Embedding community development in local systems: A case study in East London

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Introduction

Community development is a multi-faceted process which generates individual and community empowerment and can contribute towards reducing health inequalities. Funding for community development is typically provided on a short term ‘one off’ basis which limits its potential benefits.

Continued investment so that community development becomes mainstreamed is needed. Embedding community development within local systems so the approach is normalised is one way to achieve continued investment and to maximise benefits. In one local health and care system in East London a commitment was made by the local authority to mainstream a community development programme that had short-term project funding. This has provided an opportunity to study the process and outcome of the systems attempt to embed the approach.

Methods

A single embedded case-study as described by Yin (2018) (Figure 1).

All data is undergoing framework analysis following the Consolidated Framework for Implementation Research (CFIR) with data managed in NVivo. The CFIR consists of five major domains: intervention characteristics, outer setting, inner setting, characteristics of individuals, and the process of implementation (Damschroder et al. 2009).

Context: Embedding community development within a local system

Case: local health and care system in East London

Embedded Unit of Analysis 1: The Council

Embedded Unit of Analysis 2: The original programme providers

Embedded Unit of Analysis 3: The mainstreaming partners

Embedded Unit of Analysis 4: The residents

Figure 1. A single embedded case study of community development in East London

Preliminary Findings

Emerging findings are showing that all five major domains of the CFIR are impacting the embedding of community development in East London (Table 1.). There are suggestions that barriers to embedding community development within the local system include costs, especially in trying to replicate ways of working in the previous short-term funded project. Additionally changes in staff and internal processes in the council have delayed the mainstreaming process. Facilitators to the embedding process include the involvement of key individuals who are able to drive changes as well as previous successful experience with community development. These barriers and facilitators cross several domains of the CFIR with some fitting into several categories.

<table>
<thead>
<tr>
<th>Facilitators</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>Familiarity with community development, evidence of success in borough</td>
<td>Finances, Complex intervention</td>
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<tr>
<td>Demand for change, positive community response</td>
<td>Council funding, priority setting</td>
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<tr>
<td>Council culture, Programme provider culture</td>
<td>Changing of staff, Internal structure</td>
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<tr>
<td>Belief in the programme, Senior leadership wanting change</td>
<td>Evaluation, programme ending earlier than planned, Lack of clear direction for mainstreaming</td>
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Table 1. Facilitators and barriers to embedding community development in East London based on the five major domains of the CFIR.

Implications

This case study is part of a larger research project on embedding community development within local systems and will contribute towards the development of guidelines on how this can be achieved. The results of this study will also help to maintain the development of the community development approach within the local health and care system chosen for this case study.

References:


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