

RECOGNISING AND REDUCING HEALTH INEQUALITIES

COMMUNITY DEVELOPMENT IN ACTION IN A GP PRACTICE MULTI DISCIPLINARY TEAM

ABOUT US

We are a team of social workers, supporting patients in a GP practice as part of a multi-disciplinary team (MDT). Our role in the MDT is to understand that social wellbeing affects how people feel about themselves, how well they function and the overall quality of their life. The MDT model has a number of underlying principles including reducing inequality, working in partnership and building services around GP practices.

COMMUNITY DEVELOPMENT & HEALTH INEQUALITIES

Our GP practice had heard about the Elevate training and as we were just new into our roles we decided to attend. Our social work practice is focused on using community development approaches but some of us had joined the MDTs from other settings, for example, hospitals and local Trust teams so the training seemed like a really good opportunity for us to learn together.

Taking part in the Elevate training helped us understand **the differences between community work and community development work**. Taking part in activities with community development workers and social prescribers helped us to **reflect on power imbalances** and the importance of listening to and using the **tacit knowledge** across the community.

Comparing community-based with community development work

COMMUNITY BASED WORK

An issue or problem is **defined by agencies and professionals** who develop strategies to solve the problem and then involve community members in these strategies.

Ongoing responsibility for the programme may be handed over to community members and community groups.

CHARACTERISTICS

- Decision making **power rests with the agency**.
- The **problem or issue is defined by the agency**.
- There are **defined timelines**.
- **Outcomes are pre-specified**, often changes in specific behaviours or knowledge levels.

COMMUNITY DEVELOPMENT WORK

Community groups are supported to identify important concerns and issues and to plan and implement strategies to mitigate their concerns and solve their issues.

CHARACTERISTICS

- **Power relations** between agency and community members are **constantly negotiated**.
- The **problem or issue is first named by the community** then defined in a way that advances the shared interests of the community and the agency.
- Work is **longer term** in duration.
- The desired income is an **increase** in the community members' **capacities**
- The desired long-term outcomes usually include **change at the neighbourhood or community level**.

The examples from other people in the group, including the volunteers and patients sharing **lived experiences**, improved our knowledge of what inequality looked like in the local community. We heard stories about:

- Families living in poverty
- Lack of job opportunities for young people in particular
- The impact of cuts to community transport and rural subsidies
- Increased suicide rates and increased mental health referrals

Through the Elevate workshop, we were given the opportunity **make connections** with individuals and groups working in the **community and voluntary** sector

REDUCING THE INEQUALITIES

A key message that was reinforced all the way through the training was the need to consider the **wider determinants of health**. It was really important for us as a new team to think about what this meant for our practice and planning.

To embrace the MDT model of a commitment to holistic and accessible care for people and to joined up working, we recognised the need to think, plan and deliver in a partnership with patients, carers and the local community, including those groups and service providers that already existed and had been involved in tackling inequalities for many years.



Figure 1: Model of wider determinants of health & wellbeing

Cambridge Insights

SHARING THE LEARNING

When we finished the training, we were energised and really valued the reflective space that the training had offered us, just at the right time when we had joined the MDT locally.

When we were leaving, one of the local community groups asked us '**Work with us, recognise our value and appreciate that we are all here for the same goal, to build healthier communities.**'

NEXT STEPS

We shared the training materials with other colleagues in the MDT

We organised engagement events for the local community to talk about our services

We asked patients to share their experiences and offer suggestions

We arranged regular catch-up meetings with colleagues in the community and voluntary sector

This new approach will take some time to embed but embracing community development values and keeping the focus on reducing inequality is the central part of our work now.



Project supported by the PHA