



LET'S GET TOGETHER:
HOW ACTIVITY GROUPS
HELP TO BUILD RESILIENCE
AND WELL-BEING

Introduction

Human beings are inherently social. Numerous studies have shown that we are healthier, happier and live longer when we feel connected to others¹ and that a lack of relationships poses a significant risk to our physical and mental health. Studies show that social isolation can be as damaging to our bodies as smoking 15 cigarettes a day² and that lonely people have a 64% increased chance of developing dementia.³

There is also a strong and well-documented relationship between social isolation and poverty.⁴ People who are materially deprived are more likely to become socially isolated and this isolation results in people being at greater risk of experiencing mental and physical health problems.

As social beings we have different types of relationships: with individuals, for example a spouse, a friend, a colleague, and also with groups that we may belong to, for example a sports team, a church or family. All of these relationships are important, but a growing body of research shows that our interactions with groups are particularly significant. When these groups offer a positive source of identity and support, they can help to build well-being by giving people a greater sense of control, improving self-esteem and protecting health.⁵

All over the country, churches, faith-based organisations and community groups organise and facilitate groups for their members and for people in their local communities. The type of group varies widely, ranging from community lunches and bingo, to craft clubs, choirs and carpentry workshops.

Through this piece of research we sought to explore the impact of these groups on the resilience, health and well-being of their members, particularly those who are more socio-economically deprived. We understand resilience as having the capacity to respond to and recover quickly from difficulties. This paper provides a summary of the findings.

IN BRIEF...

Based on 160 survey responses, the key findings of this research into the relationship between people's wellbeing and their participation in community-based groups were:

- People with a high sense of connection to groups reported significantly better life satisfaction and social support than those who felt less connected to groups.
- This effect was greatest for those experiencing greater socio-economic disadvantage: where these individuals had a strong sense of connection to the groups they were part of, this was associated with a closing of the gap in levels of life satisfaction between more and less economically disadvantaged participants.

This suggests that access to, and participation in, groups such as lunch clubs, exercise classes, craft activities and games groups may be important in enabling people to develop supportive relationships that help them navigate difficult life circumstances.

Research Team

This project was a collaboration between Church Urban Fund and the Social Identity and Groups Network at the University of Queensland. Research design and data analysis were undertaken by Professor Catherine Haslam, Dr Tegan Cruwys, and Melissa Chang of the University of Queensland, Australia. The data collection and authoring of this report were done by Church Urban Fund staff Elizabeth Bramley, Heather Buckingham and Bethany Eckley.

Methodology

We surveyed members of groups being run by churches, other faith groups and community groups. The groups included had to fulfil four criteria:

- 1** Having a focus primarily on social activities (e.g. cooking, sports, gardening) rather than on delivering services to meet needs (e.g. food banks or job clubs).
- 2** Having a membership of at least five people.
- 3** Being for people over the age of 18 so that participants in the research could provide consent themselves.
- 4** Meeting regularly, at least fortnightly, thus offering the opportunity for people to grow in a sense of belonging.

In total, 160 people completed our survey. Respondents were drawn from 22 different groups which were based across England and offered a range of activities including community lunches, exercise classes, English lessons, craft sessions and games (see Appendix 1).

The majority of respondents were female (75%), White (68%), Christian (61%), and living in either their own home (38%) or social housing (26%). However, there was some diversity amongst respondents, including in terms of ethnicity (e.g. 13% Black, 6% Asian) and religion (e.g. 9% no religion, 4% Muslim). Ages ranged from 18 to 93, with a mean age of 57. The majority of respondents lived in more deprived areas and over a third reported at least one instance of financial hardship within the last three months. (For further demographic data see Appendix 2).

In addition to information about the groups they belonged to, the survey asked people about their health, and their sense of well-being (for detail on the measures used see Appendix 3). The survey was completed either on paper or online, as people preferred.



Key findings

‘Without this group I would be lost for things to do. I feel that they are an amazing group of people and without them I wouldn’t want to get up in the morning.’

Taking part in these groups helped people to feel more connected

Groups in communities provide opportunities for people to come along, meet others and develop a sense of belonging.

Many respondents were very positive about the groups to which they belonged, citing them as a way to alleviate the isolation that they otherwise felt. For example, one respondent stated ‘Without this group I would be lost for things to do. I feel that they are an amazing group of people and without them I wouldn’t want to get up in the morning.’

Participants were asked how many groups they belonged to prior to joining the group in which they were taking the survey (called ‘current group’ in this report), and how many they belonged to now. On average, participants listed 1.8 groups that they attended before joining the current group and 2.8 after joining it. Respondents’ sense of connection to all the groups they were involved in was significantly higher (an average score of 4.2, on a 0-7 scale) at the time of the survey, when they typically belonged to more groups in total, compared to before joining the current group (average score of 3.0).

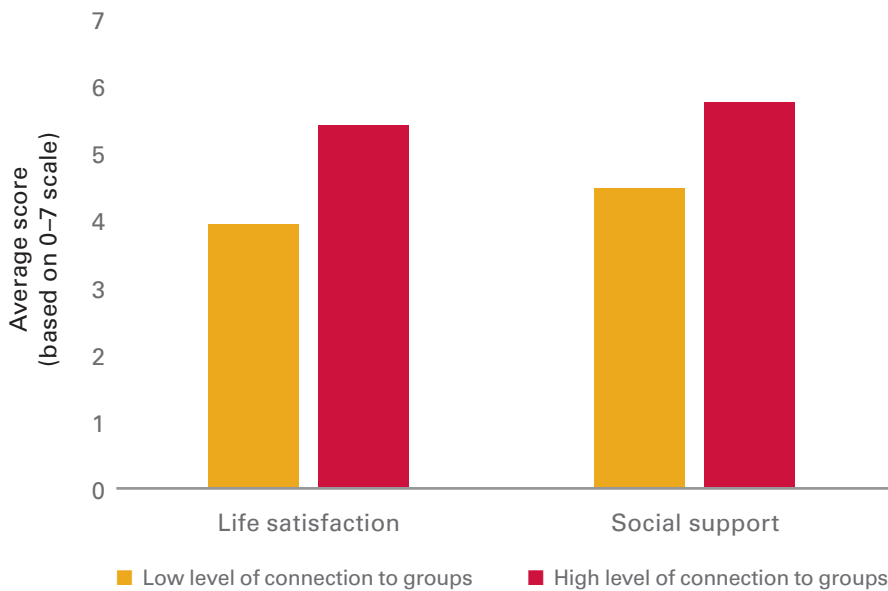
This sense of connectedness increased people’s perceived well-being

The data suggest that a sense of connection to groups may be important for unlocking other positive outcomes. Those who felt more strongly connected to the groups they were involved in were more likely to report higher levels of life satisfaction and higher levels of social support (see Figure 1).

If people feel strongly connected to the groups they are involved in, their sense of isolation is likely to decrease and they are more likely to feel that they have the support they need. Thus, we suggest, that groups can play an important part in helping to build resilience.

This is supported by a wider body of research which shows that social withdrawal and isolation often precede depression, and that the degree to which people feel connected to groups is a strong predictor of their recovery from depression. Furthermore, research suggests that the mental health benefits of participation in groups are proportionate to the strength of individuals’ identification as group members.⁶

Figure 1: Indicators of well-being and connection to groups



This effect was particularly strong for those in financial difficulty

Respondents who reported experiencing greater financial hardship⁷ were more likely to report significantly lower levels of well-being. On average, participants experiencing greater socio-economic disadvantage reported higher levels of loneliness and lower levels of life satisfaction and self-efficacy than those experiencing less socio-economic disadvantage (Figure 2).⁸ They were also more likely to be receiving treatment for mental health problems: 39% of those in financial difficulty had received treatment in the last three months, compared to just 19% of those who were not.

Given these results, a critical question is whether social connectedness, in the form offered by the groups included in this research, can help to provide a buffer for this problem and enhance well-being among people experiencing financial hardship.

In our survey, the more strongly people felt connected with the groups they were involved in, the higher their self-reported life satisfaction. Importantly, this effect was even stronger for those who reported a lower socio-economic status (Figure 3). As the graph shows, the difference in life satisfaction between participants of higher and lower socio-economic status was significantly less when people felt more strongly connected with the groups they were part of.

Key findings

Figure 2: Indicators of well-being and socio-economic status⁹

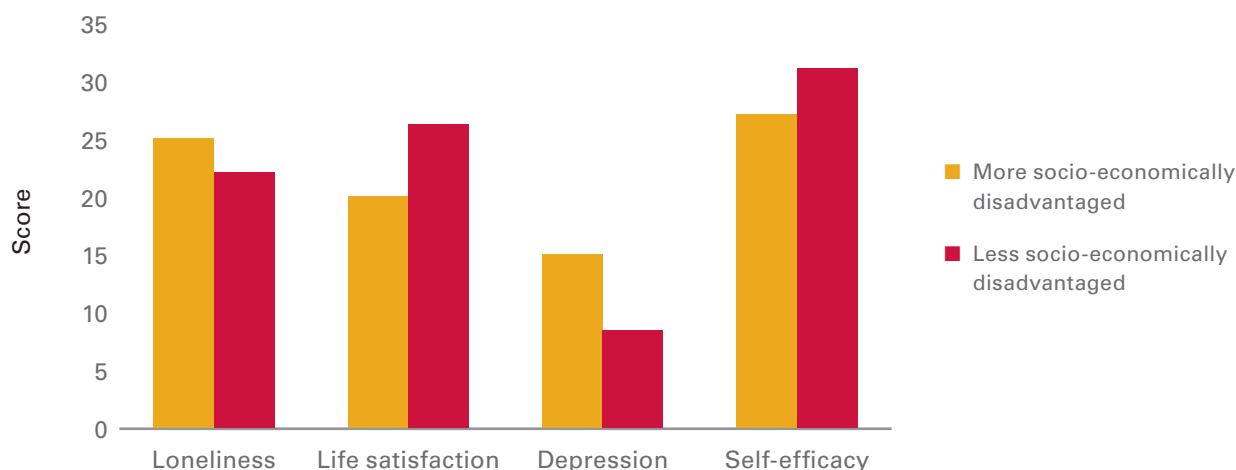
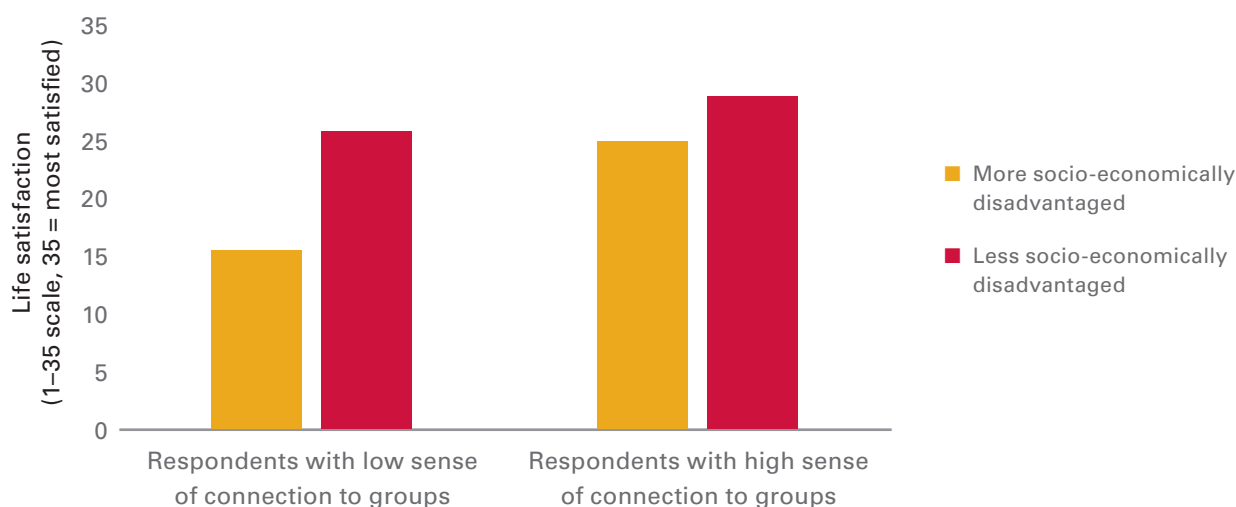


Figure 3: Life satisfaction, connectedness to groups and socio-economic status

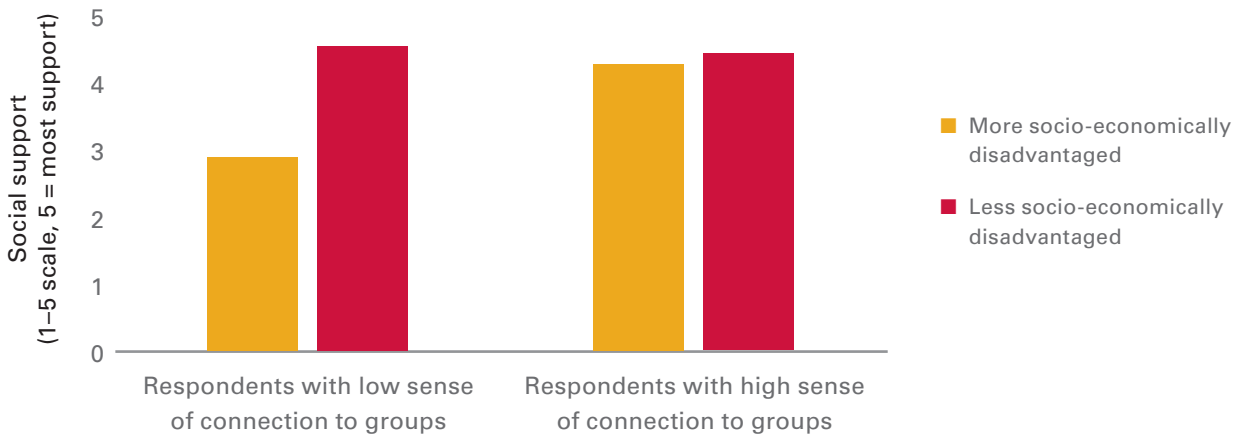


The significance of social support

Social support is recognised as key in helping people overcome adversity and build resilience. Importantly too, people's *perceptions* of the availability of social support are critical to these outcomes.¹⁰

Amongst our respondents, perceived availability of social support was greater for those with a stronger sense of belonging to the groups they were part of. Moreover, this sense of connection and belonging helped to overcome the effects of material disadvantage on perceptions of social support. When people reporting greater levels of socio-economic disadvantage felt strongly connected to the groups they were part of, their perceptions of available social support were almost equal to those reporting less disadvantage (see Figure 4).

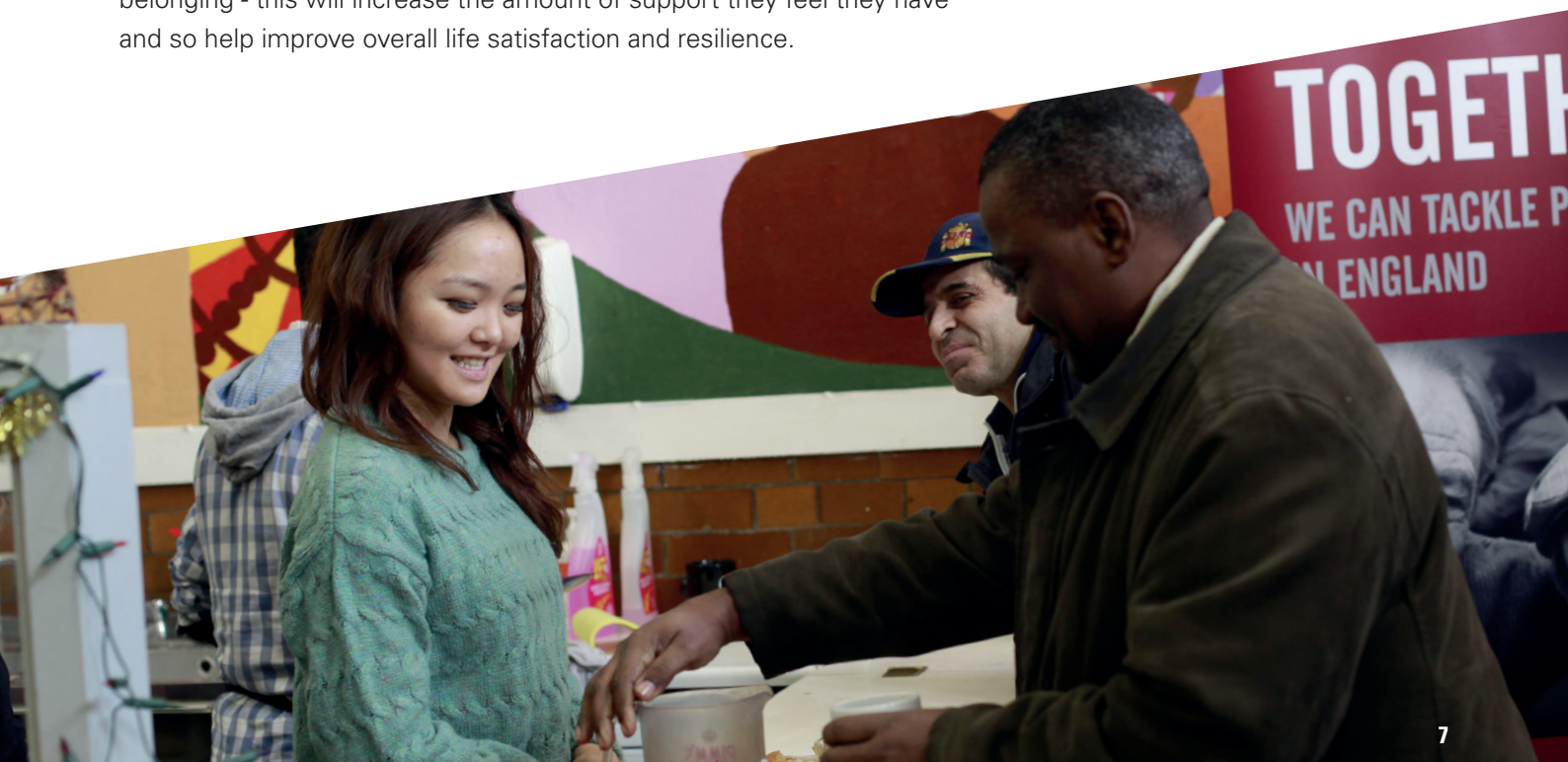
Figure 4: Social support, connectedness to groups and socio-economic status



A stronger sense of belonging can be developed by providing opportunities for people to increase their involvement with groups, for example by helping with the running of projects. One respondent had experienced attending a group before becoming a helper: he commented that 'When I came to this church I was very lonely, messed up, confused and hurting. I did not have much hope. As I volunteered for [this project] I have found my life change for the better. I find reaching out to people who seem to have no hope gives me hope.'

These results suggest that if people in financial difficulty can be encouraged or supported to increase their involvement in groups such as these - and the groups themselves help to foster a sense of belonging - this will increase the amount of support they feel they have and so help improve overall life satisfaction and resilience.

'I was very lonely, messed up, confused and hurting. I did not have much hope ... I have found my life change for the better. I find reaching out to people who seem to have no hope gives me hope.'



Conclusion

Social isolation, poor mental health and low levels of well-being are significant issues in our society. As our communities become more fragmented, many people are struggling to access the social networks and groups that can boost life satisfaction and help us navigate and recover from difficult times.

Churches and faith groups play a key role in local communities. Their long history and stable presence often mean that they have strong and extensive networks of relationships with both individuals and organisations. The activity groups that they facilitate or provide have real potential to help people build new relationships and access new social networks, thus boosting health and wellbeing.

This research demonstrates how participation in these activity groups relates to people's sense of well-being. It shows that having a strong sense of belonging to multiple groups is associated with greater life satisfaction and higher levels of perceived social support.

The data also show that the type of groups that churches and other community organisations offer do help to mitigate the negative effects that financial difficulty can have on well-being. If people who experience greater socio-economic disadvantage feel strongly connected with community-based groups, they are more likely to report similar levels of life satisfaction as people who experience less such difficulty. They are also more likely to feel that they have access to social support. Both of these results help to build people's sense of well-being and also their resilience.

This research reinforces what we already know about the significance of inter-personal relationships for people's wellbeing and flourishing, and points to the importance of churches and other groups continuing to provide opportunities for people to connect with others, and to create spaces where people can feel that they belong. This is particularly important in communities where other opportunities to make those connections may be lacking.

A challenge arises from this evidence: how might we seek to raise awareness of, and participation in, groups amongst those who are most isolated and lonely? They stand to benefit most from getting involved, but have fewer opportunities to hear about them and are more likely to lack the confidence or motivation to go along for the first time. This is an important area for further learning and development.

Crucially, the findings offer encouragement to those who are seeking to find ways of connecting more deeply within their local communities, and of contributing positively to the wellbeing of people around them. Effective ways of doing this do not necessarily require high levels of specialist expertise or resourcing: creating opportunities for people to connect with each other can have an important positive impact on wellbeing, particularly for people experiencing socio-economic disadvantage. As this study shows, there is much value in the gift of nurturing safe spaces in which people feel that they can belong, together.

Appendix 1

Groups that participated in this research

TYPE OF ACTIVITY		REGION
1	Community craft evening	West Midlands
2	Activities and discussion for local women	West Midlands
3	ESOL classes, craft and food	West Midlands
4	Community lunch	West Midlands
5	Coffee morning and community lunch	South West
6	Community lunch	North West
7	Community craft morning	North West
8	Community lunch	North West
9	Community lunch and games	North East
10	Exercise class and lunch	Greater London
11	Tea morning	Greater London
12	A game of bingo with residents	Greater London
13	Games and community lunch for 65+	Greater London
14	A women's craft group	Greater London
15	A drop-in with food and support	Greater London
16	ESOL classes linked to a drop-in	Greater London
17	Computer class	Greater London
18	Lunch and cabaret for elderly people	Greater London
19	Coffee morning with a group discussion	East Midlands
20	Youth club	East Midlands
21	Confidence and empowerment class for women	East of England
22	Community craft with lunch	East of England

Appendix 2

Our sample of respondents

VARIABLE	PROPORTION
Gender	75% Female 25% Male
Ethnicity	68% White 13% Black 6% Asian 3% Other
Employment	29% Retired 29% In receipt of benefits 18% In paid employment 16% Other e.g. carer, volunteer, student
Religion	61% Christian 9% None 4% Muslim 4% Other
Housing	38% Own home 26% Social housing 18% Private rental 13% Temporary e.g. with family/friends, hostel, sleeping rough 1% Other
Smoking status	73% Non-smokers 9% 10 cigarettes or less per day 2% More than 10 cigarettes per day
Exercise frequency	21% Rarely or never 21% Less than once per week 27% Once or more per week 26% Daily
Long-term physical health condition	63% Yes
Received mental health treatment in the past 3 months	28% Yes
Financial hardship	38% Reported at least one instance of financial hardship in the last 3 months

Appendix 3

The measures used

The survey measured the health and well-being, social capital, and socio-economic status of respondents in the following ways.

Health and well-being

To gauge physical health, respondents were asked if they smoked, how often they exercised, whether they had any long-term physical health conditions and how frequently in the last three months they had visited a doctor or been to the hospital.

Mental health was assessed by asking people to record any mental health treatment they had received in the last three months and to respond to a series of statements which were used as an index of depression.¹¹ This provided an insight in to the status of participant's mental health even if they did not disclose a diagnosis.

Well-being was measured in two ways. Firstly, we measured life satisfaction by asking participants to indicate the degree to which they agreed with five statements such as 'I am satisfied with life'.¹² Secondly, we measured self-efficacy by asking participants to indicate their level of belief in themselves and their ability to deal with different and demanding situations.¹³

Social capital

Given the importance of social activity as a basis for building connectedness, three areas were examined, each of which has been shown to be an important predictor of health and well-being outcomes.

Social count was measured in two ways. Firstly, the total number of social groups people belonged to. Respondents were asked to name up to six groups they had belonged to before joining the group they were attending while taking the survey, and separately to name those they currently belong to.¹⁴ Secondly, the number of 'important' groups. For each of the listed groups, people were asked to rate how important that group was to them.¹⁵

Social identification was measured by using three separate scales: multiple group membership; identification with the social group where they completed the survey; and identification with a faith group. Each scale comprised four statements, which respondents ranked on a seven-point scale (1 = not at all, 7 = completely). The average of these responses was used to indicate the strength of a person's sense of belonging and identification.

Social support and loneliness was measured using two scales. The first measured perceived social support by asking people to rank on a scale of 1 – 7 how much they agreed with questions such as 'Do you get the help you need from other people?'¹⁶ The second measured loneliness by asking people to state how often (never, rarely, sometimes or always) they felt particular feelings such as lacking companionship or feeling left out.¹⁷

Socio-economic status

Socio-economic status was measured using four different indicators. First, the postcode of the building in which the group was held and second, the home postcode of participants. Both were coded by their socio-economic decile using the Index of Multiple Deprivation dataset. Third, participants indicated their own perception of their current financial status by placing themselves on a five-point scale from *struggling to get by* to *prosperous*. Fourth, respondents indicated whether they had experienced any of a list of financial hardships in the last three months, for example being unable to pay bills on time.

References:

- 1 Cruwys, Dingle, Haslam, Haslam, Jetten, & Morton, 2013; Haslam, Cruwys, & Haslam, 2014; Holt-Lunstad, Smith, & Layton, 2010; Putnam, 2000
- 2 Holt-Lunstad et al., 2010
- 3 www.campaigntoendloneliness.org/threatto-health
- 4 Adler & Rehkopf, 2008; Chen & Miller, 2013; Diener, Diener, Diener, & Miller, 1995; House, Umberson, & Landis, 1988; Lorant et al., 2003; Taylor & Seeman, 1999
- 5 Cruwys, Haslam, Dingle, Haslam, & Jetten, 2014; Haslam, Jetten, Postmes, & Haslam, 2009; Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005; Haslam, Reicher, & Levine, 2012; Jetten, Haslam, & Haslam, 2012; Jetten, Haslam, Haslam, Dingle, & Jones, 2014
- 6 Cruwys, Haslam, Dingle, Jetten, Hornsey, Chong & Oei, 2014
- 7 Of the four socio-economic measures used, self-reported socio-economic status and financial hardship were the strongest and best predictors of well-being and social functioning (unlike the socio-economic status decile data indexed through postcodes, which were far weaker). Given this, respondents' subjective sense of socioeconomic status and financial hardship were the focus of analysis.
- 8 Low socio-economic status (n = 79) includes those rated 1-2 out of 5 on the subjective socio-economic scale. Medium-high socio-economic status (n = 70) includes those rated 3-5 on the subjective scale.
- 9 Note that scores on loneliness and self-efficacy were multiplied by 10 to be graphed alongside life satisfaction and depression scores (that were larger scales), but this does not alter the key difference between low and medium-high socio-economic status respondents on these measures.
- 10 Postmes, Haslam & Swaab, 2005.
- 11 These statements were based on the depression subscale of the Depression Anxiety Stress Scale (DASS-21; Lovibond and Lovibond, 1995). This comprised seven items e.g. I felt down-hearted and blue. Each participant was asked to indicate how much the items had applied to them during the past week on a 4-point scale (0 = *did not apply to me at all*, 4 = *applied to me most of the time*).
- 12 Based on the *Satisfaction with Life Scale* (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). This comprised five items e.g. I am satisfied with my life. Each was rated on a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*).
- 13 Based on the *General self-efficacy scale* (GSE; Schwarzer & Jerusalem, 1995). It comprised 10 items e.g. When I am confronted with a problem, I can usually find several solutions. Each was rated on a 4-point scale (1 = *not true at all*, 4 = *exactly true*).
- 14 This group listing task is part of a published measure; the Exeter Identity and Transitions Scale (EXITS; Haslam et al., 2008).
- 15 For each of the before and after groups, respondents were asked to rate their importance using a 7-point scale (1 = *not important*, 7 = *very important*). Only those rated 5 – 7 were totalled. From this, two scores were gained (a) the total number of important groups before taking part in their current group and (b) the total number of important groups since taking part in the group.
- 16 Taken from Van Dick and Haslam, 2012.
- 17 Taken from Hughes, Waite, Hawkley, & Cacioppo, 2008.



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