

Creating the conditions for health in low income communities: how to take a complex systems approach

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Talk outline

- Nature of public health problems
- Complicated vs complex approaches
- Connecting Communities (C2) approach
- Case studies of C2
- What complexity adds
- Nature of evidence and complex systems

“Everything has come from the residents...”

A group of people, including children and adults, are engaged in a community project in a wooded area. They are standing on a ground covered with brown leaves and are holding long wooden poles. The background is filled with green trees and foliage. The text is overlaid on the center of the image.

Improving health and wellbeing in Kent :

Connecting communities resident-led project - East Kent

The challenges facing public health

- Non-communicable diseases (NCDs) are responsible for approximately two thirds of deaths, globally
- Smoking, physical inactivity, unhealthy diet and excessive alcohol consumption have been identified as the main risk factors for NCDs
- Poor health clusters in our most economically disadvantaged communities
- Communities most at risk of poor health least likely to be engaged in in research

Responding to public health problems

- Isolate individuals with the ‘problem’ (eg obesity, smoking, alcohol ‘abuse’), or individual behaviours deemed to ‘cause’ the ‘problem’
- Look for theoretical constructs of how the behaviour can be modified
- Develop set of activities to modify behaviour
- Randomise individuals or schools or workplaces to get the intervention or not, and measure the pre-specified outcome (eg BMI)
- Check to see whether the intervention is being delivered as intended
- Assume broadly similar contexts and that any differences will be dealt with by randomisation
- Underlying principles – reductionist; ‘linear’ causality

Public health problems

- Only weak evidence base for programmes which support sustained healthy behaviours
 - ▣ Some programmes inadvertently wide inequalities
- Developing recognition that the ‘causes’ of NCDs are complex – that they are ‘complex problems’ in ‘complex systems’
- *But* – we still appear to be treating problems as if they are complicated rather than complex (and evaluating them similarly)
 - ▣ Hawe’s distinction: complicated interventions into complex systems
- What there is less evidence for is how to do a complex intervention in a complex system – development and evaluation

Taking a complex systems approach to supporting health and wellbeing

- Our research started by trying to understand the nature of the system dynamics & the conditions (relations) which support or prevent health and wellbeing
- Case studies of transformational behaviour change – cross-case synthesis to identify patterns of ways of relating and behaving which support health and are sustainable
- Develop a programme [C2] as a series of processes which are adaptive to local context
- Evaluation which is participatory in nature and maximises learning for all and is based on mutual benefit

Whose 'wicked problem?'

- Mismatch between what we (experts – from positions located outside systems) consider to be 'problems' – such as lack of physical activity, poor diet, smoking – & what residents & communities *experience* as problems locally
- The first phase of C2 is to spend time building relations in neighbourhoods – & then to begin to co-identify local problems
- Issues which communities have identified when asked about health:
 - Poor housing conditions
 - Fly tipping/dirty streets
 - Substance misuse & fear of crime
 - Unemployment/lack of local shops
 - Vandalism/antisocial youth behaviour
 - Lack of play/recreation areas for young people
 - Loneliness

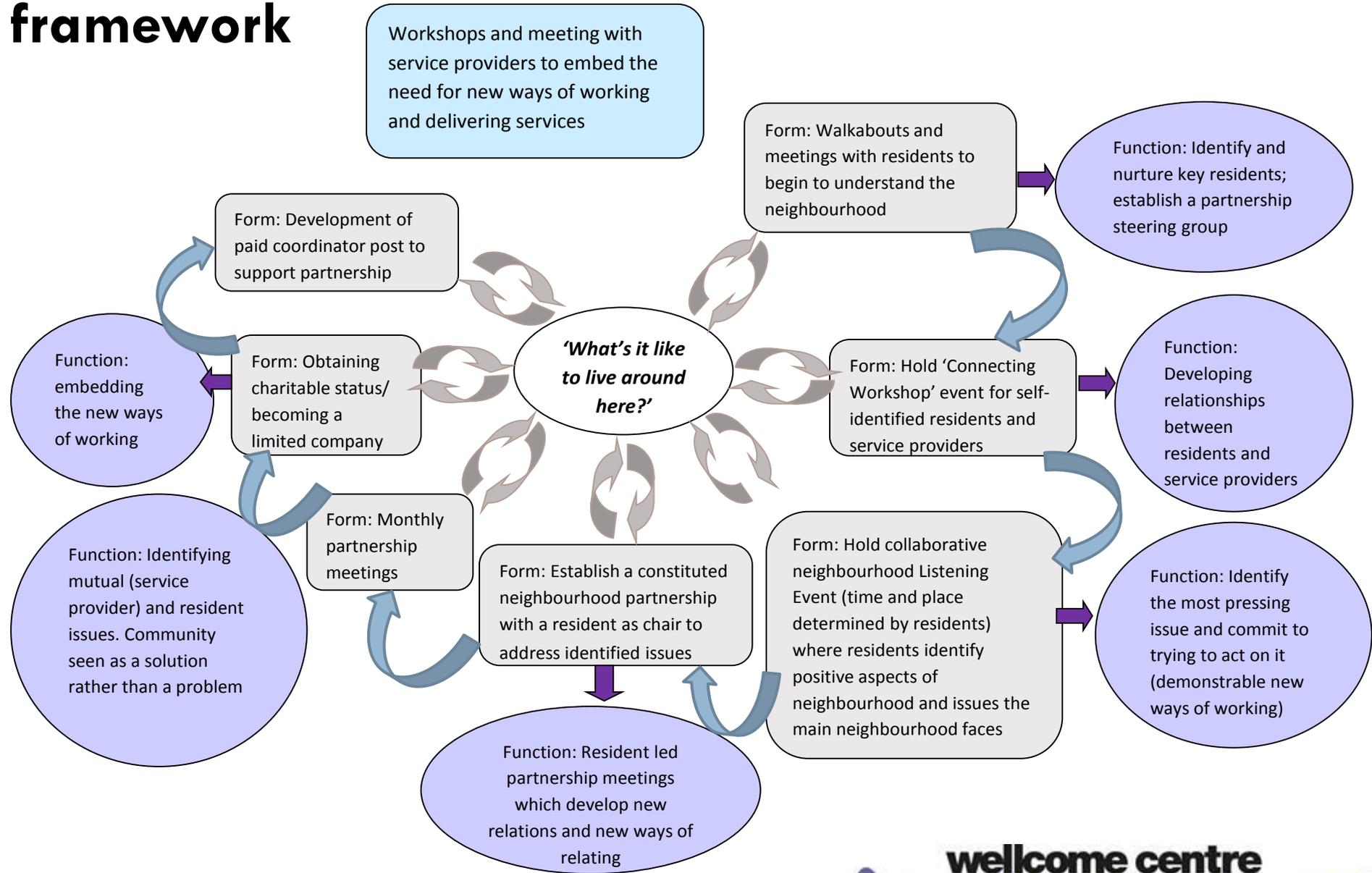
Connecting Communities ethos

- Connecting Communities takes a *relational* approach to engagement with communities – meaningful engagement is part of the process to understand the local barriers to health and wellbeing
- The engagement process alters the nature of relations, creating conditions that lead to the formation of community-led public-service provider partnerships
- These partnerships co-produce responses to local problems
- They then become a sustainable means of identifying further local issues, & co-developing further responses to these issues
- Recognise the interdependent nature of the issues, for communities and for service providers – mutual benefit

Overarching principles of the C2 approach

- Value-driven approach to research and delivery; trust, respect and reciprocity
- Time is spent meeting people, attending meetings, walking around – building relationships
- Permission is sought from relevant community groups to discuss the programme and its evaluation
- The evaluation is negotiated with the community from the outset
 - ▣ Why and the how
- Regular negotiated feedback events to ensure that communities hear and act on emergent findings

C2 delivery framework



Connecting Communities – a case study

- Town in West Cornwall population 22,000
- Top 10% 'neighbourhood deprivation' in England
- Child poverty 20% above national average
- 66% children live in benefit dependent households compared to 22% (national average)
- 20% children achieving 5GCSE grade A*-C
- High level of youth antisocial behaviour

'Complicated intervention' approach

- The problem: some young people are behaving in an antisocial way which is causing damage and distressing residents.
 - Intervention approaches:
 - Stop young people going out after dark
 - Clamp down on under-age alcohol sales
 - Raise awareness of the problem - educational literature for the parents/ schools/ young people
 - Evaluation approaches:
 - Number young people on the streets after 9PM
 - Number of retail shops visited/ reduction in under age sales
 - Reduction in number of ASBOs

C2 'complex intervention' → TR14ers

- Police recognised that despite increasing amounts of Anti-Social Behaviour Orders being handed out – youth antisocial behaviour was increasing
- Following C2 Programme – recognised that doing “more of the same” wasn't going to make a difference
- Doing something different – banned patrol cars (except in emergencies) – asked ‘what's it like to live around here’
- Deep sense of shame from the young people about living in their town, nothing for young people to do – even worse in school holidays
- Young people suggested street dance as an activity they wanted to take part in
- Police organised a dance workshop for the following half term holiday

“We have to try & do something different...”



TR14ers today

- 1500 young people taken part in dance workshops
- Peer-led and self organising
- 40-60 young people participate each week (aged 5-24)
- Inclusive of all abilities
- Self-funded and recently received Children in Need funding for 3 years (charity has 50% young people on board of trustees)
 - Funding to reach out to other youth groups from low-income communities, to develop qualifications around leadership & participation – & to develop nutrition skills
- Outcomes also include increase in educational attainment; reduction in truancy; reduction in antisocial youth behaviour; reduction in smoking

Complex approach

- Aims to affect system properties – ie dynamic relations – to enable emergence of new behaviours
- Starts with what people identify as the barriers to health and wellbeing
- Recognises the interrelatedness of the issues & helps to develop collaborative approaches to address issues
- Continual, iterative, processes of learning
- Develops responsive research approaches to capture the how & the why, which are participatory in nature
- Evaluation is also a learning process, & allows continual adaptive learning

Value of complexity – how does a complex system respond to a problem?

- Nature of problem realised through engagement
 - ▣ ‘System itself’ determines (and hence recognises) the problem
- Partnerships are created to identify and respond to locally determined issues
- Participatory approaches to evaluation (can’t stand outside of the system)
- Learning is shared through rapid feedback loops
- Formative and summative assessment (what, why and how)
- Processes can be sustained and can be scaled across

The nature of evidence to support this approach

- A randomised controlled trial?
 - ▣ What neighbourhood characteristics would you match on?
 - ▣ What do I power the evaluation on? Is that the only outcome?
 - ▣ Can you afford to wait whilst we deliver one
- Temptation to consider dance as ‘the answer’ to engage young people and prevent antisocial behaviour
- But its clear what the problems are from the statistics for that area (maybe, but they don’t tell you about the interplay of the statistics)
- How do I deliver this ‘at scale’ across the region?
 - ▣ Whole systems approaches do not have to mean the same thing happens across a whole region – processes can be *scaled across* rather than up.

Final case study

□ Highlight 3 themes:

1. 3 different neighbourhoods, 3 different “problems”, 3 different emergent outcomes... but 1 common (complex) approach
2. Appropriation of language of complexity – “self-organisation” – residents become the experts
3. Emergence – positive feedback loops generate new series of activities, which themselves generate new series activities – dynamic grounds of ‘sustainability’

Nature of evidence

- What can we do to make our research as useful as possible?
- Can we think about some principles for commissioning services that we, as researchers, could help with?
- What challenges might a 'complex intervention' approach such as C2 present you with - & how might we work together to overcome these?
- What outcomes matter to you, & can we work together to capture 'harder to measure' outcomes, such as the value & effects of engagement?