Exploring Health and Social Value Outcomes of Inner and Outer-City Community Engagement

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Tackling the burden of health inequalities

Socioeconomic and environmental factors affect health outcomes, disproportionately so within deprived communities.

Hunter (2014)
Liverpool City Region

- Significantly higher levels of deprivation
- Higher levels of child poverty & lone parent families
- Higher levels of incapacity benefit claimants
- High proportion of workless persons with long term illness
- Mental and behavioural disorders, diseases of the nervous system and musculoskeletal causes

Lewis and Timpson (2017)
Public Health Institute, (2016). *Children and Young People Joint Strategic Needs Assessment Profile: Liverpool City Region*. Public Health Institute, LJMU.
Importance of this research

• Third sector organisations deliver a wide range of initiatives which support health, wellbeing and social outcomes

• Political/national strategies and visions for the future recognise that third sector organisations have a central role to play
  – Social determinants of health, tackling health inequalities
  – Development of healthy and sustainable communities
  – Helping individuals to take actions to support their own health and wellbeing
  – Development of resilience and social capital
Aim of this research

• To engage with third sector organisations to explore, understand and assess the impact of the work they undertake

• To understand how these organisations contribute to health, wellbeing and wider social value within local communities

• To work with organisations to build capacity to capture evidence of impact
Delivery

• Development and piloting of research framework with third sector organisations

• Organisations undertake/manage collective activities developed by communities for communities

• May not have specific health/wellbeing outcome focus

• May not collect evidence of effectiveness
Methodology

• Programme Theory (Funnell & Rogers, 2011) and Social Value to explore and evidence the outcomes, social value and mechanisms of change
• Logic modelling to understand projects, outputs and associated short, medium and longer-term outcomes
• Development of bespoke tools to measure and assess outputs
• Implementation and outcomes
Findings

Population groups

- Children
- Adolescents
- Homeless people
- Vulnerable families
- People needing or in drug/alcohol treatment/recovery
- Older people
- Isolated men
- Bereaved people
- Carers
- Veterans
  - Toddlers and parents
  - Black, Asian and Ethnic Minority Groups
  - People with learning disabilities

Veterans

Older people

Carers

Isolated men

Bereaved people

Vulnerable families

Homeless people

Adolescents

Children

People needing or in drug/alcohol treatment/recovery

Public Health Institute

Dream plan achieve
Findings

Activities

Arts and Crafts
Cooking/healthy eating
Physical activity/exercise
Salvation Army
Reading
Parenting
Gardening
Buddy schemes
Mixed activity groups (e.g. activity and nutrition)

Mental health support
Improved social and community connections
Improved health-related behaviours
Education and training
Improved access to community services/signposting
Management of debt/access to benefits support
Improved community cohesion/resilience

Improved social capital
Improved health (e.g. physical and mental wellbeing)
Financial sustainability
Employment
Individuals empowered to take control of their health
Improved self-management of long-term conditions

Efficient use of health and social care services e.g. readmissions, patient visits, medications
Reduced health and social care costs
Reduced health inequalities

Outcomes

Short-term
Medium-term
Longer-term
## Factors affecting inequalities
- Housing and housing facilities
- Home environment
- Work conditions and security
- Clothing, fuel and light
- Family and social support
- Health (including diet)
- Education
- Recreation

## Population groups
- Carers
- Older people
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- Toddlers and parents
- People with learning disabilities
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- Adolescents
- Children
- Isolated men
- Homeless people
- People needing or in drug/alcohol treatment/recovery
- Veterans

## Activities
- Arts and Crafts
- Mixed activity groups (e.g. activity and nutrition)
- Reading
- Gardening
- Cooking/healthy eating
- Parenting
- Mental health support
- Buddy schemes
- Salvation Army
- Physical activity/exercise
- Lunch clubs
- Debt support
- English Language

## Outcomes

### Short-term
- Improved social and community connections
- Improved health-related behaviours
- Education and training
- Improved access to community services/signposting
- Management of debt/access to benefits support
- Improved community cohesion/resilience

### Medium-term
- Improved social capital
- Improved health (e.g. physical and mental well-being)
- Financial sustainability
- Employment
- Improved self-management of long-term conditions

### Longer-term
- Improved quality of life
- Efficient use of health and social care services e.g. readmissions, patient visits, medications
- Reduced health and social care costs
- Reduced health inequalities
Monitoring tool

- Where data capture required, collaborative working with organisations to support analysis and interpretation of data
- Individual projects responsible for data capture supported by PHI
- Tool builds on data monitoring and intelligence expertise within PHI
- Tool untested therefore requires this piloting
Outputs

• Data monitoring tool, enabling organisations access to maintained data capture

• Working with stakeholders to find the best ways to support the translation of evidence into practice, enhancing the evidence base of public health services/interventions

• Publications/bid development
References


• Public Health Institute (2016). *Children and Young People Joint Strategic Needs Assessment Profile: Liverpool City Region*. Public Health Institute, LJMU.