

Capitalising on Community Assets:

the RedbridgeCVS
Health Buddy model



“An extraordinary community asset bringing opportunity for work and hope to the most vulnerable.”

Duncan Selbie, Chief Executive, Public Health England

“Your work... will inspire others as they work to improve the health and wellbeing of their local communities.”

Jane Ellison MP, Parliamentary Under Secretary of State for Public Health



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Foreword: Only Connect

Many years ago, I went to visit a mental health project which specifically aimed to engage young black men with mental health conditions through music making.


On arrival, I explained clearly to everyone present that I was from an independent charity which existed solely to help voices such as theirs be heard by local service planners and those who delivered these services. After half an hour of our talking, during which participants gave me what I thought were reasonably open and honest responses, the group decided to take a tea break – which mostly consisted of people taking the opportunity to roll cigarettes and pass round a guitar. When the group passed me the guitar they were clearly surprised that I started playing instead of passing it quickly on – and even more so when I started playing a few chords from songs they knew.

When the more formal session reconvened the atmosphere in the room had changed completely. One of the participants immediately said to me, “So, you’re not from the Council then?” When I restated the fact that I was not from the NHS or the Council but from an independent charity, a different participant said, “Well in that case you can ignore everything I said earlier”. Although I was roughly the same age, and dressed not too differently to most of those present, as a white person and an “outsider” it was clear that I had not been fully trusted until this point. However, once the participants felt that we shared a degree of cultural capital they felt able to relax enough to tell me what they really felt about local services.

At the end of a very useful session I asked some of the participants why they had initially feared telling me about their real experiences. One person said that he hadn’t paid his television license, whilst another said that he had a pet in his Council flat that he wasn’t authorised to have – and whilst both said they had understood that I wasn’t there to “catch them out”, they nevertheless experienced the first part of my visit as being from a representative of an external “system” that didn’t always have their best interests at heart. With a few chords of *Redemption Song* this attitude changed completely and I understood more fully just how important cultural connections are to effectively engaging people with regards to personal issues such as health and lifestyle, and particularly in relation to stigmatised health conditions such as mental illness, HIV or TB.



Ross Diamond



RedbridgeCVS's Health Buddy model builds on insights of this kind, maximising the impact of public health messages through voluntary sector agencies employing local people from relevant communities to deliver crucial messages about public services. This document outlines our public health focused approach to date, but we believe that this is a model that can help public services to be more effective in a wide range of areas.

Ross Diamond

Chief Executive Officer
RedbridgeCVS

July 2016

Executive Summary

Redbridge is the fourth most diverse borough in England and Wales, and a range of different approaches is needed for health promotion messages to reach the whole population. Traditional means of communication such as newspapers, leaflets, posters and websites have proved unsuccessful in reaching out to diverse communities, especially those whose first language isn't English.

RedbridgeCVS has developed a Health Buddy model involving local residents who have been drawn from communities to whom we wanted to relay health promotion messages on health conditions such as tuberculosis and HIV, and the management of diabetes and latent tuberculosis. This work is funded by Public Health Redbridge and NHS England in partnership with Redbridge Clinical Commissioning Group.

This document gives an overview of RedbridgeCVS's Health Buddy model, its impact and future potential.



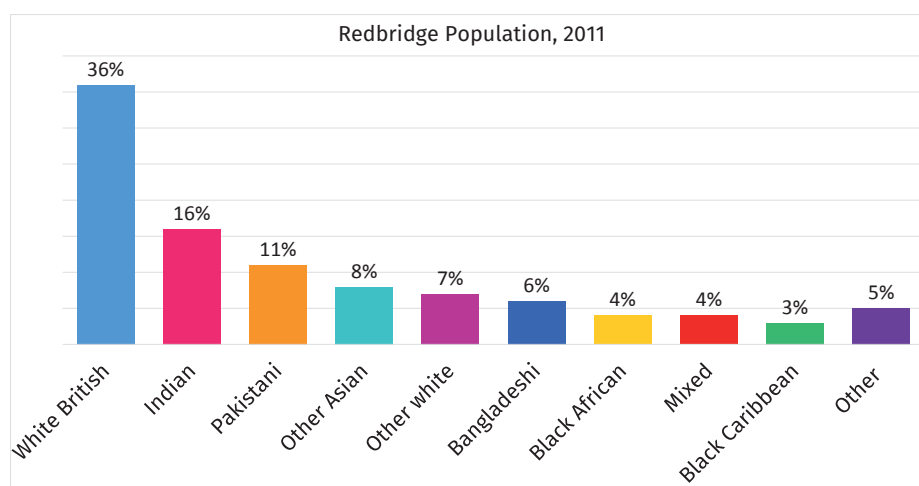
Health Buddy Sabina at the Carers' Trust



1. Introduction

Communities, both place-based and those of people sharing a common identity or affinity, have a vital contribution to make to health and well-being. The assets within communities, such as skills and knowledge, social networks, local groups and community organisations, are recognised building blocks for good health.¹

The 2011 Census showed that Redbridge was the fourth most diverse community in England and Wales (see chart, right). The ethnic makeup of Redbridge has changed significantly from 2001 and for the first time, the number of people from black and minority ethnic groups exceeded the number of white British residents.²



This diversity means that getting relevant health messages to residents requires multi-layered approaches, including reaching out to people who don't regularly read English. RedbridgeCVS is commissioned by Public Health Redbridge and NHS England in partnership with Redbridge CCG to deliver a range of health promotion and illness prevention projects in order to reach out to communities that are affected or might be at risk of having particular health issues. We developed the Health Buddy model as the traditional methods of disseminating health promotion messages (such as newsletters, websites, leaflets or posters) were unsuccessful in either reaching their target audiences, or supporting active behaviour change. We believe that interaction and engagement is crucial to understanding the deep-seated beliefs/myths around different health conditions which cannot be dispelled using traditional communication methods.

Redbridge CVS has developed a Health Buddy model by recruiting, training and employing multi-lingual residents as Health Buddies to deliver health

1. Public Health England – A guide to community-centred approaches for health and wellbeing, February 2015
2. ONS, 2011



awareness sessions. Redbridge CVS's Health Buddies first started work on tuberculosis (TB) awareness in 2013, delivering targeted messages to community groups, places of faith, libraries, care homes, colleges, schools and other local centres in Redbridge. Positive responses from local communities as well as enthusiasm from the Health Buddies to take on more work led to an expansion of their role to raising awareness on other health conditions like Human Immunodeficiency Virus (HIV), management of diabetes and latent TB. This was possible because Gladys Xavier (Deputy Director of Public Health Redbridge) has been a champion and great believer in the model. She has been instrumental in expanding the role of Health Buddies within Public Health.

The National Institute for Health and Care Excellence (NICE) says that, "Involving people in peer and lay roles to represent local needs and priorities" is one of the overarching principles of good practice in community engagement.³ NICE also says that:

Effective peer and lay approaches are:

1. carrying out "peer interventions." That is, training and supporting people to offer information and support to others, either from the same community or from similar backgrounds;
2. community health champions who aim to reach marginalised or vulnerable groups and help them get involved
3. volunteer health roles whereby community members get involved in organising and delivering activities.

Our work has been recognised by Jane Ellison MP, Parliamentary Under Secretary of State for Public Health who, congratulated the project in 2014 and said, "Your work... will inspire others as they work to improve the health and wellbeing of their local communities." Duncan Selbie, Chief Executive Public Health England has also met the team in March 2015, including some of the Health Buddies, and wrote later, "I have seen great examples of community development at work – for example, the TB Buddies in Redbridge... an extraordinary community asset bringing opportunity for work and hope to the most vulnerable. The social capital that the voluntary and community sector generate is literally priceless."

2. RedbridgeCVS Health Buddy Model

2.1. Health Buddy model in practice

RedbridgeCVS first developed our Health Buddy model in 2013, in response to concerns about the increase in the prevalence of TB in Redbridge and East London more generally. At that time we were commissioned by Public Health Redbridge to develop and implement a TB Awareness Project.

This work was overseen by Redbridge TB Partnership, a collaboration between the London Borough of Redbridge (Public Health and Housing), RedbridgeCVS, Barking Havering and Redbridge University Hospitals NHS Trust, Redbridge Clinical Commissioning Group, TB Alert (a specialist national charity), TB patients, Public Health England, Positive East (a local charity with a focus on HIV), the Welcome Centre (a local charity which supports homeless people) and Redbridge Integrated Drugs and Alcohol Service. The Partnership feeds local experience into national TB forums and vice versa. It also has its own work plan which is strongly influenced by input from local communities and TB service users.



Health Buddy Nargis with the Mayor of Redbridge at the local Volunteer Fair

The Redbridge TB Awareness Project and TB Partnership aim to:

- Raise awareness of TB symptoms amongst high risk communities
- Reduce the high prevalence of TB in Redbridge
- Support TB prevention, early diagnosis and treatment through joint working

TB disproportionally affects people from some communities and we wanted to ensure we could engage these communities without them feeling 'picked-on' or 'blamed' for TB. We decided, therefore, to work with faith and community leaders, building on RedbridgeCVS' strong relationships with these groups, and to recruit Health Buddies from

these communities so that the information could be shared from within a shared cultural framework, and in many cases, in languages other than English.

To offset potential resistance to discussing TB – which remains a highly stigmatised condition in many communities - faith and community leaders were given training in the condition, with a view to dispelling myths and reducing the stigma surrounding the condition.



Public Health Minister Jane Ellis MP with Health Partnerships Manager Swati Vyas and Health Buddy Sabina

RedbridgeCVS appointed a TB Awareness Project Coordinator and recruited, trained and employed local Health Buddies as casual workers. (They are paid on a sessional basis at the London Living Wage and are not on “zero-hours contracts”.) Health Buddies deliver culturally appropriate TB awareness sessions tailored around communities’ needs and availability. Sessions usually take place in community groups’ own venues and can be at any time of the week to suit the groups.

26 Health Buddies were recruited, speaking 23 languages between them: Urdu, Punjabi, Hindi, Gujarati, Tamil, Bengali, Sindhi, Pashto, French, Mauritian Creole, Lingala, Edo, Somali, Kikongo, Spanish, Swahili, Shona, Chewa, Portuguese, Yoruba, Konkani and English. 10 have since left the project to take up full time/part-time jobs or further education.

Sessions are backed up by leaflets in English and in other languages chosen by the groups visited. While Health Buddies and the groups they visit are drawn from communities at risk, the information resources we use stick to key messages without pinpointing any particular communities.

Following a successful six month pilot, the contract was subsequently extended for three years until March 2017.

Between October 2013 and March 2016, the TB Awareness Project met or exceeded all its targets:

- A total of 26 Health Buddies were trained, building community capacity
- 185 TB awareness sessions were held
- 5,350 people were reached – of which 76% were from “at-risk communities”

In addition to the TB project, Health Buddies have delivered similar

Community engagement models similar to the Health Buddy approach

The idea that people can become leaders, motivators, educators and helpers around health issues in their communities is not new. A range of different models are being implemented across the country.

A report published by Centre for Health Promotion and Research, Leeds Metropolitan University showed that a range of different role titles have been used for these leaders, such as community health advocates, peer educators, lay health workers, community mobilisers, peer supporters, link workers, health champions, health trainers etc.

Most of these roles are voluntary but some are paid, and most are based in community settings. Some approaches emphasise people being matched in some way to the target community – typically peer education and peer support approaches. People can be “peers” on the basis of sharing characteristics, such as ethnicity or being in the same age group, or shared experience. Another type of approach is based on bridging roles, where volunteers and community workers provide a link between services and communities, help communicate health messages and help people access resources to improve their health.

These roles mainly focused on health promotion, prevention of health issues, encouraging people to adopt a healthy life-style, increasing uptake of preventative and screening programmes, management of long-term health conditions etc. ⁴

4. J. South; Raine. G; White. J. *Community Health Champions Evidence Review* – September 2010

projects relating to diabetes, HIV and latent TB and we are currently discussing expanding the model to cover additional areas such as ante natal care and some cancers.

2.2. Recruitment and training of Health Buddies

Our experience is that involving Health Buddies who share linguistic, cultural and/or faith characteristics with the communities they are aiming to influence, gives a much better chance of engaging people with the key messages that we are seeking to communicate and enabling active behaviour change. The Health Buddies are multi-lingual and as a result we can offer sessions in a wide range of community languages.

The Health Buddies were recruited in a range of different ways. We placed advertisements in our weekly eNews bulletin, in our bi-monthly newsletter *Community* and on our website. We also actively contacted groups that we knew worked with people from the

communities we were keen to attract, by both attending meetings and making contacts with group leaders. We also encouraged applications for Health Buddy roles from amongst the participants of a TB training course we had jointly organised with TB Alert before the Health Buddy project started. Applicants were then invited to attend an induction session where the role of a Health Buddy was explained followed by a training session.

Health Buddies are employed by RedbridgeCVS as casual workers and are paid on a sessional basis at London Living Wage.

The role of Health Buddies involves a long term commitment. In addition to delivering the outreach sessions, Health Buddies also have to attend training sessions, write reports of the outreach visits undertaken as well as writing up the results of the “Test your Knowledge” quiz forms completed by session participants, and attend monthly meetings. The monthly meetings review the progress of sessions delivered during the month as well as providing a forum for Health Buddies to discuss how their sessions went, including reflecting on any interesting or challenging questions raised, any issues faced – and

how the Health Buddies can best address them. It provides a group learning environment for the Health Buddies as they can share their experiences and learn from each other.

The Health Buddies are provided with training on the basics of the health condition they will be raising awareness about, delivered by trainers including clinicians, nurses and other healthcare professionals who have specific technical knowledge and expertise. The training covers key signs and symptoms, causes, diagnosis and treatment or management of the condition, where people can access relevant health services etc. The training also includes communication and presentation skills, report writing, health and wellbeing coaching, safeguarding (to cover adults and/or children depending on the specific role) and the purpose of the Health Buddy programme.

2.3. Awareness materials

The materials for the sessions are sourced from recognised specialists from the charity and public sector, such as TB Alert, Diabetes UK, HIV Prevention England and Public Health England. We ensure that the information we give is as simple, unequivocal and clear as possible. We make sure that the material used is available in community languages



Health Buddies at event for World Aids Day 2014 at Ilford Central Library with Wes Streeting MP and colleagues from Public Health Redbridge

in addition to English and also look out for audio-visual as well as printed material wherever possible.

In addition to the clear and accurate information sourced from other organisations, RedbridgeCVS has developed bespoke material, such as “signposting” cards (with information on local care pathways and sources of support), pens, badges and a “Test your Knowledge” quiz, that are given out to participants during the sessions.

Although we focus on targeting communities “at-risk” for particular conditions, we steer clear of “finger-pointing” so as not to create an atmosphere of blame.

With this in mind, the resources used by the Health Buddies stick to key messages without pinpointing particular communities, while the Health Buddies and the groups they will be visiting are either drawn from communities at risk or have strong links with these communities.

In order to gauge the knowledge of the participants about the health conditions we are discussing with them, we have developed quizzes which cover key messages and myths that exist about the health conditions. The quiz is conducted before and after the session delivered by the Health Buddy and we use this information to measure improvement in the knowledge after information is disseminated to the participants.

2.4. Health awareness sessions

Sessions are offered at times and places of the groups’ choice, including weekends and evenings. Communities prefer, and in their own venues when possible (so that participants feel safe in the environment and so that we can show respect by going to them, instead of asking them to come to us). We always ask if the groups would prefer the sessions to be delivered in languages other than English, ensuring that the sessions are interactive and communication is effective.

In addition to delivering sessions to community groups whose members meet up on a regular basis, Health Buddies also hold information stalls at events where people potentially affected by the relevant condition are likely to be present and feel comfortable talking with us.

A typical community awareness session delivered by Health Buddies might be run as follows:



Health Buddy Safaa Sayid (right) speaking at a meeting with Duncan Selbie, Chief Executive, Public Health England



- **Introduction by Health Buddy**

This includes their name, their role (making it clear that they are lay people not clinicians or healthcare professionals) and brief information about RedbridgeCVS.

- **Purpose of the Session**

The Buddy (or Buddies) will explain specifically why they have visited.

- **“Test your Knowledge” #1**

We design a bespoke interactive quiz for each condition (eg TB, latent TB, HIV, diabetes management etc.). We conduct the first quiz at the start of the session to gauge the participants’ current levels of knowledge and information about the health condition’s signs, symptoms, causes, how it is spread and treatment available.

- **Key Information Presentation**

The quiz is followed by the Buddies giving clear information on signs, symptoms and treatments of the health condition. These key messages are agreed with the Project Coordinator to ensure uniformity.

- **Audio-Visuals**

In some sessions, if the time slot allotted by the community group is sufficient, a video is shown that complements key messages on the health condition.

- **Discussions**

Participants then have a chance to ask questions about the key messages and also share their experiences.

- **“Test your Knowledge” #2**

The discussions are then followed by the same interactive quiz (“Test your Knowledge”) that was undertaken earlier in the session so that the Health Buddy can understand whether participants have retained accurate information about the health condition that has been shared. This information is also used as part of the project monitoring.

- **Monitoring**

Participants are asked to fill a monitoring form to capture their demographic details reporting purposes, without individual names or addresses of participants being taken.

- **Leaving Information**

At the end of the session, the Health Buddy distributes leaflets and signposting cards, including contact details for the first point of call in case someone has symptoms, in the preferred languages of the participants.

- **Individual queries**

The Health Buddy stays for some time after the session to answer queries if any participants want to ask one-to-one questions.

3. Impact

3.1. Impact on conditions

TB rates in London are going down. In Redbridge TB rates have fallen from 54.1 per 100,000 in 2012 to 39.2 per 100,000 in 2015.⁵ The RedbridgeCVS Health Buddies have been working to promote community awareness of TB, including signs and symptoms, the benefits of treatment and how to access services since 2013.

Late diagnosis rates HIV in Redbridge have fallen from 58% to 49% between 2012 and 2014.⁶ Between July and December 2014 RedbridgeCVS Health Buddies were involved in raising awareness in at risk-communities with the key aim of encouraging residents to seek HIV testing. (Someone is considered to have been diagnosed late if they have a CD4 count below 350 cells/mm³ within three months of diagnosis. Someone has a “very late” diagnosis if they have a CD4 count below 200 cells/mm³ within 91 days of diagnosis.⁷)

Randomised control trials have not been undertaken to determine the extent to which the Health Buddies work has directly contributed towards these improvements in TB rates and HIV diagnosis. However, evidence from the University of East London’s evaluation of our TB project, together with the monitoring data we collect routinely as part of this work, demonstrates that our approach is effective in raising awareness and we believe that it is also driving behaviour change with positive outcomes.⁸



Health Buddies take part in a training session on latent TB

5. Public Health England, *Tuberculosis in London Quarterly report 2016/2*

6. Public Health Redbridge

7. Accessed at: <http://www.nat.org.uk/HIV-in-the-UK/HIV-Statistics/Latest-UK-statistics/Late-diagnosis.aspx#sthash.mgDIKeSl.dpuf>

8. *Evaluation of Redbridge TB Awareness Project*, Kevin Sheridan, Patrick Tobi, and Ruby Farr, Institute for Health & Human Development, University of East London, July 2015 <http://www.redbridgecv.net/what-we-do/health/tb-awareness-project>



3.2. Impact on groups receiving information

In 2015, the University of East London's Institute for Health & Human Development carried out an independent evaluation of the Redbridge TB Awareness Project, commissioned by Public Health Redbridge.

A copy of the external evaluation by University of East London's Institute for Health & Human Development and more information about the TB Awareness Project can be found on Redbridge CVS website at www.redbridgecvs.net/tb

The aims of the evaluation were:

1. To assess whether misconceptions are still present among people who have participated in the TB Awareness sessions
2. To evaluate the effectiveness of the method of TB Awareness delivery
3. To find out if participants shared their new knowledge about TB with their family, friends and community
4. To identify the impact on TB Health Buddies' personal and skills development, as an added value of this community-based model
5. To determine if the Redbridge TB Partnership and TB Awareness Project provide an effective and relevant concept for national health awareness replication

The evaluation demonstrated a range of positive findings about the project delivery as well as the Health Buddy approach.

The qualitative evaluation and statistical analysis provided evidence that:

- awareness of TB within the targeted communities had been raised
- TB had been demystified and, as a result, stigma around TB had been reduced
- people had been signposted to treatment and where to get it
- the fact that treatment was free had been communicated
- community members felt more comfortable speaking about TB
- community members knew better how to identify and respond to TB
- community members had received the positive message to eat and exercise healthily and control stress as a way of keeping healthy.

The statistical analysis of the quiz questionnaire ("Test your Knowledge of TB"), completed by group participants showed encouraging signs of knowledge retention and changes in previously held misconceptions. The highest proportion of correct answers were for questions relating to who can get TB (79%), the cost of treatment (67%), the signs of TB (58%), and who can access treatment (58%). Analysis also gives some indication of areas where information needs to be strengthened, for instance around the

transmission of TB (myths about spitting, family lines, etc.), the fact that treatment is also available from the local TB clinic and that you don't need to be registered with a GP to get treatment.

However, there was evidence that some misconceptions about TB are still deeply ingrained. It has not yet been possible to determine whether the newly acquired knowledge will stick over time or whether people's thoughts about these conditions will revert to previously held misconceptions. Given the high turnover of populations in east London boroughs, added to the long standing but erroneous beliefs held by many communities about this stigmatised and mythologised health condition, it will be important to consider refreshing and reinforcing the key messages in an ongoing programme.


The same holds true for other projects delivered by the Health Buddies. We can demonstrate that participants who have attended awareness sessions on TB, HIV or diabetes management have gained information about these health conditions and increased their confidence in accessing NHS services relevant for prevention, treatment and/or management of these conditions. Many participants told us that they had obtained information about these specific health conditions for the first time from the Health Buddies and many told us that previous misconceptions had been demystified as a result of the Health Buddies' interventions. Participants told us that they felt better equipped to make decisions if they or a family member is at risk of having these health conditions.

The interaction that takes place during the sessions give an opportunity to discuss the ingrained stigma around health conditions such as TB and HIV and helps greatly in destigmatising them. A domino effect is expected as a large number of participants have given feedback that they found the information useful and will share it with their family and friends and social networks.

Some of the feedback we have received from the participants of the sessions delivered by Health Buddies are given on the next page:



Health Buddy Ghandhi at Gants Hill Medical Centre with former MP Lee Scott



“Ola and Safaa we enjoyed having you both there. You did a brilliant job giving information, insight and reassurance to our group regarding TB. A big thank you from us!”

Uniting Friends

“Found the HIV session very useful, I will share the information with friends and family.”

Member of Redbridge Youth Council

“The trainer was very good and gave practical examples.”

Redbridge Council Officer

“Our department recently hosted workshops facilitated by RedbridgeCVS to promote awareness of TB. These were fantastic interactive workshops that I thought your department may also be interested in for tutorials.”

Work Placement Officer, Redbridge College

3.3. Impact on Health Buddies

The UEL external evaluation stated that:

“For the TB Health Buddies the experience was universally positive; all found the experience rewarding and most found it transforming. They all spoke glowingly about the experience of working as a Health Buddy, the difference it made to them personally and the practical skills and personal benefits and outcomes they felt they had gained

All TB Health Buddies interviewed spoke about the positive effect on their personal pride, outlook and feelings of self-worth, how they had gained new skills and more confidence, how some had become more active in community taking on, for instance, new volunteering roles, had gained greater knowledge about TB and health in general, had variously gone on to further training or employment or had been able to make clearer career choices through their experiences.”

We have learnt that the Health Buddy role has also created an opportunity for further potential work around public health or NHS messages, as the Health Buddies have gained a range of different skills including:

- Knowledge about health and the NHS
- Public speaking
- Taking on new responsibilities
- Teamwork
- Time management

- Report writing
- Using initiative
- Developing new links in the community
- Confidence building
- Communication skills
- Giving back to the community

4. Future potential

This model offers great scope for expansion into other areas of health promotion and we are currently in discussion with local public sector agencies with regards to extending the work to include late diagnosis of some cancers and poor take up of ante natal care amongst some communities.



Sabina Jaulim, Ola Kanu and Ross Diamond of RedbridgeCVS at a meeting with Duncan Selbie about the Health Buddies' work

In addition to delivering group awareness sessions in the community, Health Buddies can also be trained to work with individuals needing one-to-one support and encouragement in achieving their health goals. Changes within local health and social care services will mean that the Health Buddy model can work as part of a whole-systems approach working in partnership with other health and social care services, in particular around prevention and early intervention.

We see opportunities for further development of this model in four areas where

developments are being led by the Local Authority and Redbridge CCG:

1. Development of a social prescribing scheme as recommended by Redbridge Fairness Commission
2. Redbridge CCG's Primary Care Transformation Strategy
3. Redbridge's recently established health and social care "hubs" which have co-located health and adult social services in four localities
4. Redbridge Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan

We are optimistic that there will be future opportunities to develop and build on this model. We would be very pleased to discuss this work with organisations in other areas who may wish to learn from our experiences.

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