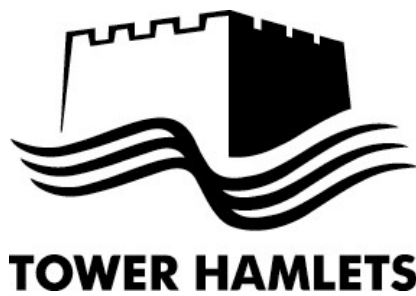


Report of the Scrutiny Review on Community Health Assets



**London Borough of Tower Hamlets
April 2013**

Contents

Page

Acknowledgments

Chair's foreword

Introduction

Aims and objectives

Methodology

Terminology

Local context

Faith communities and community assets

Case study: Community assets in St Paul's Way

Conclusion

Recommendations

Acknowledgements

Thanks to all the officers and partners that gave their valuable time to the review and were so generous with their ideas. The views and perspectives of all that were involved have been fundamental in shaping the final recommendations of this report. We want to thank particularly the people who participated in the St Paul's Way case study who so willingly shared their knowledge and expertise with us.

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Chair's foreword

St Paul's Way has undergone a huge transformation, with new homes, community facilities, a new school building with rapidly improving exam results and a GP surgery that is increasingly able to meet the needs of local people.

That change has been achieved, partly through investment and policy interventions, but overwhelmingly through collaboration between individuals organisations and with local people.

As public health transfers to the local authority Health Scrutiny committee chose to think through how we make the most of the transition, through making connections and building on existing goodwill and partnerships. St Paul's Way seemed to be a good place to start.

Faith organisations are significant on St Paul's Way, as across the borough, and their role is often not well understood. That is why we have given them some focus in this review.

1. Introduction

“Communities have never been built upon their deficiencies. Building communities has always depended on mobilising the capacity and assets of people and place”¹.

- 1.1 This review will discuss the findings of an investigation in to ‘community health assets’ in Tower Hamlets. This will feed in to wider community asset related projects taking place within Public Health and the Council.
- 1.2 The ‘asset approach’ builds on the assets and strengths of specific communities and engages citizens in taking action. It is often cost-effective, since it provides a conduit for the resources of citizens, charities or social enterprises to complement the work of local service providers. The ‘asset approach’ highlights where communities are already flourishing rather than concentrating on the deficits and problems within communities.
- 1.3 This review will assess how community assets contribute to a shift in thinking about how communities and service providers can improve wellbeing and respond to ill-health. It will demonstrate how practitioners can change the way they engage with individuals and the way planners design places and services so that more meaningful and appropriate services are provided.
- 1.4 The Marmot Review emphasises the importance of individual and community empowerment. It comments that this requires mapping community assets, identifying barriers to participation and influencing and building community capacity through systematic and sustained community development². This review will consider these principles when discussing the key findings.

2. Aims and Objectives

- 2.1 The aims and objectives of this review are:
 - To provide an introduction to community assets and their relation to health
 - To explore how faith communities can act as community health assets

¹ Building Communities from the Inside Out, Kretzman & McKnight (1993)

² Fair Society, Healthy Lives: The Marmot Review (2010)

- To present a case study of a community asset mapping exercise in St. Paul's Way, with a specific focus on faith communities and their capacity to promote health and wellbeing
- To suggest how local conditions can be improved to promote the health benefits of existing community assets

3. Methodology

3.1 Evidence sessions and desk based research were undertaken to inform the evidence base for this review. The below individuals and organisations contributed to the evidence sessions:

- Tower Hamlets Inter Faith Forum
- Father Duncan Ross: St Paul's Church, Bow
- Dr. Joe Hall: St. Paul's Way Medical Centre
- Mohbub Ali: Burdett Estate Mosque

4. Terminology

4.1 "A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses"³.

4.2 A 'health asset' includes any of the following:

- The practical skills, capacity and knowledge of local residents
- The passions and interests of local residents that give them energy for change
- The networks and connections – known as 'social capital' – in a community, including friendships and neighbourliness
- The effectiveness of local community and voluntary associations

³ Antony Morgan, associate director, National Institute for Health and Clinical Excellence (NICE), 2009

- The resources of public, private and third sector organisations that are available to support a community
 - The physical and economic resources of a place that enhance well-being
- 4.3 The 'asset approach' values the capacity, skills, knowledge, connections and potential in a community. It is an alternative to the more familiar 'deficit' approach that focuses on the problems, needs and deficiencies in a community which can lead to service design that fill the gaps and fixes problems. As a result, a community can feel disempowered and dependent; people can become passive recipients of expensive services rather than active agents in their own and their families' lives⁴.

5. The Local Context

- 5.1 Tower Hamlets is rich in physical, economic, social and cultural assets. The borough has been the place of settlement for migrant communities for centuries. Situated at the edge of the City and on the river, the borough has been an access point for many. During the twentieth century as the local and national welfare state developed and worked to address the problems of poverty many members of migrant communities played an active role in challenging prejudice and discrimination as elected councillors or community activists. In recent times, the area has experienced rapid economic growth and has been a focal point of regeneration in London. Significant development activities include the 2012 Olympic and Paralympic Games, continued development within the Thames Gateway and the expansion of Canary Wharf. Tower Hamlets boasts extensive waterways, Victoria and Mile End Park and an assortment of museums and markets. All of these contribute to the borough's sense of place and identity. These wide ranging assets provide immense opportunities for the borough.
- 5.2 There is a strong sense of community unity and civic responsibility in the borough. This is demonstrated by the level of participation and engagement in the annual Young Mayor election, which takes place in secondary schools and youth centres across the borough and regularly sees turn out of fifty percent. In addition 3.7% of the borough's population provide more than 20 hours of unpaid care per week and 50% of them provide more than 50 hours of unpaid care.
- 5.3 Religion continues to play a prominent role in the lives of many of the borough's population, with 65% of residents claiming a religious belief⁵. The borough is also home to the largest Muslim population in the

⁴ A glass half full: how an asset approach can improve community health and well-being , Improvement and Development Agency (2010)

⁵ '2011 Census: Second Release – Headline analysis', Corporate Research Unit

country. Beyond their immediate congregations, many faith communities are able to reach out and support people in their local area through social action. The networks and relationships developed by faith communities in themselves offer opportunities to promote health and wellbeing.

6. Faith communities and community assets

- 6.1 National research defines nine different factors which may lead to positive healthy outcomes for those participating in faith based activities: “moral directives, spiritual experiences, role models, community and leadership skills, coping skills, cultural capital, social capital, network closure, and extra–community links”⁶. Given the prominent place of religion in the lives of many residents, this review has a specific focus on examining the networks, relationships and activities of faith communities and how these affect the health and wellbeing of individuals and communities in the borough.
- 6.2 As part of the review, an evidence gathering session was held with the Tower Hamlets Inter Faith Forum (THIFF). THIFF members were asked to discuss the community assets that they are aware of within their respective religious groups and associated communities.
- 6.3 It was highlighted that the local cultural, economic and social environment poses many challenges as well as opportunities. Examples included high levels of unemployment and poor housing negatively impacting health and wellbeing in Tower Hamlets. However, it was also discussed how there are certain characteristics of the borough that have positive impacts on health and wellbeing. The key two areas highlighted was an active civil society and high levels of residents practising a religion or faith. It was agreed that places of prayer, worship or other spiritual involvement have the capacity to limit the negative effects of these health determinants.
- 6.4 There was discussion about the role faith communities can play in helping to address the reluctance of certain isolated or excluded minorities in seeking help from healthcare agencies. In the field of mental health, people from ethnic minority backgrounds may be less likely to seek interventions due to narrow stereotypes about the role of mental health services. Wider research indicates that religious minorities may tend towards seeking pastoral help at the religious institution for emotional problems rather than specialist mental health support⁷. It was highlighted by the THIFF that different faith organisations could offer employment and social opportunities for vulnerable people and hard to reach groups.

⁶ Spiritual Capital, 2012, Theos and The Grubb Institute

⁷ Ibid

- 6.5 It was suggested that religious institutions have a number of unique resources which make them especially effective in health promotion. These include the social support, networks and organisational structure provided by religious institutions. Examples of this include being visited by members of the community or congregation or the development of social ties for those experiencing, or at risk of, isolation. This could be especially relevant for older people.
- 6.6 There was discussion on how research has identified that places of worship may also form the basis of wider voluntary and community sector initiatives. These would be able to assist members of vulnerable communities beyond those who regularly attend religious meetings. Such fostering of social capital, and in some cases social entrepreneurship, may therefore have broader impacts on wellbeing across the local community⁸.
- 6.7 A number of participants highlighted the Bromley-By-Bow Centre as an example of a very successful approach to health promotion and illness prevention, grounded in the metaphysical and physical space of a faith tradition, which includes the entire community. The Centre originally started in a church hall and is still influenced by its religious origins. It was highlighted that the combination of arts and community work which involve people from a range of backgrounds, combined with religious activities, helps breed familiarity and cohesive communities. It was suggested that this model of integrating GP practices and other community care facilities on the same site could act as a means of encouraging and facilitating access to healthcare services. The group agreed that this holistic approach (of which working through community engagement with religious/spiritual activities and organisations are intrinsic components) should receive greater consideration from central and local government as a model for working with deprived and ethnically diverse communities.

7. Case study: Community Assets in St. Paul's

- 7.1 Community asset mapping is a process of “building an inventory of the strengths and gifts of the people who make up a community and highlights the interconnections among them”⁹. As part of the review a community asset mapping exercise was undertaken in the St Paul's Way, Bow. The objective of this exercise was to investigate what community assets exist in the locale, how they contribute to improving health and how local conditions can be improved to promote the health benefits of existing community assets. The findings of the case study are set out below:

7.2 St Paul's Church

⁸ Ibid

⁹ 'Revitalising the evidence base for public health: An assets model' Morgan and Ziglio, 2007

Father Duncan explained how the church and church hall are resources for the whole community to use regardless of their religious background. It was highlighted that community assets must be seen as inclusive and welcoming if they are to be used to their full potential.

- 7.3 There were wide ranging discussions on how physical community assets will only be used to their fullest effect if trust has been built with diverse groups of local people. It is the social capital of relationships around an institution as well as the physical assets of buildings that can have an impact on improving wellbeing. For example, the church hall is used as a space for young people to spend time and be safe in the early hours of the morning. It is also a mental health drop-in centre.
- 7.4 An effective community asset approach depends on taking risks and trusting people. Services should thus be designed in a way that allows providers and service users to make the most of opportunities and connections that already exist. This means that trust, engagement, participation and planning need to leave capacity for development of new ideas.
- 7.5 Partnership work: Poplar HARCA and the Church of England
There are examples of collaborative working between different groups to provide community services within St. Paul's Way. One such example is between Poplar Harca and the Church of England where they jointly fund services. The regular coffee morning on St Paul's Way is often mentioned as an important tool to generate connections and co-operation. It was highlighted that there needs to be an open dialogue between organisations so that all parties are aware of possible areas of collaboration.
- 7.6 The Good Gym
A prime example of a locally based network that promotes health is 'Good Gym' – a group of runners who get fit by doing physical tasks which benefit the community. This work ranges from shifting rubble, planting gardens and making deliveries and friendly visits to older people. These networks of individuals improve their own health through participation, improve the mental health of older people they visit individually and improve the physical community assets they work with as a group.
- 7.7 St Paul's Way Community Trust School and Queen Mary University
It was highlighted that the St Paul's Way Community Trust School is a key community asset within the St Paul's Way community because the building and facilities are outstanding, the good relationships the school holds with the community, and the expertise that has been built up through a period of rapid and successful change. The use of a physical community asset such as the school is very useful for promoting public health messages as it has an existing connection with the community and can utilise existing communication networks.

- 7.8 Using medical students from the local university (Queen Mary University) to undertake engagement work with local school children to promote the idea of entering the medical profession demonstrated how existing human resources may be being underused. Students have huge amounts of skills and energy that can be used in schools on a wide range of activities. These activities can be beneficial for students as valuable experience for their CVs.
- 7.9 St Paul's Way Medical Centre
GP surgeries, like schools, offer a multitude of opportunities for promoting community assets. This has manifested itself in the provision of other services within the St Paul's Way Medical Centre such as housing, financial and welfare advice. This provision complements the principle of having to tackle the wider determinants of poor health to create a sustainable approach to good health and wellbeing of a community. Through adopting this approach a wide variety of opportunities are available for incorporating community assets when looking to improve the health of a population.
- 7.10 Burdett Estate Mosque
There were wide ranging discussions around the huge potential places of worship have in promoting health in the borough. Some schemes already exist within the London Muslim Centre where Public Health engage with attendees. It was suggested that there are these engagement opportunities could be developed further.
- 7.11 A key obstacle that was identified with engagement activities is language barriers when health professionals are unable to engage with mosque attendees. One possible solution to this problem is to engage young bi-lingual mosque attendees to act as interpreters. This would enable the community to help itself and thus provide a more sustainable and effective health intervention.
- 7.12 Community Health Champions
Community Health Champions (CHC) are volunteers who are trained and supported to champion health improvement in their communities. This has a direct impact on their own health and – as their confidence, motivation and knowledge increases – the health and well-being of their neighbourhoods and communities. The Tower Hamlets Involvement Network (THINK) are currently training CHC in the borough. Going forward with this work it should be ensured that the CHC work within existing networks and community assets.
- 7.13 ***Findings from the St Paul's Way case study***
Much of the research on community assets, the St Paul's Way case study and the evidence gathered as part of this review suggest that successful solutions to public health challenges will be rooted in local communities. There are many examples of an 'asset approach' to

improving health in St. Paul's Way which builds on the assets and strengths of specific communities and citizen engagement.

- 7.14 Community assets within St. Paul's Way play a key role in improving health through supporting the wider determinants that contribute to good health and wellbeing. This is through creating connectedness and inter-related networks that improve the psychological health of a community more so than the physical. This is often through promoting human interaction and mental engagement.
- 7.15 Through assessing the strengths of individuals and the assets of a community in St. Paul's Way new ways of thinking about improving health and wellbeing emerged. This new way of thinking has the potential to change the way practitioners and commissioners engage with individuals and the provision of services. It highlighted the potential for promoting social capital, community action and co-production of health services to develop more effective services.

8. Conclusion

- 8.1 Asset based working promotes wellbeing by building social capital in a number of ways including face to face community networks, promoting civic participation and citizen power and encouraging trust and reciprocal help. This report suggests that levels of social capital are correlated with positive health outcomes, well-being and resilience. Whilst central government and local primary care organisations may take the leading role in driving and organising health promotion – this report suggests that local, organically developed initiatives may be the most appropriate and effective means of working to promote health amongst the diverse demographic of Tower Hamlets. The key themes and issues which emerged through this review are set out below:

- 1) **The role of faith communities in promoting health and wellbeing:** Faith communities often offer the possibility of a professional local leadership presence in communities that would otherwise be lacking. They can act as catalysts of action to meet the needs of their congregations and other members of the community. They have the capacity to provide some support, stability and continuity to areas suffering from low levels of health and wellbeing.
- 2) **Volunteering:** Research by UK volunteering organisation Timebank has shown the difficulty of recruiting volunteers, and highlights the importance of developing volunteer-centric roles for volunteering. GoodGym is a “fine grain” approach to volunteering, where participation is based on frequent low impact activities that are integrated usefully into the participant's life. Its model of voluntary action focuses on the positive experience of the volunteer which results in a higher number and quality of volunteers. The

model aims to make it as easy as possible for people to integrate voluntary participation into their lives. This is an approach that could usefully be promoted elsewhere in the borough.

- 3) **Role of ward councillors:** There is a pivotal role for Councillors in making visible the assets in their communities, promoting the use of appreciative inquiry and supporting communities to develop their resources. Research suggests that Councillors can utilise their community leadership role to build a constructive partnership between a wide range of individuals, groups and organisations to improve the health of their wards. A key aspect of this role is stimulating creative ideas about where services are based and how they are delivered¹⁰.
- 4) **Informing commissioning plans:** One of the key challenges to promote an asset based approach to health will be integrating the community assets principles within strategic commissioning for services. With the transition of Public Health to the local authority it is suggested there will be greater scope to commission support for community development and community building. This should include developing commissioning models that have more synergy with an assets approach, for example, that specify co-production and involving users and carers.

9. Recommendations

1. Provide opportunities for ward councillors to develop their knowledge of community health assets in their local areas and inform development of local asset maps to inform health promotion activities, through:
 - Walk-about for ward councillors, Public Health Locality Managers and HealthWatch members to identify community health assets as well as health issues, followed by a workshop to identify how these issues could be addressed through co-production
2. Encourage health and social care strategists to recognise the trust, social networks and relationships that exist in many community assets, including faith communities, and support them to promote health and wellbeing
3. Encourage health and social care commissioners to recognise the value of community assets in commissioning decisions and continue to resource programmes such as the Can Do small grants scheme to support small, locally based groups to develop their health promotion work

¹⁰ *Empowering Communities: making the most of local assets. A Councillors Guide* (2012). Local Government Association

4. The Council and NHS to consider how to ensure that practitioners on the ground have the capacity to collaborate, and how to drive culture change to create a way of working where people say yes to requests for help and support and innovative ideas.