs changing". (EI)

One partner also raised concerns surrounding perceived prejudice towards ACCM (UK) and structural racism within the commissioning process. This was corroborated by staff, who felt not only was the commissioning process impractical for small cultural-based organisations who felt they were sometimes viewed as "unprofessional" but there was a lack of transparency in the decision-making process.

In terms of scaling, the relocation of ACCM (UK) was viewed as an opportunity for the organisation. The new centre not only gave the community a physical space to use, but it was felt it would aid delivery of activities. Opportunities to diversify income streams through room hire were also recognised. Scaling was seen as a chance to develop new

relationships with organisations established within the neighbourhood, such as the hospital and Men's Sheds, as well as explore new funding opportunities (e.g. social prescribing). The risks of relocating were also recognised, with the potential to lose existing service users due to the change in location as well as the challenges and length of time it will take to establish relationships with the new communities (largely Eastern European communities) it will work alongside.

"Having to actually expand that and reach out to communities that they don't really know that are also quite insular. And I think that might be quite a challenge for them." (II)

In order to scale, the ACCM (UK) team felt that resources needed were felt to include:

- Adequate funding - delivery and core organisational costs reflecting resources needed to engage partners, develop strategies and outreach community work.
- Staff/ volunteer capacity - who also speak the language and understand the cultural values of different local communities.
- Time - to develop relationships and trust with new communities local to the centre; to develop a strategy to focus on scaling; for skill development (e.g. social media training).

Mapping the local ecosystem

ACCM (UK) are known by the community, local VCS, religious organisations, statutory services and the Local Authority (LA).

"So we also often get awards from the council, from police for our work in the community. Our sheriff... gives us support, and they appreciate what we do, every time they talk about our work... The local MP is always supportive, and every time, he says "you know where I am, just call me", very supportive. So local organisations that we work with closely, they're very supportive as well. They provide reference letters to funders. And the community, you know, they keep coming because they know we're be doing something good, otherwise, they wouldn't come". (II)

The national work of ACCM (UK), particularly surrounding FGM and harmful traditional practices against girls and women is also recognised, which has helped to raise the profile of the organisation.

"[ACCM (UK) director] is considered to be one of the government's lead advisors for FGM. Very, very well respected at Parliament for it." (IP)

The reputation of the staff members at ACCM (UK), and the trust they have built over years with the communities they serve, was considered imperative to the work the organisation undertakes. In the case of a small organisation like ACCM (UK), relationships with communities may be with a particular member of staff before individuals deepen their involvement with, and expand their trust to, the organisation.

"The vulnerable communities won't go to providers, they generally don't go to the GP unless they're really, really unwell. So in terms of prevention, they wouldn't be accessing anything. They wouldn't go to healthy living pharmacy, for example. They wouldn't. They wouldn't go to health events unless there was somebody there that they knew, or they'd had invitations. So with ACCM, they go around. That's one thing I'd say is absolutely brilliant about them before they have an event they go round door to door in Queens Park and some of the deprived wards and actually speak to people. And because [staff members] are recognised, because they're well known in those communities. Umm, they obviously build that relationship so that people do come out and do attend these events". (11)

Examples of previous collaborative and partnership activities were provided and there were positive attitudes towards continuing partnership working in the future. Staff discussed how they have a small number of productive local partnerships but would be open to expanding these. Current relationships with partners and commissioners were often considered transactional (for example paying partners to deliver work and referring community members into the service) and reactive to need ("they contact us when they need ACCM"). More relational approaches to partnership working, especially prior to Covid-19, were also apparent, for example, with partners assisting in the delivery of health events organised by ACCM (UK) to address health inequalities.



This local ecosystem of supportive partners is often initiated by personal relationships with individual members of staff (e.g. a support worker working with a GP). However, staff felt 'succession planning' was in place, with relationships initiated by individuals becoming established within the organisation. Relationships are also built with organisations through the training ACCM (UK) offer to professionals to aid understanding of cultural issues within the community. In relation to this, one interviewee discussed the importance of having strategic planning in place surrounding the future direction of the organisation when considering scaling, particularly if there was a change of leadership in the future.

ACCM (UK) are well known across the Local Authority and supported the community during the Covid-19 pandemic. A partner noted that during the pandemic, the Local Authority and Clinical Commissioning Groups called on organisations, such as ACCM (UK), to discuss how best to respond and deliver essential services, despite a previous "lack" of co-production between them and VCS organisations.

Post-pandemic, ACCM (UK) felt that this co-produced way of working has not been maintained. There was a feeling that this represented a missed opportunity for the NHS and LA to capitalise on the work undertaken and move forward in a productive way to address the needs of communities.

There was a feeling that the contribution of organisations like ACCM (UK) was not sufficiently recognised and that there needed to be more discussion going forward on how to develop coproduced ways of working.

This situation was compounded by the establishment of the local Integrated Care System (ICS). Where it was unclear how organisations such as ACCM (UK) could be involved in the planning and delivery of a joined-up health and care services. Whilst the LA have a corporate plan, focussing on rebuilding and responding to local issues post covid, how this recognises and supports cultural-based organisations such as ACCM (UK) feels unclear.

One of the challenges that is faced by organisations such as ACCM (UK) is perceptions about how local they actually are. Unusually, ACCM (UK) have some trustees who are national figures. While this clearly can be an asset, it can be perceived as a deficit by local commissioners who want assurance that local resources are channelled to organisations who are rooted in local communities.

This perception of “localness” and “rootedness” (raised by some external stakeholders) of the organisation, can potentially impact on partnership work with other organisations across Bedford.

Whilst the value of consortiums was recognised by an external stakeholder, which would offer support for capacity/ partnership building, questions surrounded who would support/ fund this – highlighting a potential disconnect between strategies and budgets.

“I know years ago we did do some sort of consortium and that hasn’t been done for a long time. That is something I feel organisations like CVS, like the Council Volunteer sector should be, should be doing, you know, encouraging community groups to work together, work, do consortium, which is... I think is good, but it’s who takes up that responsibility.” (EI)

In order to tackle funding challenges to support scaling, it was suggested by staff that commissioners spent time on the ground with grassroots organisations to understand the process involved in working with communities and have frank conversations regarding the commissioning process. This could help change attitudes towards small charities, enable commissioners to recognise the importance of outreach work undertaken and help them to understand the challenges they face in the commissioning process.

This research has been funded by the Arts and Humanities Research Council and National Centre for Creative Health as part of a three-stage national initiative to mobilise community assets to tackle health inequalities.

Locality

Locality supports local community organisations to be strong and successful. Our national network of over 1,800 members helps hundreds of thousands of people every week. We offer specialist advice, peer learning and campaign with members for a fairer society. Together we unlock the power of community.

Leeds Beckett University

The Leeds Beckett University Centre for Health Promotion Research (CHPR) is a leading academic institution for health promotion research in the UK. Research focusses on community health, active citizenship and volunteering. Our emphasis is on what communities can contribute to health and how participation can be stimulated and sustained.

www.leedsbeckett.ac.uk/research/centre-for-health-promotion

Social Life

Social Life was created by the Young Foundation in 2012 to become a specialist centre of research and innovation about the social life of communities. All our work is about the relationship between people and the places they live and understanding how change, through regeneration, new development or small improvements to public spaces, affects the social fabric, opportunities and wellbeing of local areas. We work in the UK and internationally.

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