SCOPE

1 Guidance title

An assessment of community engagement and community development approaches to health improvement, including the use of collaborative methodology and community champions

1.1 Short title

Community engagement and community development approaches to health improvement

2 Background

(a) The National Institute for Health and Clinical Excellence (‘NICE’ or ‘the Institute’) has been asked by the Department of Health (DH) to develop guidance on a public health programme aimed at promoting community engagement and community development approaches to health improvement.

(b) NICE public health programme guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. The guidance will support, among others, the following government policy documents (please see appendix C for additional documents):

• ‘Our health, our care, our say: a new direction for community services’ (DH 2006)

1 Terms in bold the first time they occur are defined in the definition of terms (see appendix B page 13).
• ‘Promoting effective citizenship and community empowerment’ (Office of the Deputy Prime Minister (ODPM) 2006),
• ‘Improving opportunity, strengthening society’ (Home Office (HO) 2005)
• ‘Making it happen in neighbourhoods: the national strategy for neighbourhood renewal – four years on’ (ODPM 2005)
• ‘Tackling health inequalities: what works’ (DH 2005)
• The social care green paper ‘Independence, well-being and choice: our vision for the future of social care for adults in England’ (DH 2005)
• ‘Together we can’ (HO 2005)
• The public health white paper ‘Choosing health: making healthy choices easier’ (DH 2004)
• ‘National standards, local action: health and social care standards and planning framework 05/06 to 07/08’ (DH 2004).

(c) The guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals whose activities within the NHS, local authorities and the wider public, private, voluntary and community sectors includes community engagement and development.

3 The need for guidance

(a) Involving communities in decision-making and in the planning, design, governance and delivery of services can improve health and well-being and make policy initiatives more sustainable\(^2\)\(^3\)\(^4\).

(b) Community involvement techniques are being used with socially and materially disadvantaged groups who are more likely than the general

population to suffer from poor health and have poor access to appropriate services, including healthcare\textsuperscript{5,6}.

(c) Involving communities, particularly socially and economically disadvantaged groups, is central to national strategies for promoting health and well-being and reducing health inequalities\textsuperscript{7,8}.

(d) **Community engagement** and **community development** are two broad overlapping approaches that are commonly used to support the involvement of communities\textsuperscript{9} in a range of activities which can improve health and/or reduce health inequalities.

(e) Different levels and types of community engagement have different impacts on a range of outcomes, including health status. As the following diagram proposes, approaches which involve informing or consulting communities are likely to have a marginal impact on people’s health (or no or marginal impact on any other outcome at the individual or population level). In contrast, the more a community is supported to take control, by being involved in the design, development and implementation of activities to improve their lives (i.e. co-production, delegated power or community control), the more likely their health (and a range of other outcomes) will improve.


\textsuperscript{9} ‘Community’ is defined in terms of place and/or shared interest or identity. See Popay J 2006 in appendix B.
A variety of methods are being used to involve communities, including (but not limited to) citizens' panels, citizens' juries, neighbourhood committees, community forums, community champions\(^\text{10}\) and the collaborative methodology. Initiatives such as the Healthy Communities Collaborative incorporate some community development principles to achieve a range of health-related outcomes, such as a reduction in accidental injuries and nutritional improvements among the

target population\textsuperscript{11}. The lessons learned from this and similar initiatives will be reviewed as part of the development of this guidance.

(g) There are many barriers and challenges to community engagement and development, including ‘constraints to strategic level community statutory sector partnerships’\textsuperscript{12} (see below):

- the culture of statutory sector organisations
- the capacity and willingness of service users and the public to get involved
- the dominance of professional cultures and ideologies in imposing their own structures and solutions on communities
- the overcrowded ‘policy implementation’ agenda
- the skills and competencies of staff working in public services.

Formal evaluations of initiatives such as Health Action Zones, New Deal for Communities and Sure Start schemes have also pointed to implementation difficulties\textsuperscript{13} \textsuperscript{14} \textsuperscript{15}.

4 The guidance

(a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.

(b) This document is the scope. It defines exactly what the guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

\textsuperscript{11} www.npdt.org/scripts/default.asp?site_id=4&Id=9748
\textsuperscript{12} Pickin C, Popay J, Staely K et al. (2002) Developing a model to enhance the capacity of statutory organisations to engage with lay communities. Journal of Health Services Research and Policy 7:(1).
\textsuperscript{15} Popay J, Finegan H et al. (Unpublished) Learning about effective community engagement from selected national initiatives: NCCCE Working Paper 5. Report prepared for NICE.
4.1 Populations

4.1.1 Groups that will be covered

The whole population. The guidance will investigate the effectiveness of interventions across the broad social gradient\(^{16}\), with the explicit aim of making recommendations that can lead to the reduction of health inequalities. Community engagement and development work has tended to focus on the most disadvantaged communities, and it is anticipated that the evidence base will reflect this. When the evidence permits, some groups may be the subject of specific recommendations, examples include:

- people living in particular geographical areas
- ‘communities of interest or shared identity’, for example:
  - females or males
  - parents of dependent children
  - members of black and minority ethnic groups
  - children and young people
  - people with disabilities
  - older people
  - low income groups
  - gay, lesbian, bisexual or transgender communities
  - people of a particular faith, nationality or ethnicity.

4.1.2 Groups that will not be covered

None.

4.2 Areas

4.2.1 Areas that will be covered

The guidance will cover the following areas.

(a) The key community engagement and community development approaches and methods for health improvement will be identified and mapped.

(b) The effectiveness and cost effectiveness of community engagement and community development approaches and methods to improve health and reduce health inequalities will be assessed, including those used by (health and non-health) public, private and voluntary sector professionals and community members. Areas covered will include:

- planning, design, delivery or governance of health promotion interventions
- priority setting and resource allocations for local, regional and national health and health-related initiatives and services
- planning, design, delivery or governance of interventions seeking to address the wider social, economic, cultural and environmental determinants of health. (For example, how community engagement or development approaches are used as part of initiatives such as New Deal for Communities, Healthy Schools, Sure Start, Health Action Zones or in local and regional planning, transport or housing developments).

The key characteristics of community engagement and community development approaches will be examined, including the theoretical framework and value system on which they are based and the specific methods of engagement used.

(c) Barriers to using community engagement and development approaches and methods to improve health will be identified, including cultural, structural, organisational and resource issues (within communities and public, private and voluntary sector organisations). Interventions that have successfully overcome these barriers will be identified.
4.2.2 Areas that will not be covered

The guidance will not cover community engagement and development approaches or methods used as part of:

(a) interventions, initiatives or services which target individuals, (rather than a specified community)

(b) interventions, initiatives or services which include screening programmes

(c) interventions, initiatives or services which include the planning, design, delivery and/or governance of treatment in healthcare settings

(d) Health promotion interventions focusing on secondary prevention or prevention of relapse\(^{17}\).

The guidance will not assess the effectiveness of tools such as health impact assessment and health equity audit (unless, for example, a review of community engagement approaches used within HIA was undertaken).

4.3 Comparators

Different community engagement and development approaches and/or methods will be compared with one another and with interventions, initiatives or services where there was no community involvement.

4.4 Outcomes

4.4.1 Primary outcome measures

Primary outcome measures may include an evaluation of how community engagement and development approaches and/or methods helped:

- improve individual and/or population level health status (morbidity and mortality)

\(^{17}\) Secondary prevention seeks to arrest or retard existing disease and its effects through early detection and appropriate treatment; or to reduce the occurrence of relapses and the establishment of chronic conditions through, for example, effective rehabilitation (www.cdpac.ca/content/faqs/alliance_definitions.asp).
• reduce health-related risk factors (for example, fewer people smoking, more people physically active)
• improve environmental and socio-economic indicators (such as housing, green space or provision for more active travel)
• enhance community well-being
• reduce health inequalities within and between communities.

4.4.2 Intermediate outcome measures

Intermediate outcome measures may include an evaluation of how community engagement and development approaches and/or methods helped:

• improve information flows between the community and service provider (and vice versa)
• identify community needs more accurately and improve service uptake
• improve community engagement (for example, by ensuring people’s expectations of involvement, influence and/or control are met)
• increase community involvement in the planning and delivery of a service
• develop or improve social capital\(^{18}\) for example, by helping to enhance trust and reciprocal relationships within communities
• increase the sense of empowerment among target communities to enable them to change the social, material, cultural, environmental and political factors that affect their lives
• improve partnership working between communities, institutions and governments.

We recognise that community engagement or development may be the primary purpose of an intervention, initiative or service rather than a delivery mechanism, consequently the above intermediate outcomes may be primary outcomes.

\(^{18}\) Defined as networks of mutual support and reciprocity based on trust and common interest.
For cost effectiveness, it may not be practical to convert the intermediate outcomes mentioned above into health gain outcomes in all cases. This means that the cost effectiveness of the community engagement or development approaches or methods under consideration may be underestimated. Nevertheless, the analysis may provide policy-makers with valuable information, particularly in terms of the relative success of different approaches or methods.

4.5 Key questions

The following key question will be addressed.

- What community engagement and development approaches and methods are effective and cost effective in improving health and reducing health inequalities?

The effectiveness of each approach or method will be examined by asking the following questions. Not all these questions will necessarily have associated recommendations.

- What is its aim/objective? What factors or determinants does it aim to influence?
- What theoretical framework or value system underpins the design, content and/or delivery of the approach and/or method?
- How does the content influence effectiveness?
- How does delivery influence effectiveness?
- Does effectiveness depend on the intervener?
- What are the significant features of an effective intervener? (Does effectiveness depend on whether they are a community member, volunteer and/or a public sector professional and, if the latter, on their job title or status? Or does it depend on their age, gender, sexuality, ethnicity or knowledge/skill base?)
- Does the site/setting influence effectiveness and, if so, how?
- Does the intensity (or length) of the approach or method influence the effectiveness or duration of the effect?
• Does impact vary according to the target community (for example, in terms of their age, gender, ethnicity or social circumstances)?
• To what extent is effectiveness influenced by the level of participation and control in the approach or method?
• Is there any differential impact on inequalities in health within and between communities?
• How much does it cost (in terms of money, people and time)? What evidence is there on cost effectiveness?
• What are the barriers and facilitators to implementation (for example, resistance from professionals, members of the public, policy drivers, funding or staff)?
• How acceptable is the approach or method to the target community?
• What approaches or methods don’t work?
• What are the unintended (positive and negative) outcomes of the approach or method? (negative unintended outcomes might include disruption of community cohesion, damage to the self-esteem and/or the subjective health state of individuals engaged.)

Effectiveness will be examined over the short term (6 to 12 weeks), medium term (12 weeks to 1 year) and long term (1 year and beyond), where evidence allows.

Where there are insufficient effectiveness studies, the reviews will focus on studies that examine the relationship or association between community engagement and development approaches and methods and health: for example, how community engagement is related to social capital and empowerment and health outcomes.

4.6 Target audiences and settings

The guidance will be aimed at professionals (both paid and unpaid) working in the NHS, central and local government, other public sector organisations and those in the private, voluntary and community sectors with a direct or indirect role in community engagement and community development.
4.7 Status of this document

This is the final scope incorporating comments from a 4 week consultation which included a stakeholder meeting on 10 April 2006.

5 Further information

The public health guidance development process and methods are described in ‘Methods for development of NICE public health guidance’ (NICE 2006) and ‘The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public’ NICE 2006) available at: www.nice.org.uk/page.aspx?o=299970

6 Related NICE guidance

All public health topic guidance may consider the effectiveness of community-based approaches in relation to health outcomes (for example, behaviour change, substance misuse and obesity guidance). See the NICE website for public health guidance in development.
Appendix A: Referral from the Department of Health

The Department of Health asked the Institute to undertake:

‘an assessment of community engagement and community development approaches to health improvement, including the collaborative methodology and community champions’
Appendix B: Definition of terms

Citizens’ panels
Most citizens’ panels aim to represent the local population. Typically, they comprise a cross section of between 1000 and 2000 residents who complete three or four questionnaires a year on a range of local issues. Some panels are set up by partnerships involving different agencies or authorities and some are developed by just one local authority. They help councils clarify community priorities and provide a means of evaluating their services. (For more details go to: www.laria.gov.uk/content/features/68/feat3.htm)

Citizens’ juries
Citizens’ juries are a useful way of involving people in a public body’s decision-making process. They usually involve 12–16 people. They look at a particular issue and answer a predetermined question after hearing evidence from a range of speakers. (For more details go to: www.food.gov.uk)

Collaborative methodology
The collaborative methodology aims to develop new ways of working based on existing good practice. A reference panel develops a set of principles, ideas and actions that are introduced during a series of learning workshops, interspersed with action on participating sites where practice is implemented using small, rapid, incremental cycles of change. This methodology was developed in the USA and Sweden and has been used by the Healthy Communities Collaborative in England to reduce falls in older people and to widen access to a healthy diet (www.npdt.org/scripts/default.asp?site_id=4).

Community
Community is defined in terms of a place of residence or a shared interest.
See Popay J (2006) ‘Community engagement and community development and health improvement: a background paper for NICE’, available on request by emailing antony.morgan@nice.org.uk or lorraine.taylor@nice.org.uk
Community champions
Community champions act as inspirational figures, community entrepreneurs, mentors, leaders or animateurs. They seek to improve community involvement in regeneration and learning activities, by building on the existing skills within those communities. They drive forward community projects and pass on their expertise to others. These individuals support others – for example, through mentoring, linking them to appropriate training or by helping to manage small projects. (For more details go to: www.dfes.gov.uk/communitychampions/)

Community development
Community development aims to help communities identify and then tackle common concerns. The approach is underpinned by a commitment to equity and social justice and aims for community empowerment. (See Popay J (2006) Community engagement and community development and health improvement: a background paper for NICE.)

Community engagement
Community engagement is an umbrella term encompassing a continuum of approaches to improving health and/or reducing health inequalities. (See Popay J (2006) Community engagement and community development and health improvement: a background paper for NICE.)

Governance
The term governance originates from the need of economists (as regards corporate governance) and political scientists (as regards state governance) for an all-embracing concept capable of conveying diverse meanings not covered by the traditional term 'government'. Referring to the exercise of power overall, in both corporate and state contexts, the term embraces action by executive bodies, assemblies (for example, national parliaments) and judicial bodies. Governance corresponds to the so-called post-modern form of economic and political organisations. (For more details go to: http://europa.eu.int/comm/governance/index_en.htm)
**Health trainers**

NHS health trainers are a new workforce to be recruited mainly from the community and working in the NHS and other local organisations. They will reflect the diversity of their local community. For example, they may be community pharmacy assistants, leisure centre workers, trade union representatives, non-teaching assistants, housing officers, charity staff or librarians. They will act as a crucial link between professionals and communities, translating health messages into actions that take account of individual circumstances and help people to develop a healthy lifestyle. (For more details, go to: www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/HealthTrainers/HealthTrainersArticle/fs/en?CONTENT_ID=4121611&chk=4cy9ve)

**Health champions**

Health champions work to improve the local services and support available for particular groups of people. They are also involved in planning local health care services.

**Neighbourhood committees**

Neighbourhood committees or forums are made up of councillors representing the relevant wards and up to five co-opted members, who can be local residents or council partners. Members are usually local residents who have been elected to represent their local community. The aim is to discuss council priorities with local people. It is also a means of getting local organisations involved in helping to resolve issues and to help foster local pride. Committees can raise matters of concern within the local community, as well as taking the lead on neighbourhood development projects. They often have the support of a community development officer. (For more details, go to: www.lga.gov.uk)

**Neighbourhood forums**

Neighbourhood forums are a consultative, two-way channel of communication between residents, local authorities and other local organisations. Run by
volunteers, assisted by a council link worker, they are non-political and represent all residents in the area. They set their own agenda and discuss a range of issues.

**Rapid appraisal techniques**
Rapid appraisal is a method used to gain qualitative information about an area. It involves gathering existing information and consulting key local people to obtain the views of the community. It provides a quick insight into local issues and the priorities for change. It also gets local people involved and gives them a sense of ownership of any resulting programmes ([www.communitiesscotland.gov.uk](http://www.communitiesscotland.gov.uk)).

**Social Capital**
Appendix C: Additional documents


Office of the Deputy Prime Minister (2006) Empowerment and the deal for devolution. Speech given by the Right Honourable David Miliband MP, Minister of Communities and Local Government, to the annual conference...


