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.

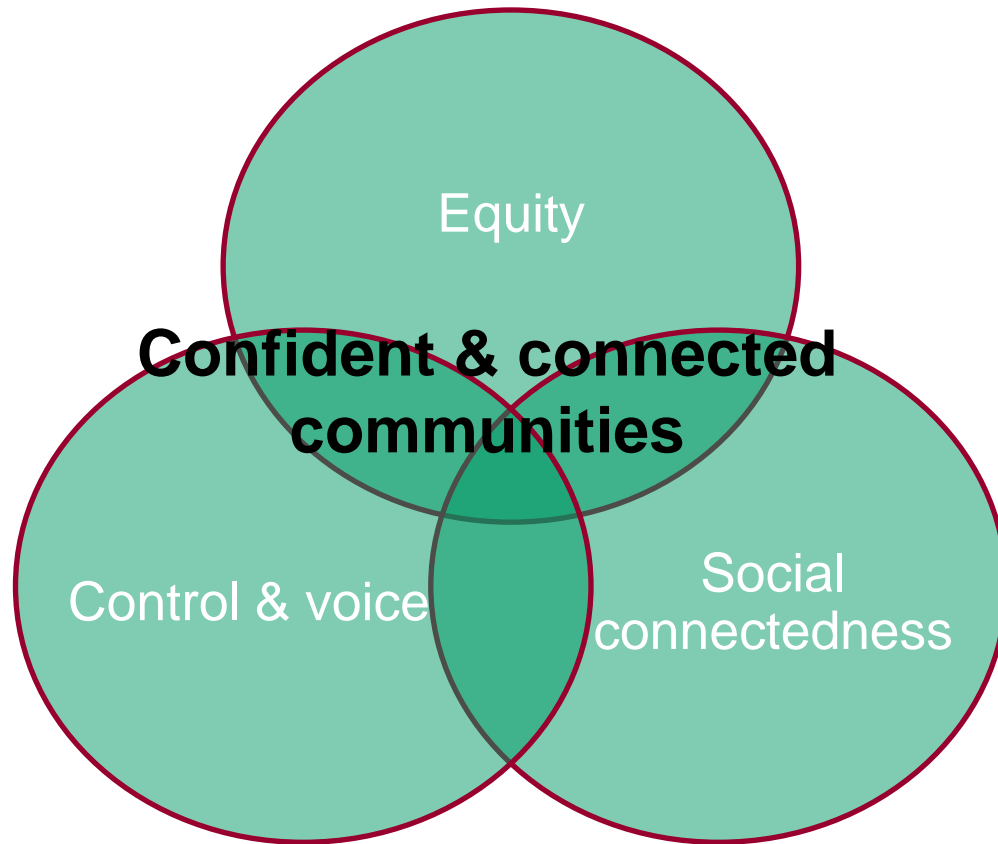# Working with communities – empowerment, evidence and learning

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.
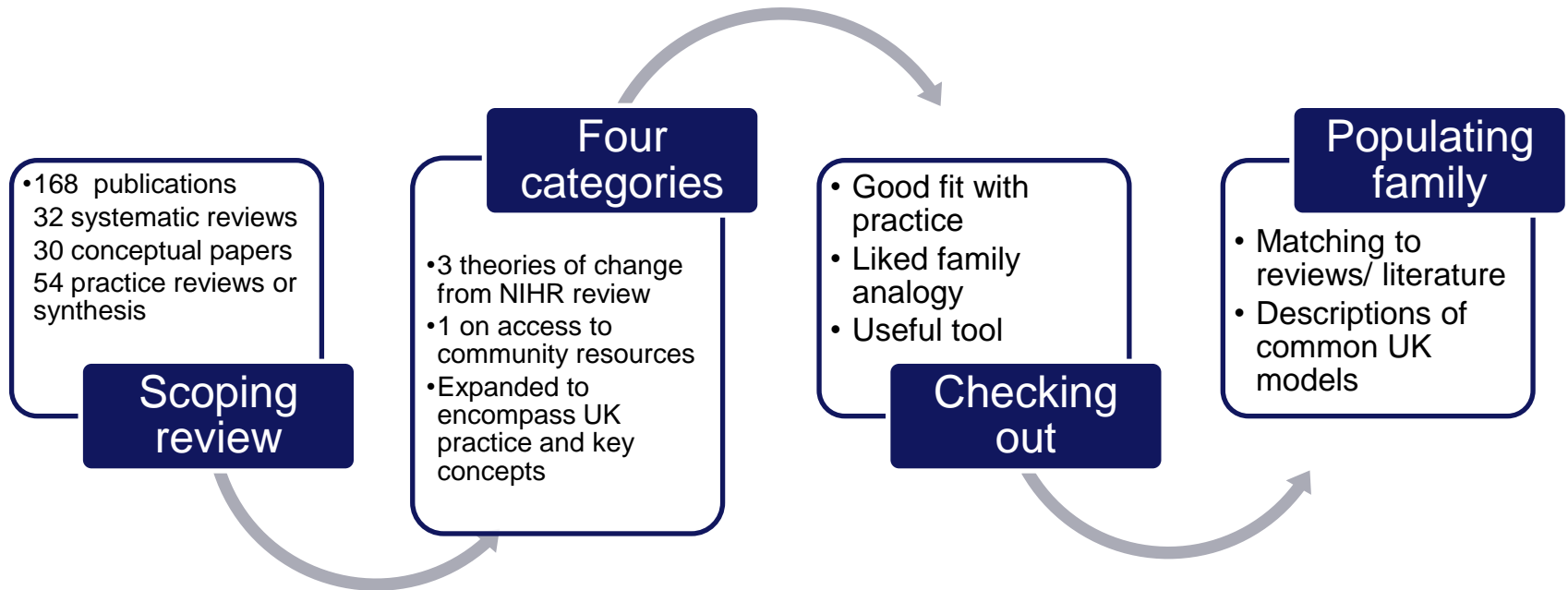
Confident & Connected Communities

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
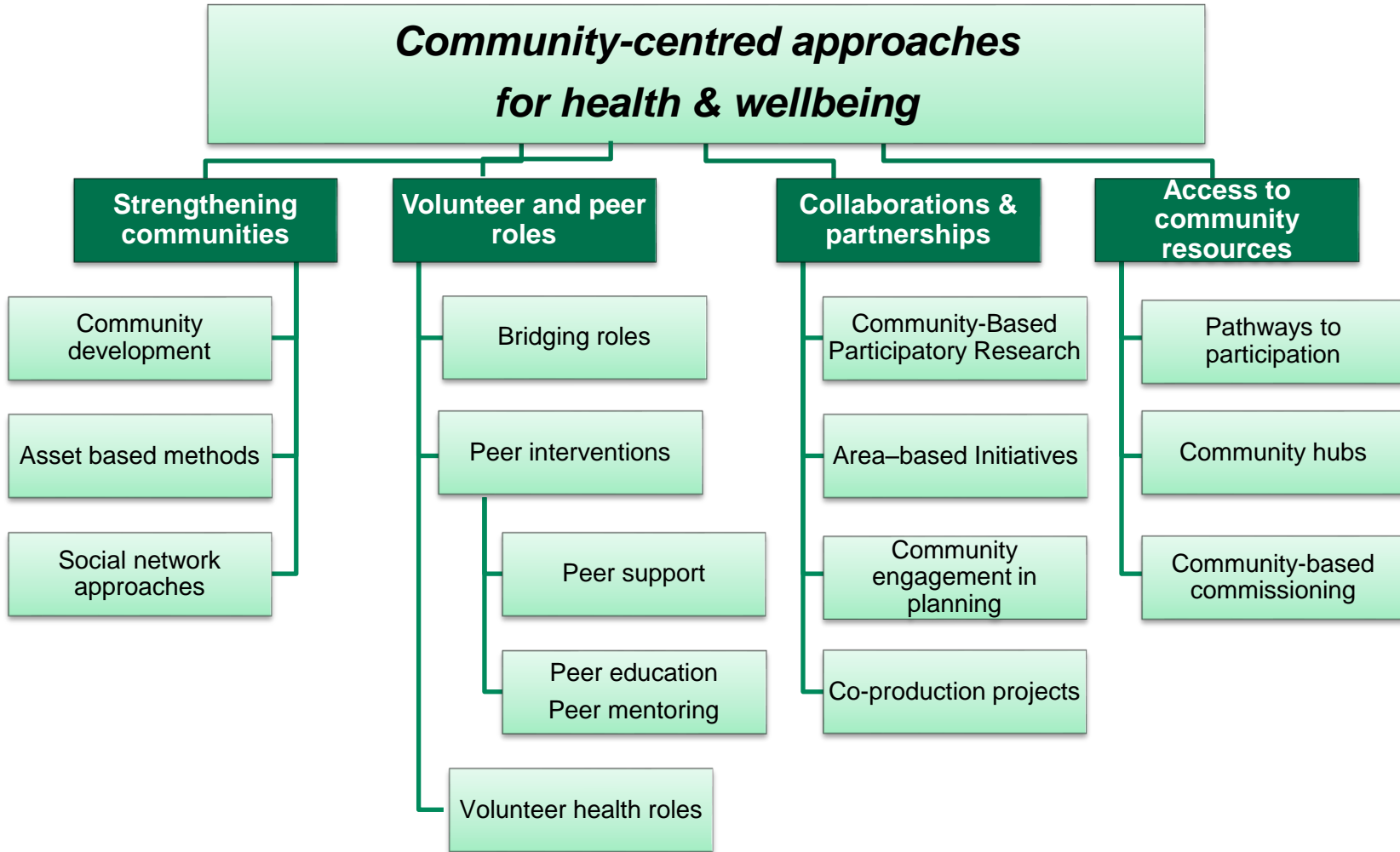- Descriptions of common UK models

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.

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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.

Strengthening communities

Community development

C2 – Connected Communities

Asset based approaches

Asset Based Community Development

Social network approaches

Time banks
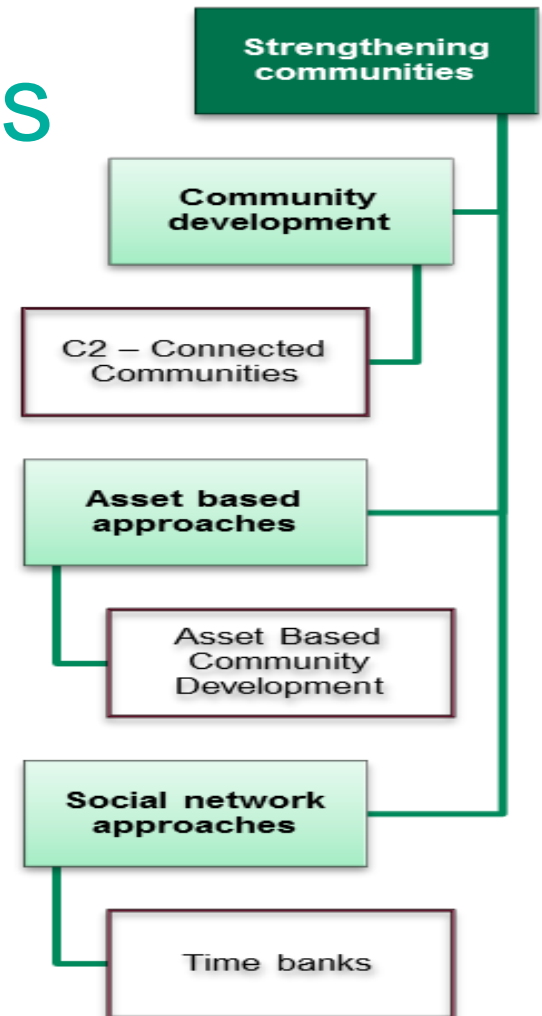
Volunteer/peer roles

- 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.

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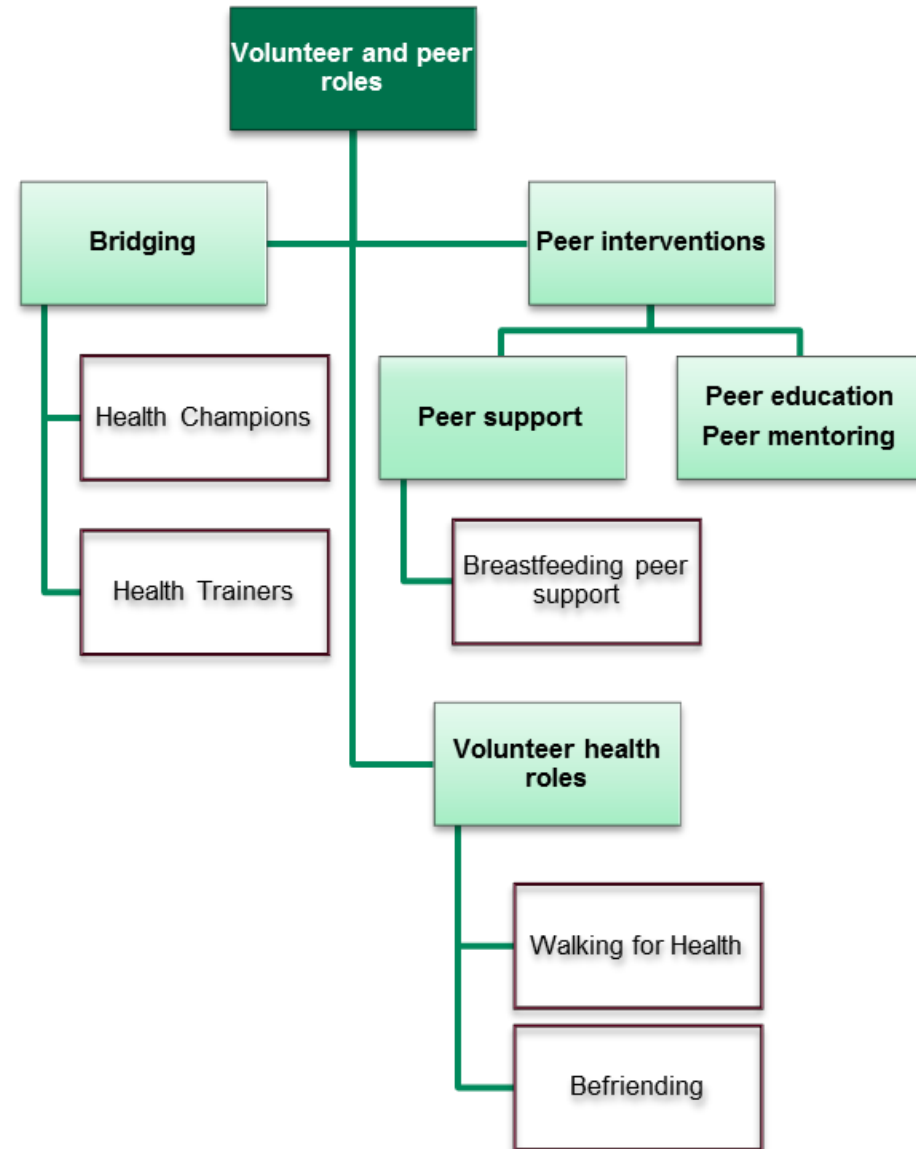
Collaborations & partnerships

- 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.
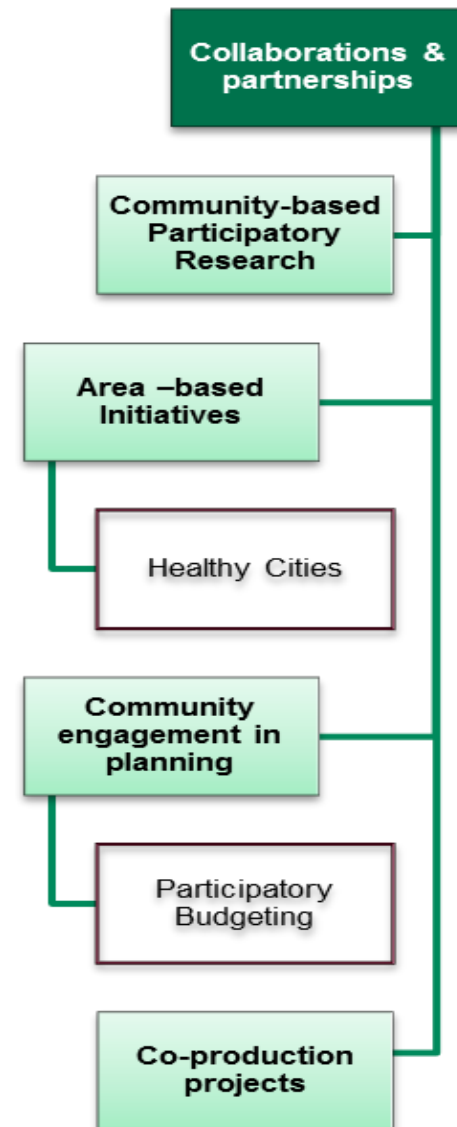
Access to community resources

- 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.
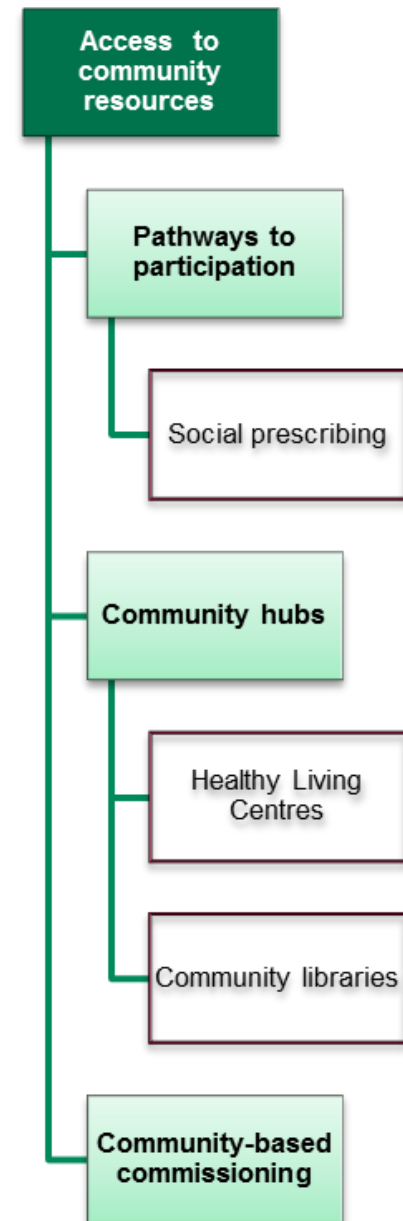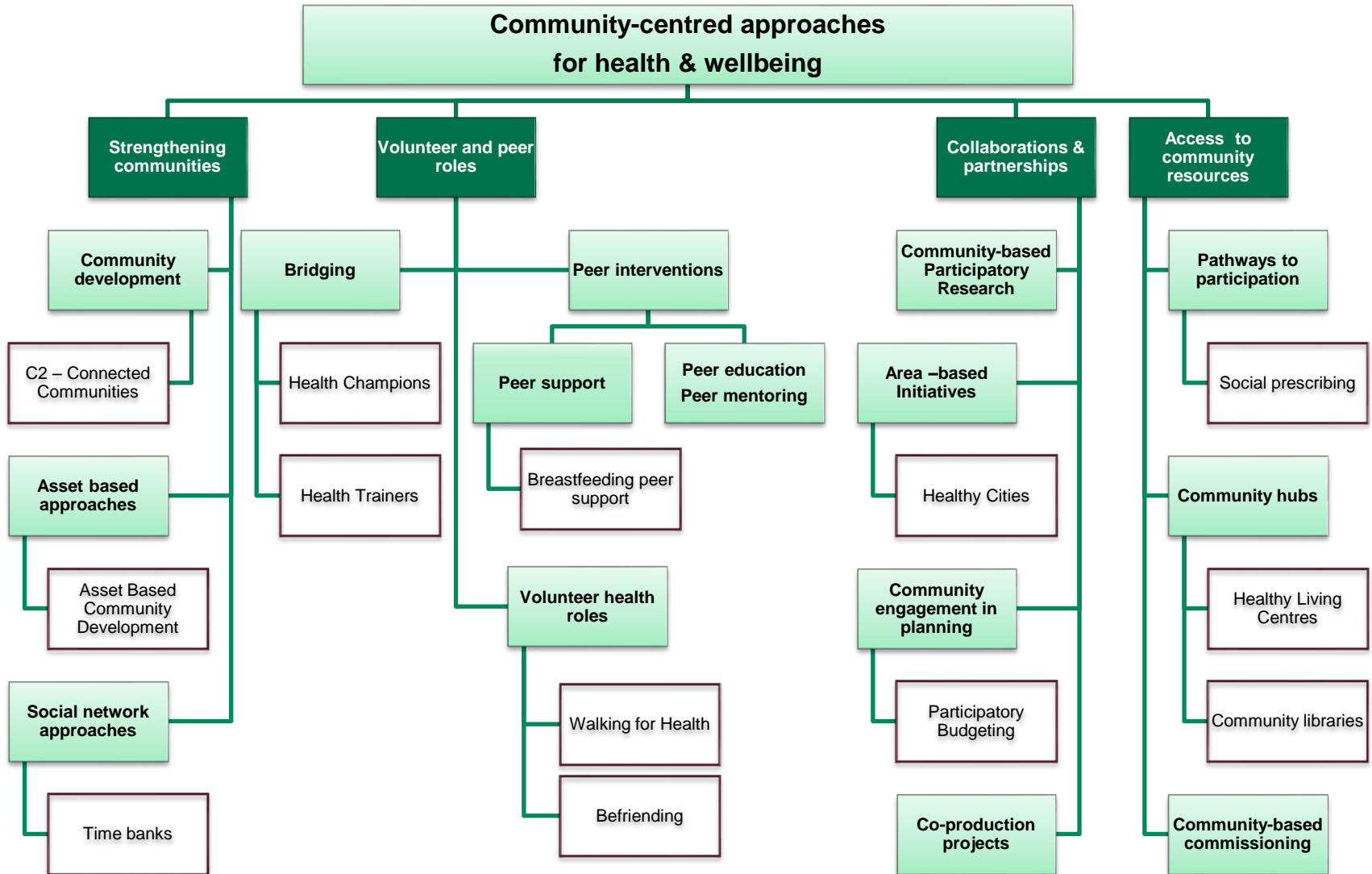
Figure 3 Community-centred approaches for health and wellbeing – with examples of common UK models
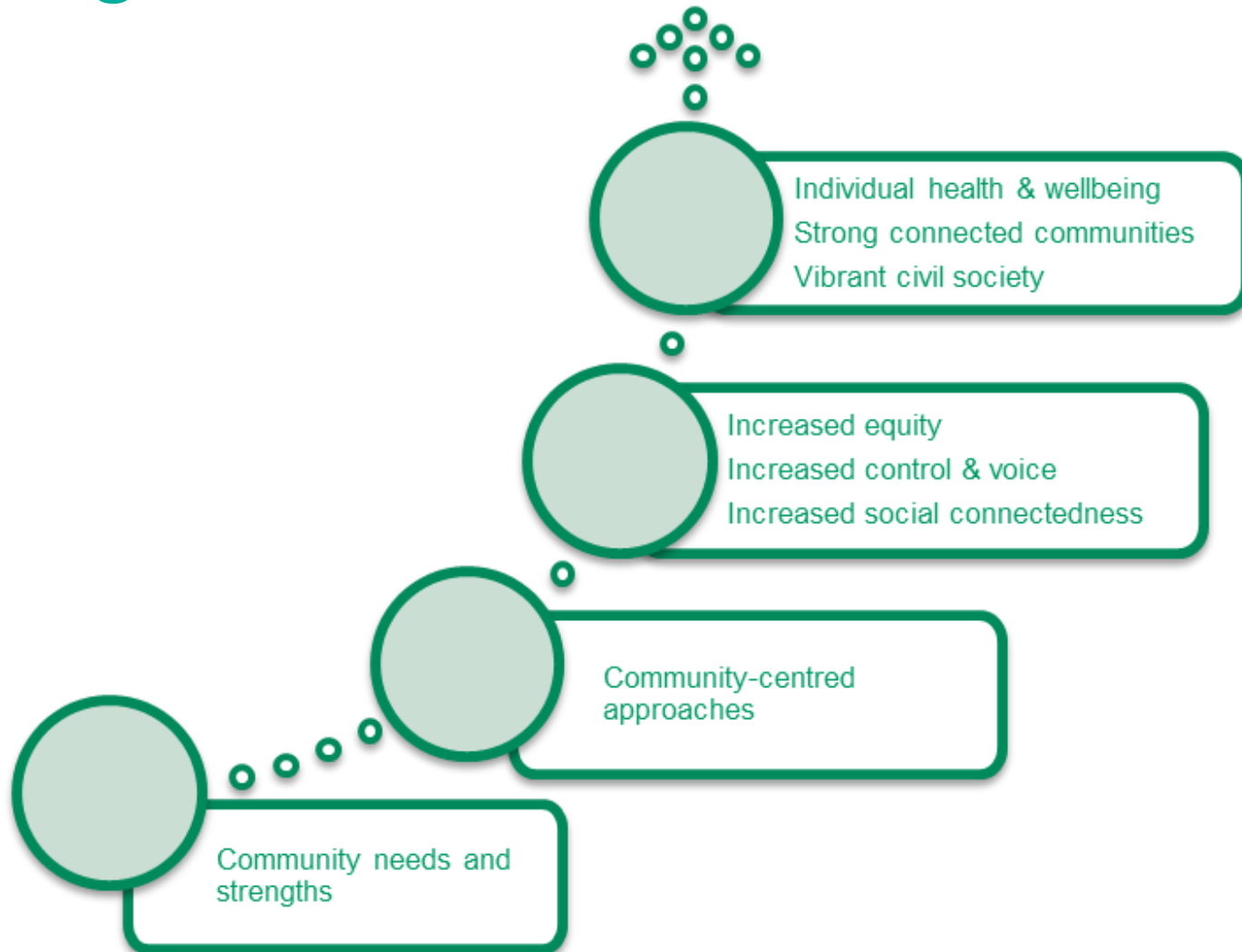
Potential outcomes

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

Drawing from Institute of Medicine. An integrated framework for assessing the value of community-based prevention. Washington DC: The National Academies Press, 2012.

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

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Thank you

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Community-centred approaches for health and wellbeing