New Deal for Communities: Community engagement and health inequalities – contexts for engagement

Emma Halliday, Senior Research Fellow
University of Lancaster
e.halliday@lancaster.ac.uk

24th Feb 2014
Acknowledgements

Our team

- Jennie Popay (Chief Investigator), Emma Halliday, Jill Turner (Lancaster University); Margaret Whitehead, Sue Povall (Liverpool University); Chris Dibbens (St Andrews); Mai Stafford (UCL); James Nazroo, Pierre Walthery (University of Manchester); Edwina Peart and Roy Carr Hill.

- e.halliday@lancaster.ac.uk or j.popay@lancaster.ac.uk

Our public advisers

- Gerry, Ann Marie, Margaret, Liz, and Sam

Funding information

- This is an independent report of research commissioned and funded by NETSCC Public Health Research Programme. The views expressed are not necessarily those of the National Institute for Health Research.
About the NDC initiative

• Major regeneration programme in 39 disadvantaged neighbourhoods launched in 1999/2000 over ten years - funding was about £2 billion, around £50 million to each of the 39 areas.

• Potential to reduce health inequalities gap by improving wider determinants of health inequalities e.g. social, economic, environmental.

• Local area plans varied significantly from major redevelopment and demolition programmes to a focus on major housing improvements / investment in ‘human’ capital of communities.

Images – Jennie Popay and Liz Kessler
Our programme of research

• First study funded by Department of Health is investigating the impact of New Deal for Communities on *inequalities in health and the social determinants of health* within NDC areas and areas across the social spectrum = *final report under review by DH*

• Two year study funded by National Institute for Health Research to assess the impact of *different approaches to community engagement* on the living conditions, health and wellbeing of the residents who became engaged in NDC decision-making structures and on the people living in NDC areas = *final report to be submitted in 2014*
Phase 1 – developing a typology of CE and their contexts in the NDC

First stage involved categorising the 39 NDCs in two ways:
• By context for community engagement at start of NDC
• By grouping local NDC programmes who took similar approaches to community engagement

We want to group areas in this way to:
• To evaluate the contribution that different approaches to community engagement have made to any impacts we identify in analyses of health and social outcomes
• To explore the cost effectiveness of different approaches to community engagement
Community engagement in the NDC initiative

- CE was a common goal across local NDC programmes, but diversity in how residents were engaged in developing and delivering NDCs
  - Involvement in strategic decision making (e.g. resident chairs or members of NDC partnership boards)
  - Approaches to increasing community control/empowerment within neighbour plans
- Variation in both approaches and motivations e.g. ranging from resident led empowerment to more instrumental models
Why context is important

- Previous **experience of engagement** may vary (for organisations and residents), depending on existing opportunities/relationships in area
- When CE approaches introduced into **diverse policy systems** (health, housing etc) structures/relationships with community may be different across policy areas / services
- May be legacy of **disillusionment/distrust** (e.g. negative experiences of past initiatives; ‘blaming’ organisations for state of neighbourhood)
- Feelings of **cohesion or identity** within communities may vary

- Conditions may influence important ‘markers’ of engagement such as levels of control, trust, relationships between organisations/communities
NDCs had different starting points….Feeling able to influence decisions in area (MORI 2002)
Exploring relationship between context and CE approaches in qualitative fieldwork

- Total of **56 fieldwork/telephone interviews in 20 of 39 areas**
  - Data from fieldwork on 11 sites including 26 interviews with residents and members of staff
  - Data from telephone interviews from 10 sites
- **Residents** active in partnership boards or other significant community engagement activities.
- Former **NDC staff** in each area involved with the planning and delivery of the NDC programme and with extensive experience of NDC CE.
Summary

• Different models of engagement will work better (or worse) under different conditions – the importance of a fit for purpose intervention that takes account of where communities are starting from
• Need to pay attention to how interventions support people to be in control, build relationships and trust over time as well as the context interventions operate in – appear to be key mechanisms for successful engagement
• Greater attention to understanding how these mechanisms operate in public health evaluations likely to deliver more beneficial evidence for public health policy and practice