Healthy Settings: Faith-based Settings Development in Leeds

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In this session...What, Why, How?

Aims
- To review healthy settings theory and practice; and to,
- Explore how the potential offered by the approach can be harnessed and released within faith settings.

Objectives
- Briefly review the history and evolution of the healthy settings approach and its place in public health policy and programme delivery.
- Examine healthy settings theory and explore how this informs practice.
- Discuss the rationale for the healthy settings approach and evidence of effectiveness drawing on examples from research and practice.
- Identify current and potential synergies with topic- and population group-based programmes and, more widely, with well-being agendas.
- Identify and develop opportunities to integrate the healthy settings approach within the work of faith-based organisations in Leeds and partner organisations.
From...Settings as a Dimension of the Health Promotion Matrix

“Settings are major social structures that provide channels and mechanisms of influence for reaching defined populations.”

Mullen et al, 1995

To...Settings Approach & Healthy Settings
“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.”

WHO (1986) Ottawa Charter for Health Promotion
Formal and Informal Approaches

**FORMAL**
- Healthy Cities
- Health Promoting Hospitals and Health Services
- Healthy Schools
- Healthy Workplaces
- Healthy Stadia
- Healthy Universities

**INFORMAL**
Healthy Settings: What?

“The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing.

A setting is also where people actively use and shape the environment and thus create or solve problems relating to health.”

Healthy Settings: What?

Healthy (or health promoting) settings approach involves:

- focus on place and people
- understanding of a setting not only as medium for reaching ‘captive audiences’ but also as context which impacts wellbeing
- commitment to integrating health and wellbeing within the culture, structures and routine life of settings.
Healthy Settings: What?

“The settings approach means combining healthy policies, in a healthy environment with complementary education programmes and initiatives.”


“The settings approach facilitates health promotion interventions to focus more on the broader determinants of health rather than simply addressing individual and/or population behavioural risk factors.”

Health Service Executive (2011) The Health Promotion Strategic Framework
Links Between Settings
Healthy Settings: Why?

- Whilst important, health services are only one factor influencing health – and have traditionally focused on ‘illness’
- Health determined by range of economic, environmental, organisational and cultural circumstances – which have direct and indirect influences
- Health promotion requires investment in the places in which people live their lives

Source: Adapted from Grossman & Scala, 1993
**Conceptual Framework**

- Salutogenic orientation
- Ecological model of health promotion
- Systems perspective
- Focus on whole system change

- Shift from illness ➔ health/wellbeing/human flourishing]
- Shift towards a holistic perspective – that appreciates interconnections and interdependency between issues, people, influencing factors and components of the setting; and focuses on facilitating meaningful change.

Sources: Dooris, 2005; Dooris et al, 2007
Conceptual Framework: Salutogenic Orientation

- Shift of emphasis to salutogenesis – ‘what creates health and helps people to flourish’
Key Focus Areas

Creating supportive/healthy living & working environments

Setting

Integrating health into core business & daily activities

Developing links with other settings & wider community

Source: Adapted from Baric, 1993
‘A Question of Balance’

‘whole system’ ecological settings approach

<table>
<thead>
<tr>
<th>needs, deficits, problems (pathogenesis)</th>
<th>organisation/ community development &amp; change</th>
<th>top-down political/ managerial commitment</th>
<th>institutional agenda &amp; core business</th>
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<td>capabilities assets, potentials (salutogenesis)</td>
<td>high visibility innovative projects</td>
<td>bottom-up engagement &amp; empowerment</td>
<td>public health agenda</td>
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**Methods**
e.g. policy development/implementation, environmental modification, social marketing, peer education, impact assessment

**Values**
e.g. participation, empowerment, equity, partnership, sustainability

Source: © Dooris 2013, adapted from Dooris, 2004
Why?

‘The complexity and interrelationships...make a compelling case for the futility of isolated initiatives. Focusing heavily on one element of the system is unlikely to successfully bring about the scale of change required.’

London: Department of Innovation, Universities and Skills
Why?

➢ Opportunities
   Targeting geographically links to health inequalities
   Targeting audience
   No formal structure required
   Work from where people and setting are
   Identify own issues, identify own solutions

➢ Challenges
   Fitting into complex and changing agendas
   Is Health a priority of the setting
   Time, resources constraints
   Long term commitment
   Engaging all of the setting
### Evaluation, Evidence and Learning: The Challenges

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<th>Construction of evidence base and funding for evaluation and systematic reviews tends to focus on specific behaviours, health topics or diseases – not on settings.</th>
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<td>Diversity of interpretations and practice brought together under the ‘healthy settings’ banner – makes it difficult to generate a substantive body of research that allows comparability.</td>
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<td>Complexity of evaluating integrated and ecological ‘whole system’ approaches and tendency to evaluate discrete projects in settings – can fail to identify the ‘added value’ of the settings approach as a whole.</td>
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Dooris, 2006 – Health Promotion International
Evaluation as Integral Part of Programme Planning

“Health promoters who wish to develop settings-based approaches can be faced with a myriad of choices over targets, selecting indicators & methods.”

Applying principles of health promotion programme planning and evaluation can help in:

- identifying priorities for action in settings
- supporting effective implementation
- recognising achievements.

South and Woodall, in Scriven and Hodgins, 2012
Success Measures & Examples of Evidence: Lancashire Healthy Schools Programme

Group/Class Agreements for SRE are negotiated and delivered within a supportive environment, especially with regard to confidentiality, including safeguarding arrangements.

- Copy of Group/Class Agreements
- Lesson Plans to show negotiation
- Confidentiality Policy
- CYP report they know about the School’s safeguarding arrangements

There is a range of creative listening systems to ensure the views of all CYP are sought and listened to in SRE.

- Anonymous post box
- Peer / Buddy Support
- Methods of being able to have written/visual dialogue
- Circle time
- Advocacy if appropriate
- CYP attendance at Review Meetings
Healthy Schools Evidence

Well designed, broad-based whole-school approaches to promoting health can have an impact on health- as well as education-related outcomes.

Effective school health promotion programmes are likely to be;
• complex, multifactorial and involve activity in more than one area
• intensive interventions of long duration
• provide appropriate training
• giving pupils a voice

Evidence around beneficial effects on:
• social and physical environment of the school
• staff development
• provision of school lunch
• provision of exercise programmes
• the school’s social atmosphere
• health behaviour (such as dietary intake)
• aspects of health (such as physical fitness)
• some evidence that approach benefit aspects of mental and social well-being, such as greater self-esteem and reduced bullying
Success Measures & Examples of Evidence:
Health Works Award (Gold), Central Lancashire

Valuing Employees

Employee Involvement: Example of consultation process involving employees during the development of a policy or procedure.

Tobacco Control

Evidence of commitment to smoke-free workplace: Provide evidence on two out of: in-house support for employees wanting to give up smoking; active participation in local or national stop smoking campaigns; first steps to stopping smoking training.

Health & Wellbeing

Mental Wellbeing: Stress Policy and implementation of Health & Safety Executive (HSE) Stress Standards.
Healthy Schools: Evaluation and Evidence

The health promoting schools approach was found to have a beneficial effect on:

- social and physical environment of the school
- staff development
- provision of school lunch
- provision of exercise programmes
- the school’s social atmosphere

Some studies found an improvement in:

- health-related behaviour (such as dietary intake)
- some aspects of health (such as physical fitness)
- some evidence that the health promoting schools approach was able to benefit aspects of mental and social well-being, such as greater self-esteem and reduced bullying
Implementing change

School experiences of successfully implementing change:

- Work from where you are
- Work with those who are persuaded of the value of the approach, to develop successful practice and spread it
- Engage with Local Programme Co-ordinator
- Involve all young people & parents/carers
- Listen to, acknowledge & address fears and worries
- Check with staff regularly to see how they are doing, find the positives, give praise, offer encouragement

Whole School Approach
National Healthy Schools Programme, 2007
Healthy Settings How?
Healthy Workplace

Health activities in a work place
understanding settings

culture

resources

drivers

health priorities

populations in settings

opportunities and challenges

www.healthysettings.org.uk
Healthy Settings Process

Entry Points/Catalysts:

- SMT Commitment
- High Level Steering Group
- Stakeholder asset mapping & needs assessment
- Working Groups
- Action Plan
- Delivery
- Recognition & Celebration
- Monitoring & Evaluation
- Named Co-ordinator

Example of Health Settings Process: Workplace

1. Building awareness and commitment
2. Setting up a healthy workplace team
3. Needs assessment
4. Evaluation
5. Planning
6. Action

Source: Work Well Healthy Workplace Guide, HPA, Northern Ireland
Addressing prisoners’ health promotion needs defined through HNA/Asset-based Approaches and written into the PHDP. Also health at work initiatives where appropriate

“A WHOLE PRISON APPROACH”
THE FUTURE

Future plans are to sow a wild meadow in an L-shape which will be on the edge of the wildlife area and develop the new Reflection Garden which is situated at the back of the chapel and laundry.

The garden is designed with a riguet of 3 pathways with a meadow which represents the different choices we face in life. There will be a stream constructed out of slate tiles under a wooden bridge, an iris border and a reed bed to represent your journey through life’s new beginnings. An arbour with seating areas will represent time to contemplate, the past, present and future. There will be a quiet area where visitors and staff who have experienced loss, can find some time to contemplatively become centred. Accompanying this is kept simple yet thought provoking, a gateway for detracting creative visions for three.

BEE KEEPING PROJECT

The Bee Keeping Project started during the winter of 2009. The project was funded by a Local Lottery grant for the town. A series of workshops were held to help the participants learn about bees and beekeeping. A bee hotel was constructed and was placed in a sunny spot in the garden. This project has been a huge success and has helped to raise awareness about the importance of bees for our environment. The honey produced is used in the kitchen to make delicious desserts. The bees have also been a source of pride for all who are involved in the project. The bees are now in their second season and are thriving.

NEW POLY-TUNNEL

Early in 2010 a new poly-tunnel was erected. The tunnel is used to grow a variety of plants, including tomatoes, cucumbers, and peppers. The tunnel has been a great success and has helped to increase the variety of food available to the residents. The tunnel is also used to grow herbs, which are used in the kitchen to make delicious dishes. The tunnel has been a great source of pride for all who are involved in the project. The tunnel is now in its second season and is doing well.

Allotments for Young Offenders

The young offenders have been working very hard preparing their own allotments. They have used recycled materials, stone and tiles to make healthy plots. They have been growing flowers, artichokes, peppers and tomatoes in the poly-tunnel, which grows to the height of the poly-tunnel. Tomatoes were also grown in one of the poly-tunnels which the young offenders were given extra pride in. On average there are 6-8 young offenders working on the garden at any single time.

WE ARE WINNERS

The project won the S4L 1st local level award for the project of the year (2009) for the second place in the Waste Management Awards for Excellence (2010). The project has been an individual commendation in the Environment and Sustainability (2010) and Governor’s Award for Excellence (2010). Every year, both individual commendations from The Bridge Trust which they will receive in the future.

www.healthysettings.org.uk
Building a Framework for Blackburn with Darwen: Healthy Settings and Healthy Place

Situation/need
Building the capacity of locally based public, private, and third sector organisations to plan, deliver and demonstrate the joined-up value of their activities leading to an improvement (or reduction in decline) in the health and wellbeing of local people. These interventions will result in a reduction in the demand for statutory services.

Resources
- Funding
- Staff
- Knowledge and experience
- Research evidence
- Learning from other projects and organisations

Participating projects/settings have greater awareness and understanding of their potential roles in joined-up service provision

Formulation of implementation framework: health in all policies

Participating projects/settings are better able to communicate and evidence the impact of their activities on community well-being

Identifying and training healthy settings "Champions"

Participating projects/settings have improved knowledge of resource opportunities

Programme of training and capacity building: workshops, network

Participating projects/settings are aware of and able to use existing community assets and to develop joined-up approach to new partnerships

Locally based third sector organisations delivering services

Healthy Settings Strategic Review: mapping and scoping

Projects/settings can meet local needs and target health inequalities

Third sector delivers more joined-up services and activities

More effective partnership working/collaboration within and across sectors using asset based approaches

Enabling organisations: HSSU, UCLan and…

Supporting, Delivering and Evaluating Healthy Settings Programme

Better able to support locally based organisations to explain, evaluate and evidence their role in providing joined-up health and social care services

Have evidence to influence and persuade strategic decision makers of the value of joined-up healthy settings approach and associated interventions

Able to share and disseminate learning across sectors

Supporting and developing pilot/demonstration projects/sharing new approaches

Supporting action research, capturing benefits

Supporting and participating in Healthy Settings programme

Create greater recognition of impact of joined-up community activities

More effective partnership working/collaboration within and across sectors using asset based approaches

Statutory bodies set time scales to develop new processes and policies to facilitate community level healthy settings activities

Enabling organisation commissioning and delivering services

Local statutory bodies: commissioning and delivering services

Supporting and developing third sector service delivery of health and social care services

Greater recognition of impact of joined-up community activities

More effective partnership working/collaboration within and across sectors using asset based approaches

More effective use of public money by health and social care commissioners

External factors
- Cultural and social norms/structures – prevalence of deficit based approach
- Health and Social Care Integration legislation
- Level of involvement of third sector in planning/designing services
- Socio-economic factors e.g. unemployment, poverty, welfare reform
- Reduction in public health funding

Participants and partners
- Local third sector organisations and groups
- Public Health Blackburn with Darwen Council and other local statutory bodies
- National third sector organisations

Increased sustainability

Reduced health inequalities

Healthier and happier local communities

Increased social capital as a result of a greater connectedness and an ability to bring about change in communities

Reduced duplication across all sectors

www.healthysettings.org.uk
Faith-based Settings in Leeds?
Key Takeaway messages

- Need to align public health goals with the core business of the setting;
- The value of the settings approach in taking a holistic view – addressing health challenges and promoting wellbeing in the context of peoples lives.

Over to you!

- What needs to happen?
  - Why?
  - With who?