

People in Public Health – a study of approaches to develop and support people in public health roles

Executive summary for the National Institute for Health Research Service Delivery and Organisation programme

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Executive Summary

Background

Engaging members of the public in the delivery of public health programmes offers a way to link health services and communities. Lay workers and volunteers can be engaged in delivering health messages, offering peer support, signposting to services and running group activities. Programmes using lay health workers are well established in many international contexts. Given that contemporary public health practice in England is diverse, it is important to understand the application of different models and to identify relevant issues affecting the delivery and organisation of such programmes.

Aims

The People in Public Health study aimed to improve understanding of approaches to develop and support people who take on public health roles. Specific research objectives included:

- critical analysis of roles, including defining dimensions of 'lay'
 - investigating how services recruit, train and support people
 - identifying factors affecting the development and sustainability of programmes
 - examining the views of service users.
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About this study

The study drew on research evidence, practice-based evidence and lay perspectives. In Phase 1 a scoping study was undertaken with

- A systematic scoping review of over 220 publications

- Expert hearings where evidence was presented and debated in a public forum
- Liaison with public health practice through a Register of Interest and visits to projects.

The scoping study focused on interventions that addressed Choosing Health priorities; interventions involving children or long-term conditions were excluded.

In Phase 2, case studies of five public health programmes were undertaken: breastfeeding peer support, sexual health outreach, community health educators, walking for health, and neighbourhood health. Qualitative interviews were conducted with 136 individuals including commissioners, practitioners, and community members.

The study was undertaken through a partnership between Leeds Metropolitan University, NHS Bradford and Airedale and the Regional Public Health Group, Yorkshire and Humber. Extensive public involvement work was undertaken throughout the investigation.

Key findings

Understanding roles

A common terminology for describing lay roles is lacking, however, peer status, independence and use of social networks are important dimensions. Justifications for involving members of the public included accessing local knowledge, programme reach, ability to cascade information through networks, and offering culturally appropriate support.

The literature review identified five primary roles: peer education, peer support, community organising, Popular Opinion Leaders and bridging. While in practice a combination of these methods may be used, the bridging role, connecting into communities and improving access to health resources, was prominent in the case studies. The potential to increase service capacity was important, but involving lay people was primarily about programme reach to those not in touch with services.

Development, support and organisational matters

Development and support processes were found to be significant factors in the transition to public health roles. Altruism was a major motivation, and lay workers demonstrated high levels of commitment to their communities.

Approaches to recruitment, selection, training and payment varied. Justifications for sessional payment included supporting people on low incomes, employability and retention, but drawbacks included managing welfare benefits and the potential to undermine volunteering.

Programme development can be held back by lack of a wider infrastructure to support lay engagement. Barriers included lack of high level support, NHS organisational culture, professional resistance, short-term policy cycles and onerous bureaucratic processes. There was found to be a tension between business-type models meeting NHS demands and community empowerment.

Acceptability and value

The lay contribution was viewed positively by those interviewed. Service users valued their relationships with lay workers and volunteers. The non-professional status of lay workers facilitated participation, yet there were clear understandings of the distinction between lay and professional roles.

A range of health and social benefits from lay engagement were reported but evaluation is required to investigate the effectiveness of bridging roles in addressing health inequalities.

Conclusions

Approaches involving members of the public in delivery of public health programmes can offer a means to bridge the gap between health services and communities, particularly where those communities are seldom heard.

There needs to be greater recognition of the social skills and life experiences that people bring to these roles. These attributes should be reflected in competency frameworks as people offer something distinctive from professional support.

Organisations need to be able to respond to people's altruism and help community members become active citizens. Service models involving payment can be considered as well as volunteer-only schemes.

Investment is needed in support systems because support not only prepares people for delivery and fosters personal development; it also helps services manage risks. Leaders in local NHS organisations need to consider how a supportive infrastructure for citizen engagement can be built through commissioning processes.

Using members of the public in an instrumental way to meet specific health targets may limit the potential to engage communities and promote a two-way flow of information, thereby providing public health intelligence. Wider social returns need to be taken into account during target setting and evaluation. Ultimately a balance has to be struck between professional control and community empowerment.

Disclaimer

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

Addendum

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The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk