Strategic Action Programme for Healthy Communities

Literature Review

Phase one, November 1999–March 2000

King's Fund

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This document summarises the key findings of phase one of the literature review for the Strategic Action Programme for Healthy Communities. It is a working paper that will be supplemented by additional research as the project progresses. It reflects the main themes in the literature and should not be seen as representing the final position of the SAPHC research team. Updated reports will be available on the project web site: www.kingsfund.org.uk/saphc

Introduction

The Strategic Action Programme for Healthy Communities focuses on interventions that aim to improve the health of the poor and reduce inequalities. It relates to health in its broadest sense, where the goal is to improve the quality of people's lives, not simply to improve provision of health services.

The main aim of the project is to determine how the statutory sector can build its own capacity to engage in effective partnerships with communities. With this statutory sector focus, phase one of the literature review has addressed the following questions:

- What factors constrain the ability of the statutory sector to work in partnership with the community?
- What factors contribute to successful partnership between statutory sector and community organisations?
- How does working with the community benefit the statutory sector?

Summary of the main themes

Barriers to community–statutory sector partnership working

General

In general, the statutory sector often appears to lack the organisational capacity to respond to communities (Rice & Rasmusson, 1992; Smithies & Webster, 1998). Fundamental structural and cultural changes are required if partnerships with communities are to be genuine and effective (Atkinson & Cope, 1997; Laughlin & Black, 1995; World Health Organization, 1993). Smithies & Adams (1993) argue that a process of organisational development is needed to prepare the statutory sector for community engagement, and offer the following definition:

> *Organisational development is an approach which can be seen to mirror the principles and methods of community development, but that takes place within organisations at strategic levels.* (Smithies & Adams, 1993)

While there is a great deal of management literature addressing organisational development, there has been little work to link this with community development or participation. The WHO reports that efforts to build such organisational capacity have often been uncoordinated and weak (World Health Organization, 1993).

Professional attitudes

Professional attitudes, established and reinforced by the training that professionals receive, influence the way professionals view community members and the value they ascribe to lay knowledge (Laughlin & Black, 1995). Professionals tend to view the public as 'passive consumers of care rather than co-producers and maintainers of health' (World Health Organization, 1993). They can also view themselves and their professional knowledge as having superior status (Brown, 1999; Illich, 1977), and

may be sceptical of a community's intellectual prowess (Atkinson & Cope, 1997). Such paternalism inhibits genuine partnership working.

Different statutory sector organisations tend to retain and develop areas of specialist knowledge (Flanagan & Bruce, 1999). Professionals within those organisations may then feel constrained to act within the limits of their professional boundaries and therefore unable to support community demand for resources. It has been suggested that GPs, for example, may have difficulty engaging with the wider community rather than their list of patients (Boaden, Dockery & Mackenzie, 1998). This presents difficulties when community demands are not legitimised because of divisions between organisations, or when professionals feel they can only relate legitimately to some parts of the community.

Statutory sector staff have reported difficulty in defining 'the community' for consultation purposes and have expressed concerns over 'representativeness' (Flanagan & Bruce, 1999; Speller, 1999). They have questioned the extent to which community groups can be seen as representative of society at large and whether special interest groups are truly representative of all individuals with a particular interest (Barnes *et al*. 1999; Speller, 1999). While this may not inhibit working with community groups, it reflects real tension felt by the professionals trying to respond to different interests (Barnes, Harrison, Mort & Shardlow, 1999).

Professionals can also perceive public involvement as a process of conflict. It is sometimes assumed that talking to the public will only lead to increased demand and unrealistic expectations (Flanagan & Bruce, 1999; Smithies & Webster, 1998) and that the public will be hostile if organisations cannot respond as people wish. Given these preconceptions, professionals tend to fear relationships with communities and may not be clear about what they want from partnership working (Barnes, Harrison, Mort & Shardlow, 1999).

Power imbalances

Statutory sector staff can be reluctant to relinquish their professional power. As concluded by the World Health Organization in 1985:

> *Decisions are too readily and frequently left in the hands of professionals only with too little attention being given to educating lay people or allowing them to... participate in programmes.* (World Health Organization, 1985)

Community members are reportedly excluded from involvement at strategic planning levels (Atkinson & Cope, 1997; Barnes, Harrison, Mort & Shardlow, 1999; Smithies & Webster, 1998) and public consultation sometimes appears symbolic or ‘tokenistic’ (Hart, Jones & Bains, 1997). Hart *et al*. conclude that excluding the public from real decision-making only promotes further ‘cycles of disempowerment’.

> *Overt signs of inequality in the power holding stakes meant that local residents became resentful and critical. The citizens became less active and more passive in their involvement, which effectively amplified the disempowerment process as the organisation was forced to make more decisions without the input of local citizens.* (Hart, Jones & Bains, 1997)

It is easy to see how this process would only accentuate public hostility and the conflict professionals are keen to avoid.

Working practice

Some working practices within the statutory sector do not fully support partnership development. It has been argued that statutory sector staff lack the communication and facilitation skills for community participation (Collins, 1997; Hart, Jones & Bains, 1997; World Health Organization, 1993); and as Boaden *et al*. point out, such skills rarely form part of professional training (Boaden, Dockery & Mackenzie, 1998). Often the statutory sector imposes its own management structure onto community partnerships, expecting community members to adapt to existing practices, rather than working co-operatively with community groups (Collins, 1997). If these issues of

language, style and attitude are not addressed, they tend to reinforce the imbalance of power and build up public resentment.

Working through the language barriers, resolving conflict and identifying common agendas is time-consuming and labour intensive (Blunden, 1998; DETR, 1999a). Statutory sector staff are often not able or allowed to devote this large amount of time to building strong relationships. Flanagan & Bruce suggest that statutory sector work overload needs to be addressed (Flanagan & Bruce, 1999). Only then will the statutory sector be able to move away from an entirely reactive mode of working, towards more proactive health promoting activity, with time built in for public engagement.

Persuading managers to allow their staff to work more flexibly may be hindered by the lack of professional standards or objectives for this type of work (Craig, 1996). Without measures to describe or evaluate partnerships with communities, it is difficult for frontline staff to report back to managers or service planners. The extent to which partnerships affect an organisation's planning or priorities may also be influenced by the extent to which the senior managers are committed to working with communities (Flanagan & Bruce, 1999; Smithies & Webster, 1998).

Funding processes

Funding processes are seen as not allowing sufficient time for effective public involvement, especially if the community is fragmented or needs time to build its capacity for engagement (Collins, 1997; Hart, Jones & Bains, 1997). There may be a problem with the speed at which bids for funding must be prepared. If funding is then only provided for a short-term project, successful statutory sector–community partnerships may be difficult to sustain (Harries *et al*. 1998).

Factors that promote community–statutory sector joint working

General

Plamping, Gordon & Pratt stress in their 'whole systems approach' that partnerships need to work directly with the diversity of perspectives offered by professionals and community members and should employ different ways of working instead of the traditional methods of managing hierarchies (Plamping, Gordon & Pratt, 1998; Pratt, Gordon & Plamping, 1999; Pratt, Plamping & Gordon, 1998). They propose that such co-evolving 'whole systems' partnerships create the right conditions for local people to re-engage with old problems and find their own solutions.

Respect and trust emerges from the literature as a prerequisite for all successful partnerships (DETR, 1999a; Speller, 1999). Honesty is also seen to be necessary to overcome the threat of conflict and misunderstanding, as outlined in Sheffield Health Authority's Community Participation Strategy:

> *We can be very clear from the outset what we are trying to achieve, what scope we have for change, how we will take on board what people want, what we cannot do and how we will make decisions.* (Smithies & Webster, 1998)

Changes at a high strategic level

A lack of professional skills in community participation could be corrected by the introduction of training in community involvement in universities and colleges for health professionals (World Health Organization, 1993). This need was expressed through Resolution WHA 44.27 adopted by the 43rd World Health Assembly.

It has also been suggested that research institutes need additional funding to assess the health improvement delivered by new public health interventions such as community participation. This would require the development of better indicators that go beyond traditional public health and medical services to include effective measures of healthy social and environmental conditions (Gowman & Coote, 2000; Rice & Rasmusson, 1992). Millio also suggests that funding should be made available for research into

methods to promote strategic change, i.e. ways to make health promoting policy proposals feasible and effective in practice (Millio, 1990).

A strong case is made for government departments to amend their funding processes to facilitate community involvement. The DETR have recognised this need in their guidance for Single Regeneration Budget, Round 6, and New Deal for Communities. These initiatives offer funding for a year zero for community capacity building, and allow a considerable portion of the total budget to be spent on capacity building projects (DETR, 1999b).

Development of inter-sectoral partnerships

Partnership working between different statutory sector organisations could allow staff to respond to the demands of communities that do not fall neatly within agency boundaries. Speller makes strong recommendations for such partnerships between local authorities and health authorities drawing on the strengths of the different sectors:

> *There appears to be untapped potential for using the extensive mechanisms [of networks of community groups] to address the broader health issues and for consultation on health services...health authorities should explore sharing these mechanisms with local authorities rather than attempting to duplicate them.* (Speller, 1999)

Speller suggests that health authorities should share health information and help to develop the mechanisms used by local authorities and communities for collecting data to assess health impact. She further proposes that health authorities should ‘relinquish leadership for health promotion in areas where local authorities have the edge’.

Changes in organisational ethos

The development of partnerships is seen as a difficult and risky process, requiring an organic approach and a flexibility that is not normally provided by rigid institutional structures and processes. Effective community involvement would therefore require

adopting an organisational culture of risk taking, as described by Flanagan & Bruce, where organisations have the *'courage to try new ideas and to stop them if they are not effective'* (Flanagan & Bruce, 1999).

There may also be a need for a shift in the perceptions of professional staff towards seeing the public as active citizens rather than passive consumers. This would require attitudinal shifts at all levels of an organisation and, as Atkinson & Cope conclude:

> *… involving communities in all stages of the policy process – problem definition, agenda setting, goal-setting, policy appraisal, policy implementation, policy review, policy success and policy termination.* (Atkinson & Cope, 1997)

There also seems to be scope for organisations to share power and to be prepared to allow community members to lead partnerships. Power's study of social housing estates showed that bringing the estates back from the edge absolutely required giving local people local control. The creation of a local management office gathered the support of residents necessary to overcome widespread social problems and proved that most of the tenants 'were not irresponsible and hostile but desperate for things to work' (Power, 1997). Sharing power is seen as promoting community ownership of problems and their solutions, and ensuring that the benefits last in the long term.

Changes in working practice

It is suggested that the following changes could promote effective partnerships with communities**:**

1. involving senior staff to lend status to partnerships (Barnes, Harrison Mort, & Shardlow, 1999; Smithies & Webster, 1998)
2. providing training for staff to develop the skills necessary for community involvement (Laughlin & Black, 1995; Smithies & Webster, 1998), and involving community members in training staff (Barnes, Harrison, Mort & Shardlow, 1999)

3. developing clear aims and objectives for partnerships with communities and relevant evaluation methods (Craig, 1996)
4. developing performance management of statutory organisations to include audit of their responsiveness to communities (Barnes, Harrison, Mort & Shardlow, 1999)
5. setting up structures which allow community participation in strategic planning, not just consultation after the event (Laughlin & Black, 1995)
6. meeting community members on their own terms (Barnes, Harrison, Mort & Shardlow, 1999).

Benefits of community–statutory sector partnership working

For the statutory sector, partnerships with communities can result in better targeted services (Freeman *et al.* 1997), the possibility of reaching disadvantaged groups (Smithies & Webster, 1998) and new ideas from access to lay knowledge (Popay & Williams, 1996):

> *The smokers know the reasons they continue to smoke, yet without this lay knowledge, public health interventions are unlikely to be effective*. (Popay & Williams, 1996)

Smithies & Adams conclude:

> *Decisions made by the people concerned are often better than the decisions made for them by others.* (Smithies & Adams, 1993)

Fieldgrass uses the word 'additionality' to describe the benefits of partnership working, where the results far exceed the sum of the parts:

> *A small injection of professional skills can reach a long way when it's combined with a network close to the community. Likewise a shot of advice from a community perspective can help shape a professional message into something that becomes ten times more powerful and accurately targeted.* (Fieldgrass, 1992)

Phase two of the literature review will examine evidence that:

- statutory sector–community partnerships improve the health and well-being of communities
- joint working can help shape and improve statutory sector policy and practice.

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