The family of community-centred approaches for health and wellbeing

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Acknowledgements

• The family was developed as part of a PHE/NHS England project to draw together and disseminate evidence on working with communities for health and wellbeing. It forms part of the conceptual framework for the project.

• The presentation draws on a presentation to PHE conference and on a report due to be published by PHE in 2015. This presentation is not for wider dissemination.

• Dr Anne-Marie Bagnall & Kris Southby, Leeds Beckett University did scoping searches and map.
Working with communities – empowerment, evidence and learning

A PHE and NHS England project to draw together and disseminate existing evidence and learning on working with communities and supporting community-centred health and wellbeing interventions.
How the family was developed

- Scoping review
  - 168 publications
  - 32 systematic reviews
  - 30 conceptual papers
  - 54 practice reviews or synthesis

- Four categories
  - 3 theories of change from NIHR review
  - 1 on access to community resources
  - Expanded to encompass UK practice and key concepts

- Checking out
  - Good fit with practice
  - Liked family analogy
  - Useful tool

- Populating family
  - Matching to reviews/ literature
  - Descriptions of common UK models

Community-centred approaches for health and wellbeing
What do we mean by community-centred approaches?

• Focus on promoting health and wellbeing in community settings, rather than service settings.
• Recognise and seek to mobilise assets within communities.
• Promote equity in health and healthcare by working with and alongside individuals and groups who face barriers to achieving good health.
• Seek to increase people’s control over their health and lives.
• Use participatory methods to facilitate the active involvement of members of the public.
Figure 2 The family of community-centred approaches (South 2014)

Community-centred approaches for health & wellbeing

- Strengthening communities
  - Community development
  - Asset based methods
  - Social network approaches

- Volunteer and peer roles
  - Bridging roles
  - Peer interventions
    - Peer support
    - Peer education
    - Peer mentoring
  - Volunteer health roles

- Collaborations & partnerships
  - Community-Based Participatory Research
  - Area-based Initiatives
    - Community engagement in planning
    - Co-production projects

- Access to community resources
  - Pathways to participation
  - Community hubs
  - Community-based commissioning
Strengthening communities

- These approaches build community capacities to take action on health and the social determinants of health. People come together to identify local issues, devise solutions and build sustainable social action.

- Community capacity building, community development, asset-based methods, community organising, social network approaches, Men’s sheds and time banking.
Volunteer/peer roles

• These approaches enhance individuals’ capabilities to provide advice, information and support or organise activities in their or other communities. Community members use their life experience and social connections to reach out to others.

• Examples – breastfeeding peer support, peer educators, health trainers, health champions, community navigators, befriending, volunteering health & environment schemes, health walks.
Collaborations & partnerships

- These approaches involve communities and local services working together at any stage of planning cycle, from identifying needs and agreeing priorities, through to implementation and evaluation. Involving people leads to more appropriate, equitable and effective services.

- Examples - community-based participatory research, area-based initiatives, Healthy Cities, area forums, citizens’ juries, participatory budgeting and co-production projects.
Access to community resources

- These approaches connect individuals and families to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation. The link between primary health care and community organisations is critical.

- Examples - social prescribing, green gyms, community hubs in libraries and faith settings, healthy living centres, and community-based commissioning.
Figure 3  Community-centred approaches for health and wellbeing – with examples of common UK models

Community-centred approaches for health & wellbeing

**Strengthening communities**
- Community development
  - C2 – Connected Communities
  - Asset based approaches
    - Asset Based Community Development
  - Social network approaches
    - Time banks

**Volunteer and peer roles**
- Bridging
  - Health Champions
  - Health Trainers
- Peer interventions
  - Peer support
    - Breastfeeding peer support
  - Volunteer health roles
    - Walking for Health
    - Befriending
  - Peer education
    - Peer mentoring

**Collaborations & partnerships**
- Collaborations & partnerships
  - Community-based Participatory Research
    - Area –based Initiatives
      - Healthy Cities
  - Community engagement in planning
    - Participatory Budgeting
    - Co-production projects

**Access to community resources**
- Pathways to participation
  - Social prescribing
  - Community hubs
    - Healthy Living Centres
    - Community libraries
  - Community-based commissioning
### Potential outcomes

<table>
<thead>
<tr>
<th>Individual</th>
<th>Community level</th>
<th>Community process</th>
<th>Organisational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health literacy</td>
<td>Social capital - social networks, community cohesion, sense of belonging, trust</td>
<td>Community leadership</td>
<td>Public health intelligence</td>
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<tr>
<td>Behaviour change</td>
<td>Community resilience</td>
<td>Community mobilisation</td>
<td>Changes in policy</td>
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<tr>
<td>Self-efficacy, self-esteem, confidence</td>
<td>Changes in physical, social and economic environment</td>
<td>Representation and advocacy</td>
<td>Re-designed services</td>
</tr>
<tr>
<td>Self-management</td>
<td>Increased community resources</td>
<td>Civic engagement - volunteering, voting, participation of groups at risk of exclusion</td>
<td>Service utilisation – reach, uptake of screening and preventive services</td>
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<tr>
<td>Social support,</td>
<td></td>
<td></td>
<td>Improved access to health and care services, culturally relevant services</td>
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<td>Wellbeing - quality of life</td>
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<tr>
<td>Health status</td>
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<td></td>
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<tr>
<td>Personal development – life skills, employment, education</td>
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</tbody>
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Building healthier communities

- Individual health & wellbeing
- Strong connected communities
- Vibrant civil society

- Increased equity
- Increased control & voice
- Increased social connectedness

- Community-centred approaches

- Community needs and strengths
Thank you

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