

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.

Overcrowding
Pension
poverty **credit**
Unemployment
Disability
Housing
Lone-parenthood
Worklessness
In-work

Hunter (2014)

Liverpool City Region

Significantly
higher levels of
deprivation

Higher levels of
incapacity benefit
claimants

Higher levels of
child poverty &
lone parent
families

Mental and
behavioural
disorders, diseases of
the nervous system
and musculoskeletal
causes

High proportion of
workless persons
with long term
illness

Lewis and Timpson (2017)

Children and Young People in Liverpool City Region

A comparison to England

Pre-birth & early years



Smoking during pregnancy



Teenage mothers



Infant deaths under 12 months



Low birth weight (term babies)



Breastfeeding initiation



Breastfeeding at 6-8 weeks

Primary school



Obese children (age 4-5)



Good level of development at end of reception



MMR vaccination (age 5)



Dtap/IPV/Hib vaccination (age 2)



Accidental/deliberate injuries hospital admission (age 0-4)



Tooth decay (age 5)



Learning disabilities



Current smoker (age 15)



Physically active (age 15)



Low life satisfaction (age 15)



Alcohol-specific hospital admissions (under 18)



First time entrants YJS (age 10-17)



NEETs (age 16-18)



GCSEs achieved



Self-harm hospital admissions (age 10-24)



Teenage pregnancy



Asthma hospital admissions (under 19)



Serious road traffic accidents



LCR FACTS

Children and young people represent 30.3% of the total Liverpool City Region population (0-24 years), similar to the England average.

Children and young people in the Liverpool City Region face a difficult start in life, with significantly higher levels of deprivation, child poverty and lone parent families in each of the six local authorities compared to the national average.

KEY

Statistical significance compared to England:

-  Better
-  Similar
-  Worse

For more information & data sources please contact:
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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

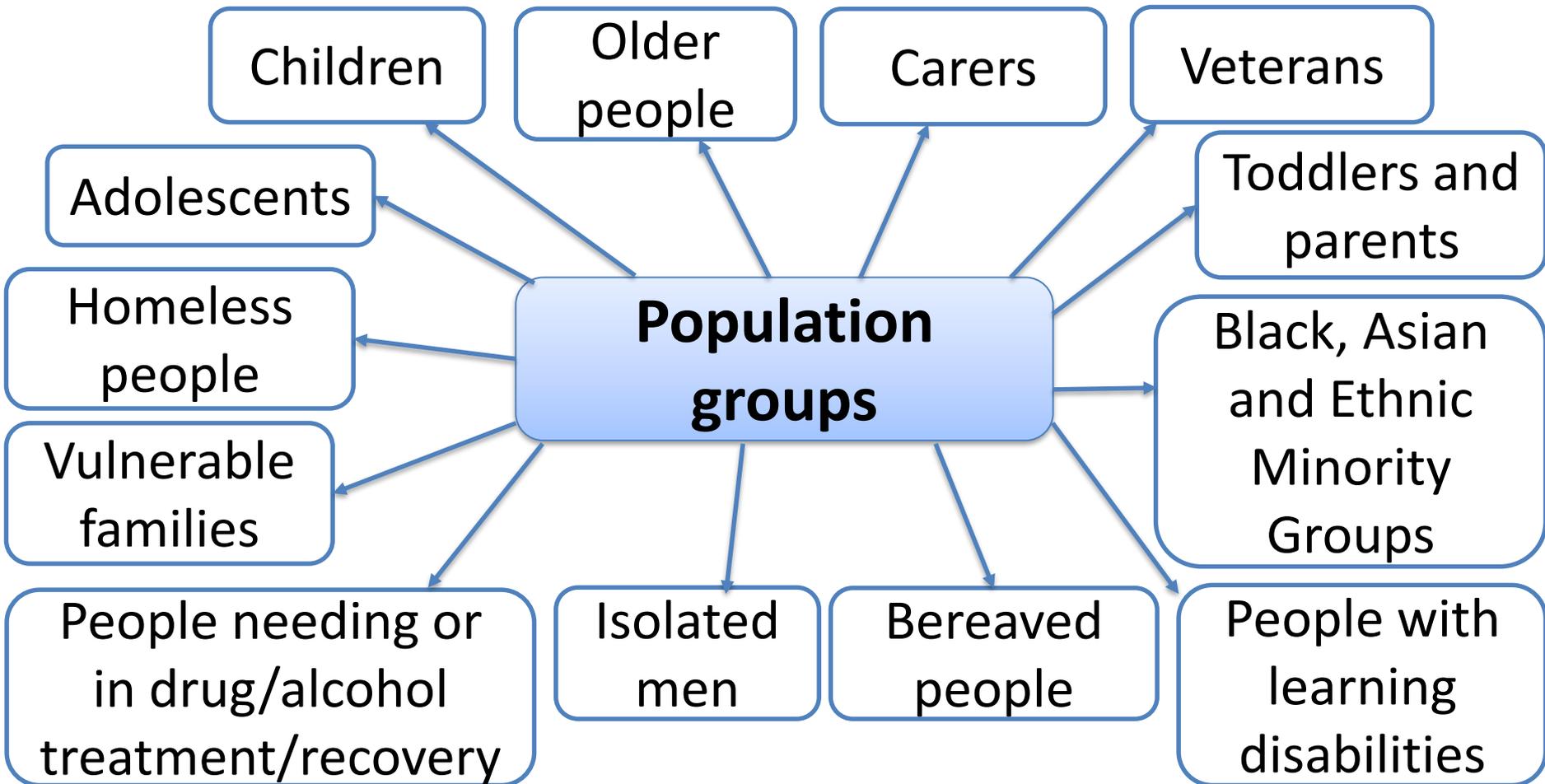
Delivery

- 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

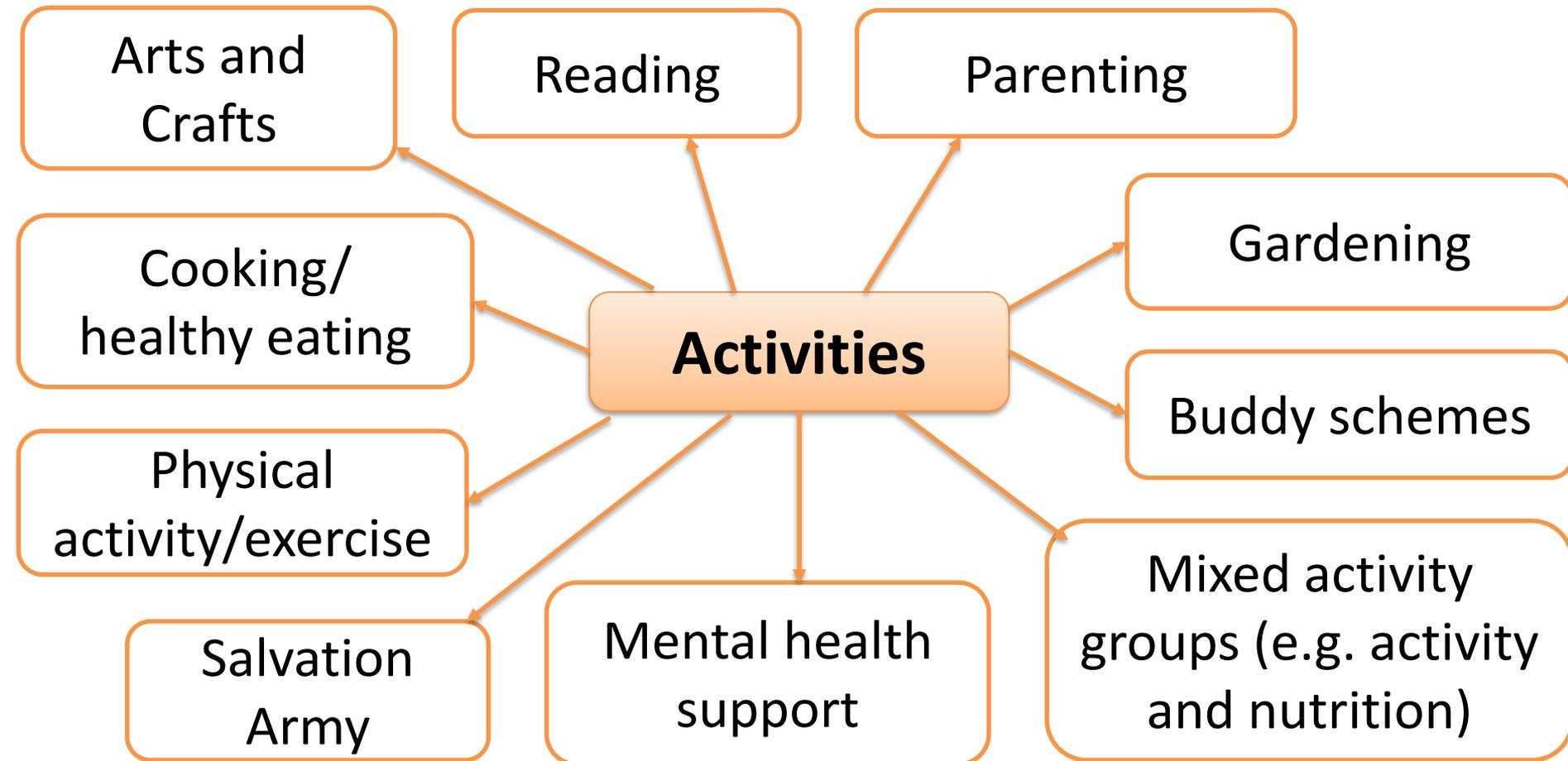
Methodology

- 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



Findings



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 wellbeing)

Financial sustainability

Employment

Individuals empowered to take control of their health

Improved self-management of long-term conditions

Longer-term

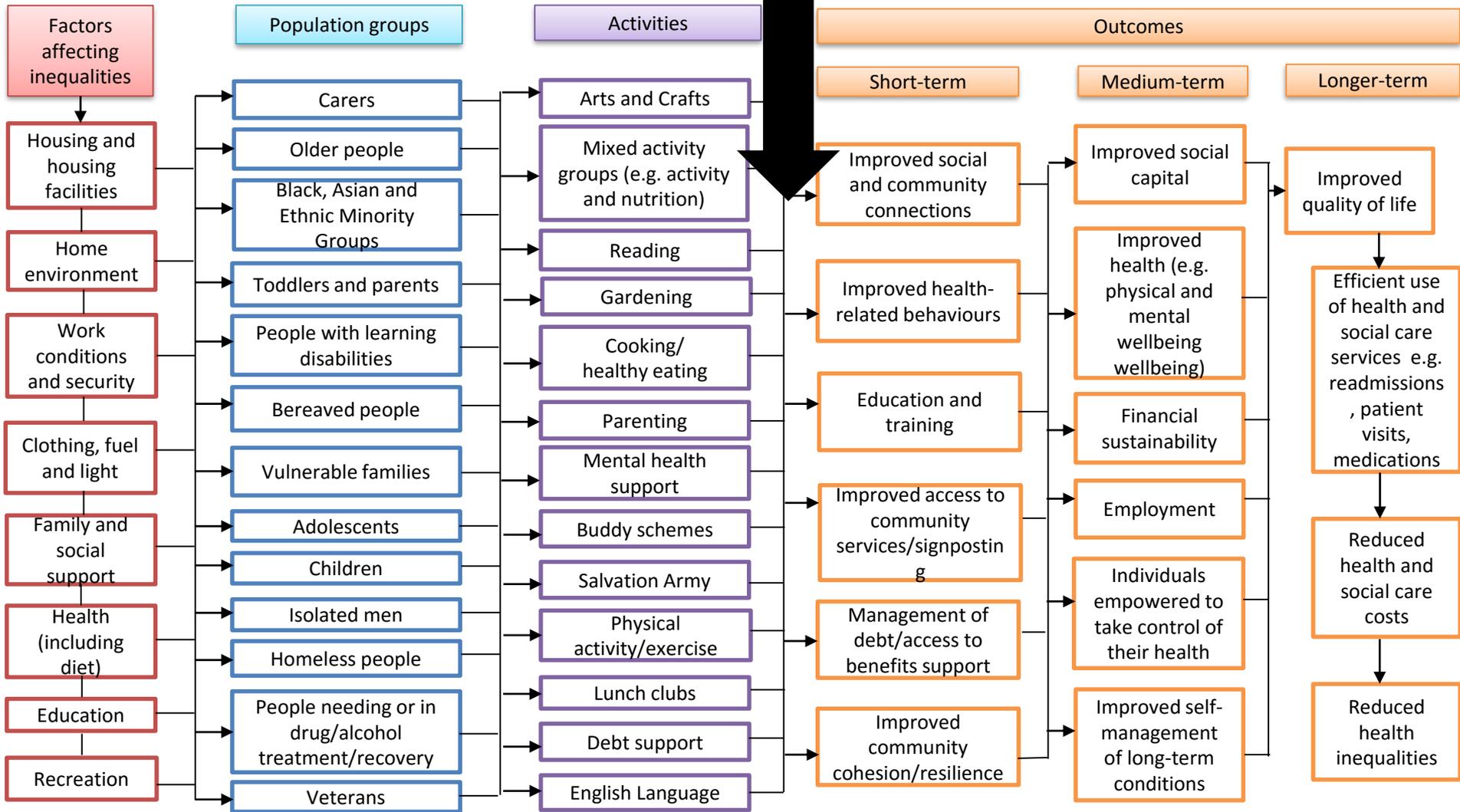
Improved quality of life

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

Reduced health and social care costs

Reduced health inequalities

Outputs



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

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