Community

Key Theme definition Community community setting; understanding / reaching of target group
Building health knowledge and expertise in community

Evidence is taken from the following data analysis tables:

Questionnaire Evidence

Good Practice Reported by Respondents:
- Commissioners & Steering Group members
- Project and Line Managers
- Health Trainer Tutors/others
- Admin
- HTs

Recommendations and Comments
- Commissioners & Steering Group members
- Project and Line Managers
- Health Trainer Tutors/others
- HTs

Purpose
- Commissioners & Steering Group members
- Project and Line Managers
- Health Trainer Tutors/others
- Admin

Case Study Data

Telephone Interview data
### Themes Analysis Community

#### Questionnaire Evidence: Good Practice statements from Respondents

- the service to be delivered from a community setting by an organisation that knows and understands the target group and how best to access them. The process has allowed health to be moved from the confines of the NHS into the community building Health knowledge and expertise in the community.
- The HTs are integrated within the probation service as members of staff.
- Involving HTs actively in the development of the service.
- At (named) Prison prisoners are trained as HTs.
- As they live within their community 24 hours a day they are always available to other prisoners. Other prisoners feel comfortable about speaking to them as they are not staff.
- Recruiting and training members of the (named) community to become Health Trainers, making it easier to reach and liaising with clients.
- Working with groups and other agencies to promote health within the community.

#### Variables

<table>
<thead>
<tr>
<th>Community Variables</th>
<th>Description</th>
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<tbody>
<tr>
<td>Community within which the HT is located and works.</td>
<td>This might be ‘the community’ as in a community location or a community which is the domain of the HT eg Probation; Prison; a specific community group.</td>
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#### Questionnaire Evidence: Comments & Recommendations

- Build HTs into the community: In (name) the Health Trainer Service has been designed to be a community service, delivered in the community in partnership with other organisations.
- HTs are very aware of the need to maintain, update and continue to develop their community profiles.

#### Questionnaire Evidence: Purpose

- Empowering local people to support others in the community to improve their health.
- The service specification was specifically developed to deliver this overarching objective. The service spec included developing a community service that is delivered in the community.
- To date, the RHT’s are complete in their 20 week training and have started to build a client base in rural villages and feedback indicates that they are achieving the aims and objectives set within the work programme.
- The NHS PCT is very committed to this service and will be the support in training and embedding HTS into the community through the LAA and the LSP.
- Although slow start, purpose is to provide additional support to offenders on community orders, with the hope of reducing re-offending.
- Addressing Health Inequalities, clients certainly come from TARGET groups and are helped. Hard to ascertain on broader scale, impact goes beyond clients to other community members and group.
- Support community members with their decisions aiming to achieve a general state of well being.

#### Case Study Evidence: Interview 1

- I started working as a community resident researcher which was a project that started 5 year’s ago.
there was enough funding from the original 6 to keep on 2 part time community development workers and I got one of those posts.

I then worked as a community development worker within (named area) for 3 years and then the health trainer part time post came up and I thought I would like to do that.

I am based here but cover (named area) which is another estate as well.

**Do you live in those areas?** I live in (named area) yes.

**And was that one of the reasons you were recruited?** Yes.

**Are doctors etc based in this building?** Yes and we have the elderly lunch club on Monday’s and Wednesday’s, we’ve got the new café which has just opened, we have welfare rights, we’ve got youth clubs, upstairs we have Barton Information Centre, and Advice Centre, there is quite a lot here, quite a mixture.

**And health visitors, doctors and any other services?**
Advocacy upstairs as well and an Evergreens Club which is for over 50’s on a Thursday.

In deprived areas they haven’t got the money to go and shop. They are living on a budget, on their income support and a lot of them are addicted to drugs or drink.

I wish as well that we could work with under 18’s because its 18 upwards and then you see kid’s of about 12 upwards whose diet is diabolical and they don’t get any advice at home, or any education, so its just a vicious circle – they are just going to grow up and carry on doing the same thing.

**Case Study Evidence: Interview 2**

much community development …

So (name) and v they lived either in or near (name). …. (name) lived in (name) which is actually a very well off area but I think she was in some council housing there and travelled over to here. (name) who left didn’t live on the estate and (name) who left, he lived not on the estate but basically he was part of the estate community just housed off the estate but really I would say he was from this area because of social networks and growing up.

(name) lives up the road and (name) lives on the estate … and (name) I forgot to say, she lived in (name) or (name) or somewhere but not that far from (name) but not actually on the estate.

their community base who give a bit …

children’s centre and getting them involved with different groups …

community bases … done to strengthen that support … formalised a bit more

would be two based in each estate and that’s how it was in the beginning.

she is so well networked; she really linked in with existing community development projects so she has quite a lot of good support there in terms of people being around and helping her out.

training within the community and to try and give people pathways into doing HT or similar roles as they come up.

I know some places like the children’s centre might find the funds for us to work with their teams.

I know they want to start getting volunteers who have got a focus on health within that centre so I am hope to try and develop that more and to start getting people to work in health on a voluntary level and then they might be good candidates if jobs at the next level come up.
and I am also trying to find out more about career pathways in the NHS and go to jobs fairs at the local schools and linking in with the learning communities project

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<td>Recruitment from local community / target group is very important and has been flagged up by recent recruitment experience. Applicants tick lots of boxes so are shortlisted, and when face-to-face at the interview it is very clear who knows the community and the community profile.</td>
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<td>There are good network links in place via stakeholder groups that support each locality.</td>
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<td>We have recruited new volunteers for HT programme, as our traditional volunteers don’t undertake any outreach work, and they are used to people battering the door down to get to us, so it is a very different approach. And we don’t do the HT service in our usual base, we work out in the community</td>
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<td>They can signpost to local services, but mostly do behaviour-change work with clients. The can also refer to their voluntary organisation for other concerns eg housing, debt etc.</td>
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