The Health Creation Alliance

What works – Community Connectors?

A Contribution by The Health Creation Alliance to the national Core20Plus5 Community Connector Programme to address health inequalities

THCA Webinar: Connectors and people with lived experience

6 December 2021

FINDINGS

About The Health Creation Alliance

The Health Creation Alliance is the only national cross-sector group *– of professionals, communities and people with lived experience –* addressing health inequalities through Health Creation

Our mission is to increase the number of years people live in good health in *every* community

Voices for Change (and IHAV)

Connect to Transform (movements)

Communities of Learning

Advancing Health Creation

We understand community dynamics. We are helping shape national programmes so they:

- support Health Creation
- land well with communities and people with lived experience of disadvantage
- lead to different ways of working with communities that reduce health inequalities

Who attended THCA workshop on 6 Dec 2021?

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- Informal Community Organiser – Dartmouth
- Informal Community/Agency Connector and Lived Experience of Mental Ill-Health – North Yorks
- Informal Community Leader – Salford
- Informal Community Connector and PPG Chair – Cornwall
- Social Prescribing Link Worker and Lived Experience of Mental Ill-Health – Wakefield
- Integrated Care Community Development Lead – Morecambe Bay
- Social Prescribing Link Worker – London
- Local Area Coordinator – York
- Researcher and Community Connector – Exeter
- Pharmacist & Self-Care/Health Inequalities ICS Lead – Milton Keynes
- Time-bank Broker, former Care Navigator and Community Link Worker – London
- Health Influencer Change Worker for female street sex workers – Yorkshire
- Community Leader, Todmorden

What works in existing ‘community connector’ roles?

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- **Personal traits are more important than the role/tasks**

Curiosity | **Warmth** | Empathy | **Trust** | Creativity | Open-mindedness | **Trustworthy and trusted** | **Good listener** | **Warm** | Welcoming | Sincere personality | Kind | Ability to communicate with many different people |Not get dragged down | Non- judgmental | No-fixed approach | **Tenacious** | **Warm** | Flexible | **Tenacity** | Independent/Objective | **Good listener** | Good communicator | Creative in making connections |Sustainable | Opportunistic | Energy | Courage | Great connectors | **Trust** and confidence | Resilience | Good understanding of the issue | Interpersonal skills | Sense of humour | **Listen** | Acknowledging the persons issues |Knowledge of social issues | **Trustworthy** | **Good listener**/enabler | **Tenacious** | Responsive | Understanding | Supportive | **Trusting**

- **And a willingness and the skills to …**

Take off the lanyard | Remove the barriers | Manage risk and hold it intuitively | blur boundaries between services and community | navigate both services and communities (because they speak different languages) | Be practical but also reflective | Turn talk into action (get things done) | Gather insight on need | Be a bridge between system and communities (advocate, broker between two worlds) | Prioritise least heard voices | Seek out ‘hard to reach’ communities | Go the extra mile (it’s not a 9-5)

What works in existing ‘community connector’ roles?

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- **Having local knowledge, knowing the community**
  - awareness of the heritage of the area/people.
  - demographics, concerns relating to the people, social issues etc.
- **Be a part of the community, embedded in communities, ‘buy-in’ to the community**
- **Longevity of the role – there for the long-term, not dipping in and out**
- Help people with practical day-to-day stuff… and through this, they get more connected
- Language is important: both the language spoken and the phraseology used to communicate
- Focus on what people CAN do, the assets and strengths every person brings
- **Linking people together so they can create collective action and make change as a group**
  - must be able to help communities to self-organise, do it themselves or it won’t work
- Freedom from toeing lines
- The environment where people meet, the environments we create for ourselves
- Have the right conversations with communities to find out about the health needs
- Also need to have the ear of the people with the power… to support the change

Core20Plus5 – not liked much

But we do see its importance and there is a precedent…

- “Communities don’t identify as ‘deprived’ or ‘needy’ – don’t like using these words to access resources”
- “Is it really possible/helpful to identify distinct communities? Don’t most communities have a wide range of all sorts of things?”
- “The whole system needs to change the way they see and work with all communities everywhere, not a focus on the most disadvantaged, but to change”
- “I think they need to get rid of the 'target' language first” … “We’re people, not targets”
- “Trust is a huge issue for people within our communities, so much has been promised but so little is often delivered. Re-building trust and showing individuals that we are there for them needs to be a priority. No more 6 month schemes, if we're there, we're there. Not dipping in and out when the funds are available”.
- Need to understand the reasons for the behaviours “there are a lot of issues behind mental health”

However …

- It is really important to focus NHS minds on underserved communities, not overlook them
- Vaccination roll-out has provided an example of how to work with communities on things that matter to everyone – professionals and communities

What should be avoided in this programme?

- Parachuting people in who don't know the community or how it works
  - "If I was taking this role in another place… I would go in as a mystery shopper… cos who am I to go into a community and tell them what to do until they know how it works"
- Expecting 'behaviour change' – it's very negative and glosses over the real issues…
  - "Behaviour change is quite often the last thing people are interested in when they have other more important (to them) determinants of health going on like housing, food, finances"
- Language barriers – need to find ways to address these
  - where peoples first language is not English
  - where professional language gets in the way of listening and responding to community requests
- Assuming there's a community problem… instead ask "Could it be the service we're providing?"
- An additional role separate from the other connector roles – this creates more silos
- Transference of community people into paid roles… because it always boils down into KPIs/targets…
- Asking communities to do it according to NHS preconceptions (or targets) – it's disempowering
- Short-term funding with a hard stop

How do Community Connectors reduce health inequalities?

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This question was heard and interpreted differently by the participants. The question they heard and answered was significantly different …

"How do Connected Communities reduce health inequalities?"

- "Communities that self-organise can react very quickly … so they can deal with the small things that if they're not dealt with, become very big things"
- People living in the communities have a vested interest in the health and wellbeing of their communities… being a citizen living in the community it means people of the community are properly represented
- Because people who are connected care for each other, look out for each other

Connected communities need funds to support *community strengthening* activity

- And to cover their time talking to the system (not necessarily salaried for community connecting)
- "Need to fund the great work already going on in the community"

How might this work in the Core20Plus5 groups?

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If the group/cohort is already well connected…

- Listen to them… "*come to talk to the communities, take your lanyards off… the answers are there but you need to be in the right space to listen*"
- Share your anonymised data with communities… invite them to bring their knowledge about the underlying reasons for this date and create an urgency for something different to happen

If the group/cohort is not already connected…

- Help them to connect to each other (self-organise) *"Link people together so that they can create collective action and make change as a group"*
- Recruit and empower 'peer connectors' to do this – people from the 5 groups/cohorts
- The environment where people meet is important – find somewhere they are comfortable
- Listen to them… share your anonymised data with them

The actions to take will become apparent through the course of the conversations… this is essentially what happened during the COVID-19 lockdowns and through the vaccination roll-out…

Learning from COVID-19

The experience of one self-organised community near Dartmouth

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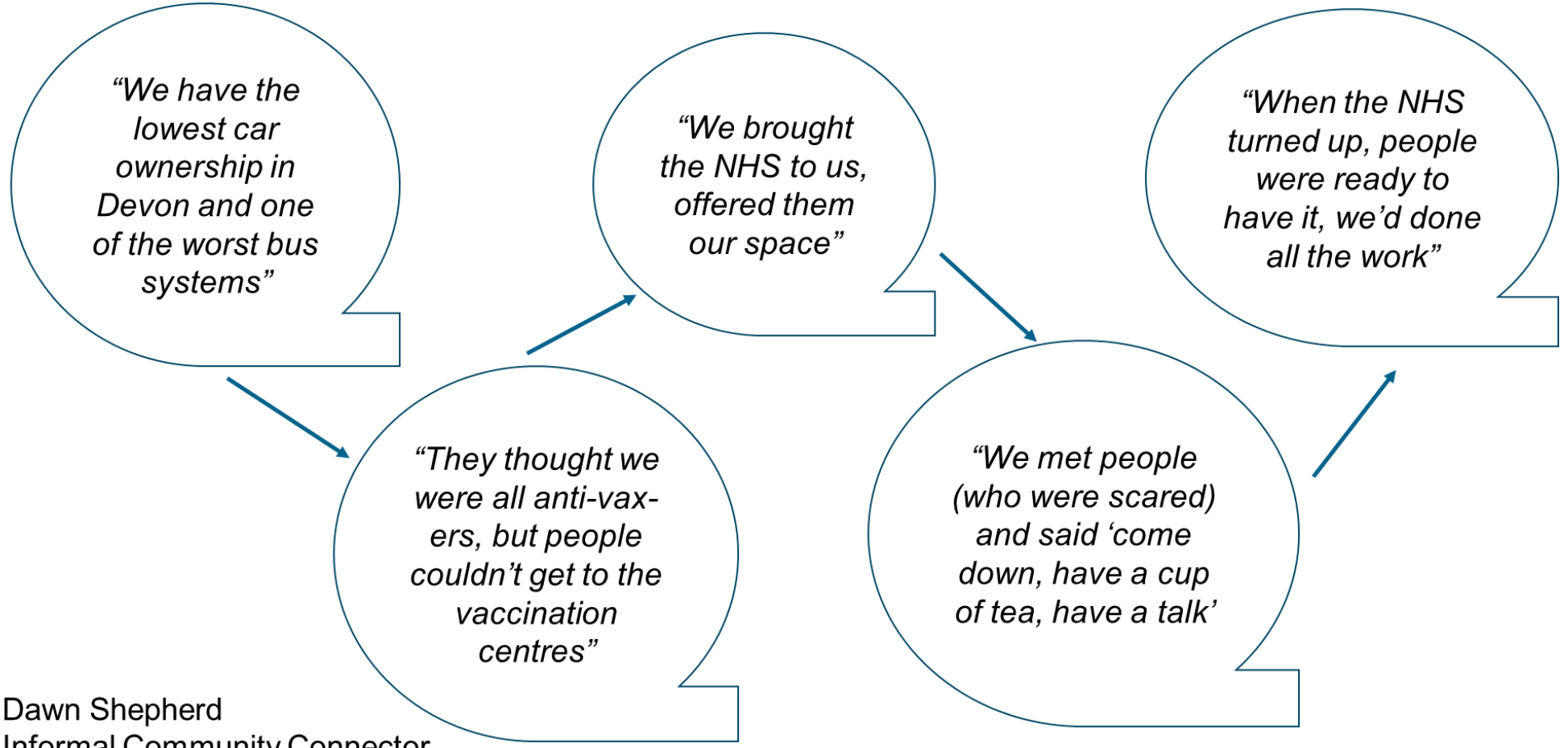


Dawn Shepherd
Informal Community Connector
Townstal, Devon

Introducing Aunt Sally: two community connector models

Alex McCraw, The Health Creation Alliance Community Partnerships Director (and person with lived experience) presented his idea for the Community Connectors for discussion and shaping by others.

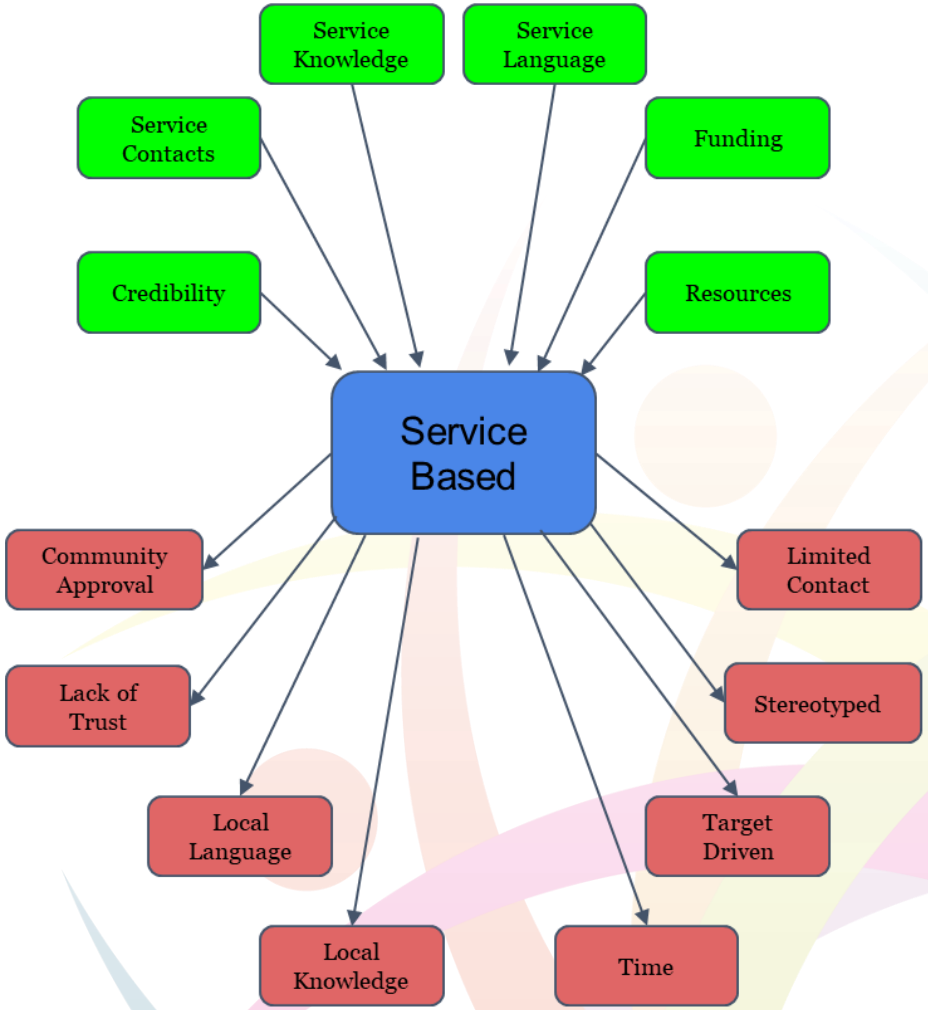
He felt there should be two roles – one service-based and one community-based. Both have strengths and weaknesses. If they work together well, then the strengths of each can make up for the weaknesses of the other. Between them they can both support community strengthening and influencing and liaison and influencing of the system.

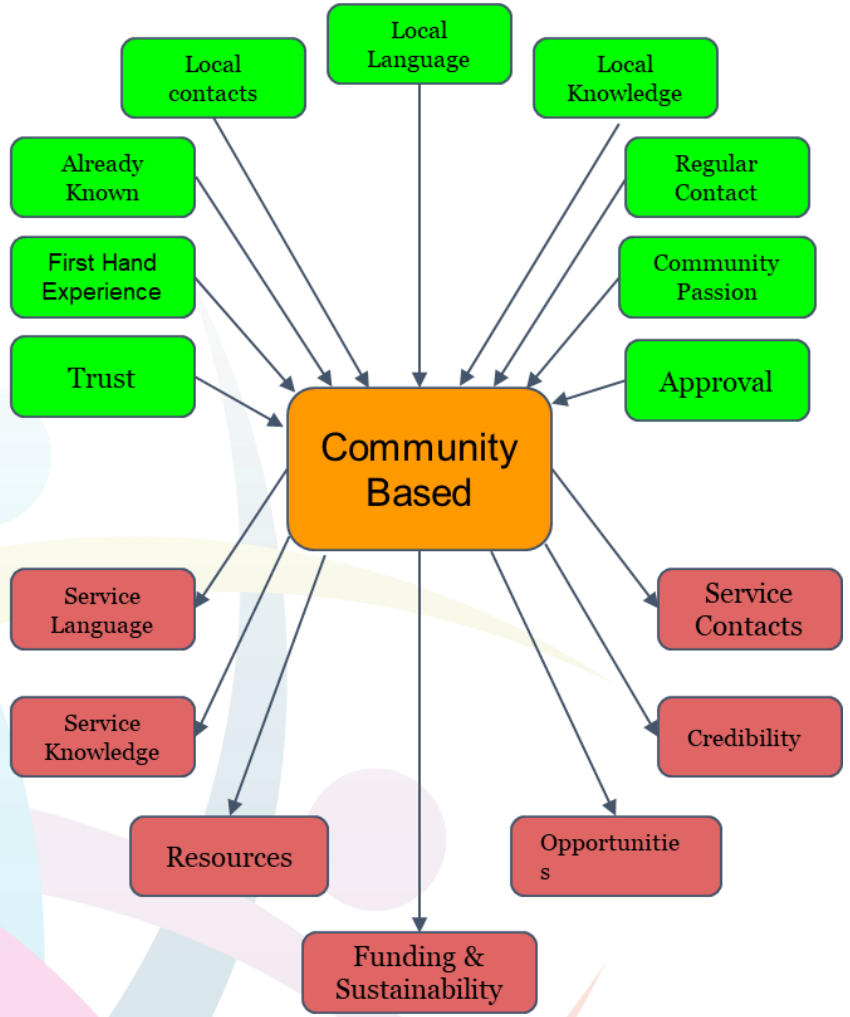
The relationship between the two is critical as is the system's willingness to listen and respond. If this is done well, their joint working can develop over time and the person in the community-based role can develop to take on the whole role, liaising with and influencing the system directly.

This is expressed in the diagrammes that follow

Aunt Sally: Community Connectors

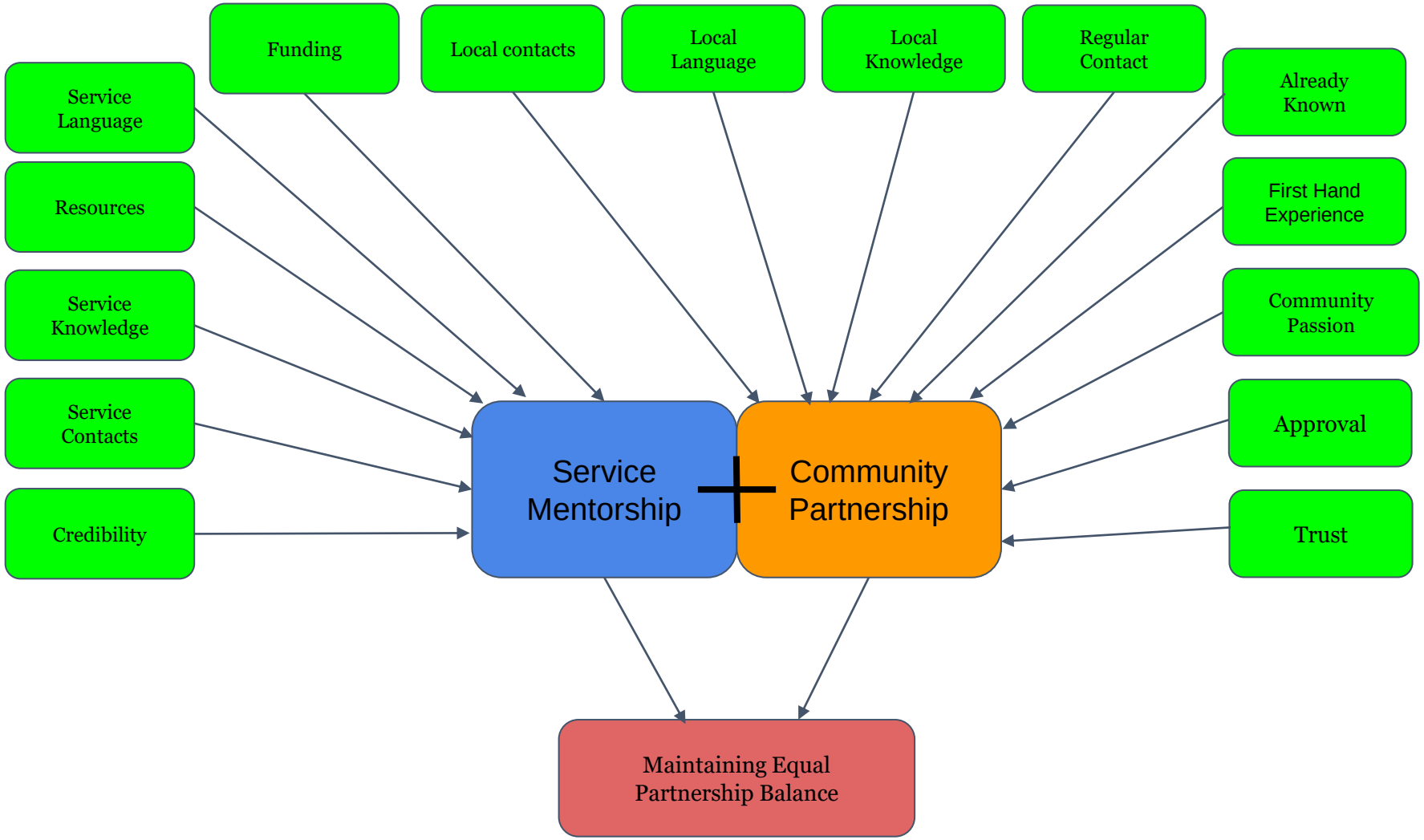
Two Different Types. The basics, strengths and challenges – a community perspective





Community Connectors: dual role

The potential of a dual role and what it could look like.



A description of the roles

- 2-roles generally liked but…
  - support ***community networks*** not just nodes (individuals)
- Build on existing connectors already in the place

  Local Area Coordinators | Social prescribers | Care Coordinators | Community Link Worker | Health Coaches | Community Leaders | Community Champions
- Paid roles or unpaid?
  - Some community members don't need/want to be paid (e.g. if they have a job already)
  - Others will have pressure on them by DWP to get a job … paying them to do this will enable them to build it as a role, stabilise their position, offer the much-needed longevity to the connecting role. It also shows you recognise the value of what they're doing and helps them to value themselves
- Absolutely critical that they can access resources to solve problems they know exist e.g. a fund to cover the cost of bus fares for their cohort to get to hospital (access)

Summary/recommendations for Core20Plus5

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- Part of the role must be to build connections between cohort/group members
  - This will strengthen communities (including Plus and 5 communities)
  - It will help them build confidence to engage with formal services successfully (Access/Experience)
- Community Connectors must be local people / people from the cohort
  - Engage people with the right attributes/traits – not a CV that looks good
  - Listen, get behind and fund what they think the solutions are – not what NHS thinks they are
  - Share anonymised data with them
  - Work with them to address the issues – in partnership
- Reflect and build on ‘what worked and why’ from COVID-19 / vaccination roll-out
- Connection with NHS needs a lot more thinking through
  - Takes quite a bit to influence the NHS!! (Even GPs doing this connecting work struggle)
  - Build on/from existing connector roles – don’t add more roles unnecessarily (risks duplication)
  - Having 2 roles could work, relationship between them is critical and will need attention
  - NHS needs to value community networks, build connections with them (not just individuals)
- Spend programme funding carefully: what will it be spent on? Don’t spread too thinly
- This must not be a short-term initiative that lets communities down again

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