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Public Health People Power

Many public health programmes use the knowledge, skills and resources of volunteers to help improve the health of their communities. Their contribution is highly valued but, until recently, the diversity of their roles and how best they can be supported has not been thoroughly examined.

The People in Public Health research project, conducted by Leeds Metropolitan University, sought to address this knowledge gap. It investigated what roles lay people had in public health programmes, how they were recruited, trained and supported and identified factors affecting the development and sustainability of programmes. This article presents some key findings but more information is available at www.leedsmet.ac.uk/piph

What roles do public health volunteers have?

Programmes tackling the public health priorities outlined in Choosing Health (Department of Health, 2004) were studied. These aimed to:

- Reduce smoking
- Reduce obesity and improve diet
- Increase exercise
- Encourage sensible drinking
- Improve sexual health
- Improve mental health

Lay people's roles are extremely diverse. They might give out health information or tell people about a service. They might support people going to a health improvement activity or organise a healthy living group. See the table below.

Walking for Health is one example. This national initiative, co-ordinated by Natural England, trains volunteers to lead community walks, therefore improving people's physical and mental health. Walk leaders' responsibilities include sorting out routes, conducting risk assessments, taking registers and supporting walkers.

Another example is a local programme aiming to improve the sexual health of gay and bisexual men. A testing and vaccination service is provided in gay scene city centre venues. Volunteers support paid workers and sessional nurses by promoting the service on the gay scene, encouraging individuals to be screened and administering samples. They provide potential service users with information, answer questions on sexual health and signpost people to other services if appropriate.

Roles	Examples of activities
Providing health information and simple advice	Talking to people in clubs and bars about sexual health screening and suggesting going for a test
Raising awareness of health issues	Distributing information to older neighbours on keeping warm in winter
Improving skills	Running cook and eat sessions with parents and grandparents
Providing peer support	Befriending new recruits to a green gym
Promoting access to services or signposting	Using cultural and language skills to help women from minority ethnic groups get the right help in pregnancy and childbirth
Facilitating community groups	Running a breastfeeding support group
Supporting professional services	Welcoming and offering personal support to people attending a stop smoking clinic
Organising and leading community-based activities	Leading health walks and exercise sessions

Why use volunteers in public health programmes?

The benefits of involving members of the public in public health programmes are manifold. It undoubtedly increases service capacity - but it also offers something unique. Lay workers can act as a “bridge” connecting communities to services. They can reach those who may be socially excluded or who face particular barriers to accessing services. They can also influence the planning and delivery of services by feeding back information from the community.

Lay workers help improve the health of those they interact with by giving them information, supporting them taking part in activities and breaking down communication barriers. However there are also benefits for the lay workers themselves in terms of increased confidence, health literacy, social contact, skills and employability.

How can volunteers in public health best be recruited, trained and supported?

Many successful, varied approaches to involving lay people in public health programmes exist. The People in Public Health research identified four key dimensions (the intervention, the lay role, the service and the community) for consideration when designing services. The study highlights how investment is critical to build and sustain lay involvement. Systems need to be flexible and supportive - not top-heavy organisational structures imposed on grassroots activity. The infrastructure has to break down participation barriers, not erect them.

Successful programmes need to ensure that:

- People are at the heart of the system. They are a vital resource and their relationship with professionals needs to be built on mutual respect.
- Barriers to recruitment are minimised, particularly when working with groups that may experience social exclusion. Informal recruitment strategies often work best as they reduce fears surrounding a lack of education, bureaucracy or language and literacy worries.
- A wide range of training and development opportunities are offered. People need to be able to “dip their toes in”.
- Training increases confidence and enhances skills. Volunteers’ life skills and values need to be acknowledged along with the fact that people need to enjoy and benefit personally from taking part.
- Adequate and accessible support is provided. “Light touch” support makes volunteers feel valued without stifling their natural abilities.
- Any potential risks can be managed through training and good support systems.
- Commissioning should include funding the infrastructure to support people.

How can the People in Public Health research help you?

The website www.leedsmet.ac.uk/piph contains useful resources for people involved in volunteering:

The **People in Public Health database** contains over 220 papers on lay people involved in public health programmes. This can be searched by topic (e.g. obesity) and on whether the people are paid or volunteers.

A **Research Briefing for Practice** is available. This is designed as a guide for practitioners interested in involving members of the public in public health. A full copy of the research findings is also obtainable.

If you want to be kept up to date with any developments please sign up to the **Register of Interest**.

Background to the research

The research was based on evidence collected over two years. 224 publications were reviewed, three national expert hearings held, a register of interest set up and five case studies utilised. 90 individuals involved in the subject area and 46 service users were interviewed.

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.

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