

WHY WORKING WITH COMMUNITIES IS SO IMPORTANT

- Act as a bridge between policy or the last point of service delivery and communities.
- Builds social relationships and networks.
- Provides skills, knowledge, confidence and experience.
- Community-centered approaches can lead to greater control and program sustainability (Adapted from South 2013).



GETTING THE BASICS RIGHT FIRST

Listen to and engage with stakeholders.

Share priorities.

Strengthen skills where needed.

Co-produce and support local initiatives.

Practitioners need to be competent:

1. Better listeners and communicators (meaningful dialogue).
2. Able to create a meaningful working relationship.
3. Culturally competent.

01

Invest in the needs of the vulnerable and under-represented in society.

02

Invest in tailored interventions that can have greatest impact.

03

Invest in training for professional competencies.

04

Invest in strengthening a sustainable network of community-based organisations and volunteers.

INVESTING IN COMMUNITIES

THE URBAN CONTEXT

Urban and rural contexts present unique challenges.

An alternative strategy to the rural-based approach has not been fully developed for densely populated housing areas.

No reliable strategy presents a real risk for future disease outbreaks

(Laverack, 2018).



MYTH – PEOPLE DON'T WANT TO BE INVOLVED

8,300 volunteer walk leaders and **5900** park friend user groups in the UK. **17,000+** health champions recruited by 'Altogether Better' in first 4 years (altogether better 2021)

436,000 NHS COVID volunteers and carers and **1.9** million tasks performed in 1 year

(England.nhs.uk 2021)

COMMUNITY (HEALTH) CHAMPIONS

- Thousands of volunteers in the UK were recruited to promote health or improve conditions in their communities.
- Use their social networks and experience to improve connections between services and resources and the people that need them.
- They are versatile and organise and plan local activities and share tailored information.
- **Credible connectors can “fast-track” trust building and energize communities.**



Community champions programme: guidance and resources - GOV.UK (www.gov.uk)

COMMUNITY MOTHERS (MADRES COMUNITARIAS)

“Community mothers” is based on peer education and small groups. Migrant mothers can help other migrant mothers who are experiencing a similar situation.

The mothers meet on a regular basis in small groups to discuss their needs such as access to health and social care services, to cheaper, culturally appropriate food and work opportunities.

The success of “Community mothers” is because it increases the interaction of mothers with local child and health care services and businesses and gives more control over decision-making.

COMMUNITY-CENTERED PUBLIC HEALTH

The community-centered framework (Public Health England) proposes mobilizing local assets, promoting equity and increasing people's control over their health. The framework uses 4 key areas:

1. strengthening communities;
2. Volunteer, carers and peer roles;
3. collaborations and partnerships; and
4. better access to community resources.

Who is responsible for strengthening and maintaining a network of volunteers and community groups in society?

[Community-centred public health: taking a whole system approach - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach)

KEY CHALLENGE

We must be prepared to listen to what the community needs.

We may not like what we hear, but we must be committed to moving forward to address local needs and to co-design health promotion programs.



What is the purpose of the engagement?

Who is the community?

Any existing community connectors or groups?

Who are the representatives?

What is the working definition?

STAKEHOLDER ENGAGEMENT

1. Face to face - community forums, village and neighbourhood meetings, shopping malls, youth centres.
2. Digital solutions-online polls, surveys and social media groups.
3. Feedback from health services, local authorities and businesses.

Community engagement & accountability (IFRC)

Minimum quality standards and indicators in community engagement (UNICEF)

Community-Led Ebola Action (CLEA)

SARAR & PHAST
(Participatory Hygiene and Sanitation Transformation)

PHOTO (VOICE) VOZ

A participatory method to identify local needs using images taken on mobile phones with a personal narrative. A neighbourhood association in Spain engaged with 39 families who sent 85 photographs of their experiences to a whatsapp group during the COVID "lock-down" 2019-2020.





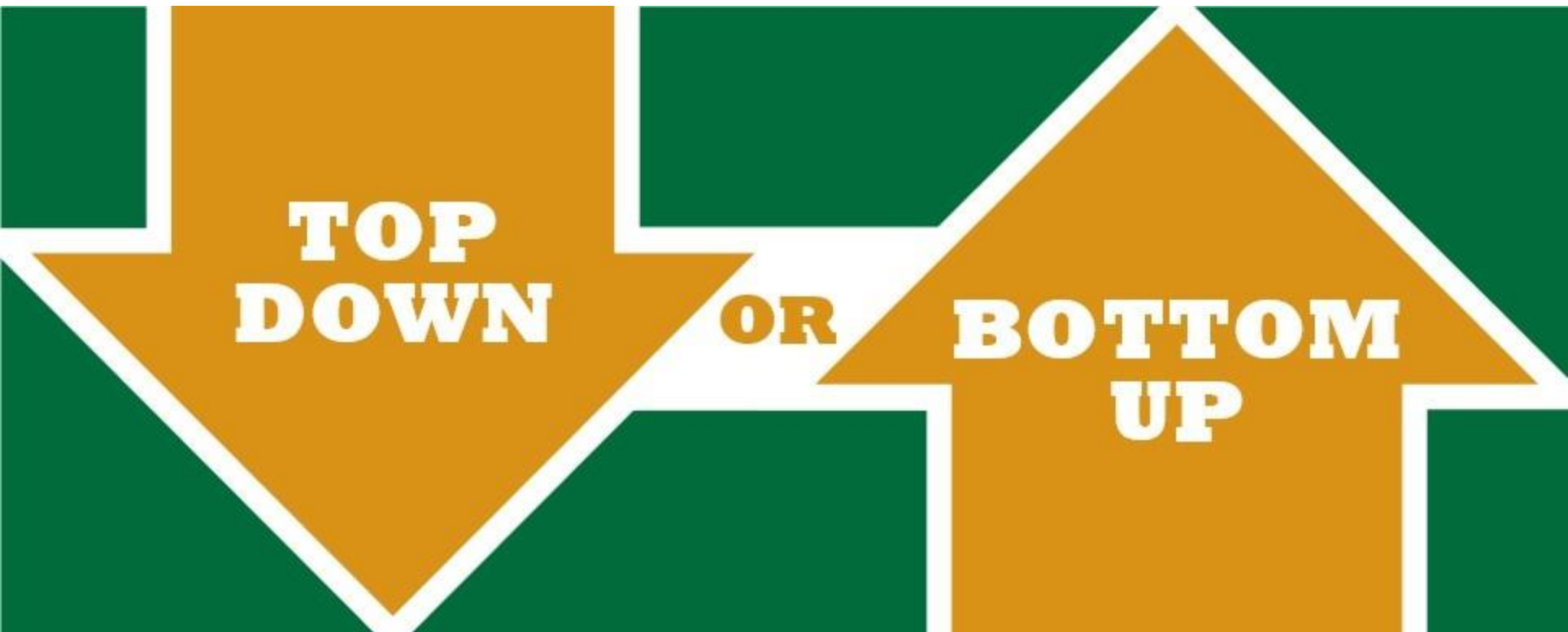
The photographs and narratives reflected different experiences of loneliness, the need for support and how people helped one another.

FOLLOW-UP ACTION

□ An exhibition of the images was held to share the experiences including municipal leaders.

□ Intersectoral meetings to discuss the system implications of reaching the vulnerable in society including services to supply food, medicine, dog walking and companionship.

Key challenge



To co-produce community health programs

CO-PRODUCE, CO-CREATE, CO-DESIGN

A way of working together to share ideas and decision-making that can lead to improved health, service delivery and healthy environments.

Considers culture and diversity, organisational structures and practices.

Involves steps to engage stakeholders, identify needs, provide feedback, improve skills, build collaborations, monitor progress and to take actions.

PATIENT INVOLVEMENT ACTION GROUPS

Enable patients to act to influence the outcome of decisions regarding their care.

Hospitals facilitated patient concerns to be raised anonymously and to be represented at meetings.

The needs raised were reviewed and actions were jointly decided. The results were shared with staff and patients.

The number of complaints decreased as patients gained confidence that their needs (privacy, comfort and information) were being heard.

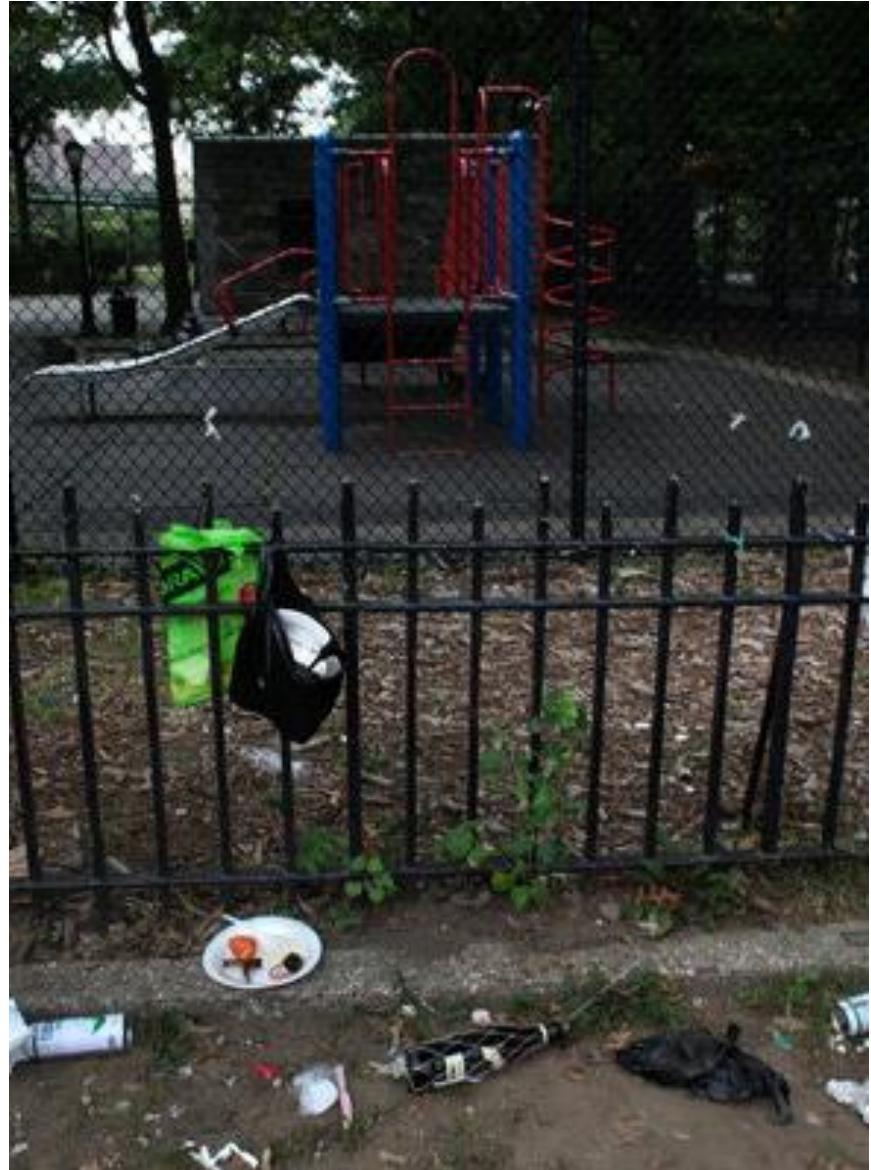


THE SAFER PARKS SCHEME

Community complaints about crime, drug use, litter and graffiti in public parks in inner city areas in Christchurch, NZ.

Dirty and unsafe public spaces led to low park use by local residents.

The City Council employed park wardens and recruited community volunteers (community connectors) to patrol the parks (Gee, 2008).



Following engagement with local residents the Department of Conservation and the City Council then started the 'adopt a park' initiative.

Local residents helped to raise money and to clean and report problems that they encountered in the parks.

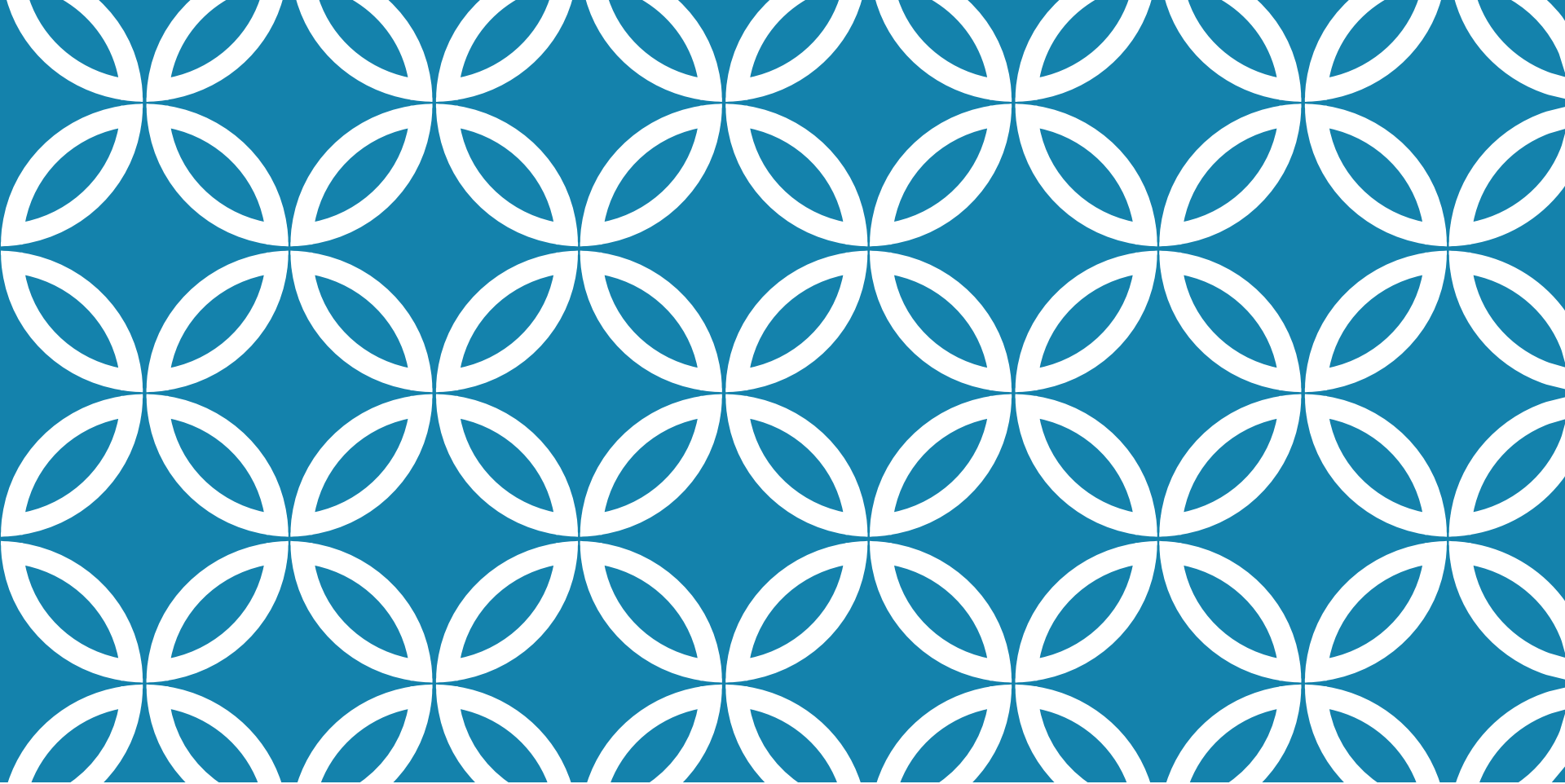
The City Council invested in lighting and better exercise equipment.

Use of the parks, exercise and social interaction increased-leading to a more active and healthier community.



5 KEY TAKEAWAY POINTS

1. We must listen to what the stakeholders/community needs.
2. Professional competencies are essential.
3. Co-production is vital for program success at a local level.
4. Credible connectors can “fast-track” trust building and energise communities.
5. A network of community-groups and volunteers must be sustainable.



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