

# Using resilience and strengths-based research for learning and teaching



## Aims

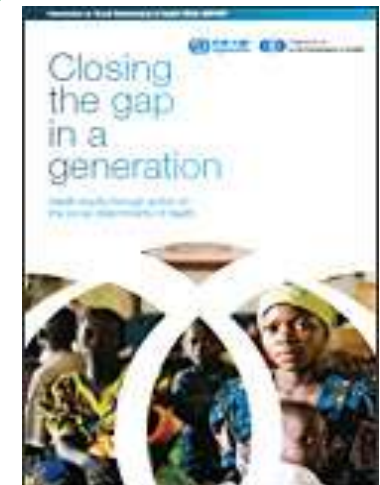
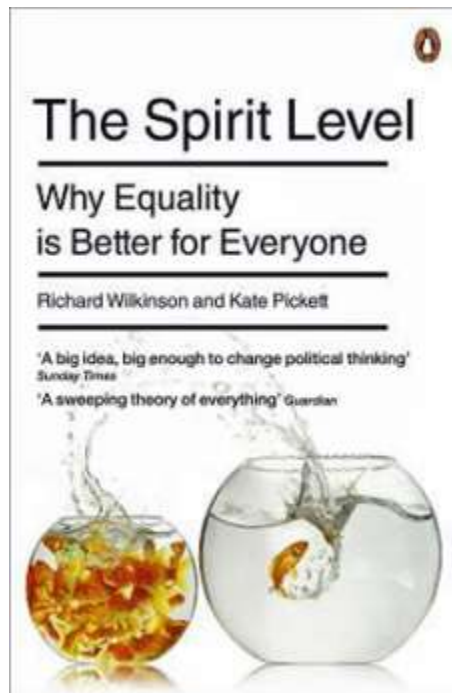
- How do we get resilience and strengths-based research findings into our learning and teaching?
- How can we apply resilience and strengths-based research to learning in practice?
- What difference would it make for us as lecturers and for the University?
- What can resilience and strengths-based research findings do for students, practitioners, and the individuals, families and communities they work with?

# Resilience and strengths based research for learning and teaching : Scoping the curriculum Kay Aranda 2011





# Strategic Review of Health Inequalities in England post-2010



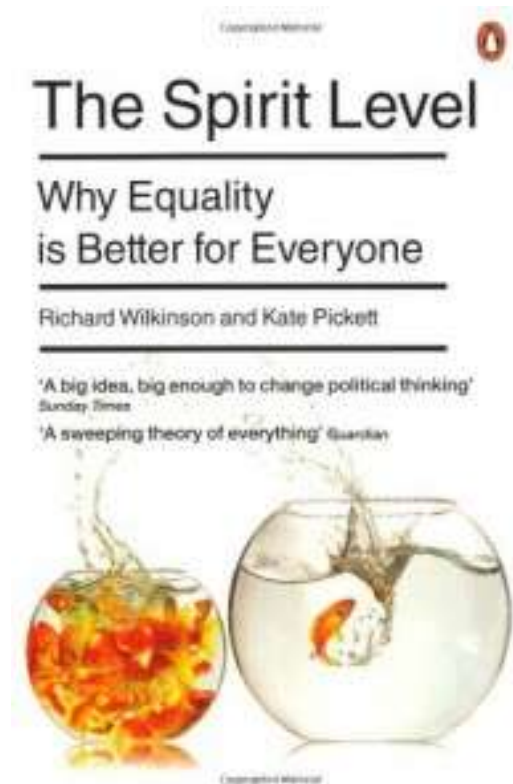
HM Government



# Something about the social?

More **equal** societies have:

- higher levels of education
- more trust and community involvement
- greater social mobility
- more wellbeing among children
- lower levels of physical ill-health
- lower levels of mental ill-health
- less drug abuse
- lower rates of imprisonment
- less obesity
- less violence & fewer teenage births





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# Strategic Review of Health Inequalities in England post-2010

Figure 5 Action across the life course

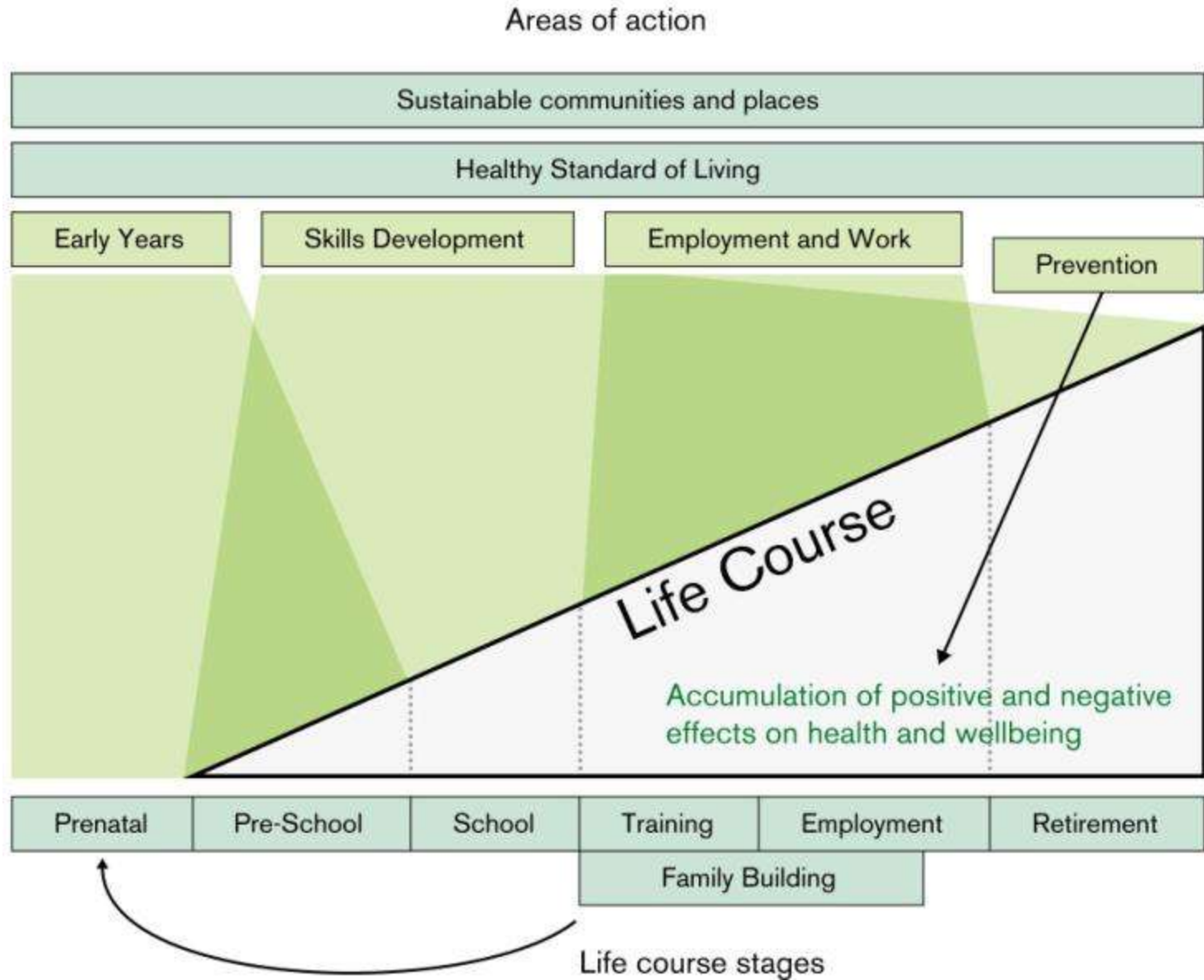
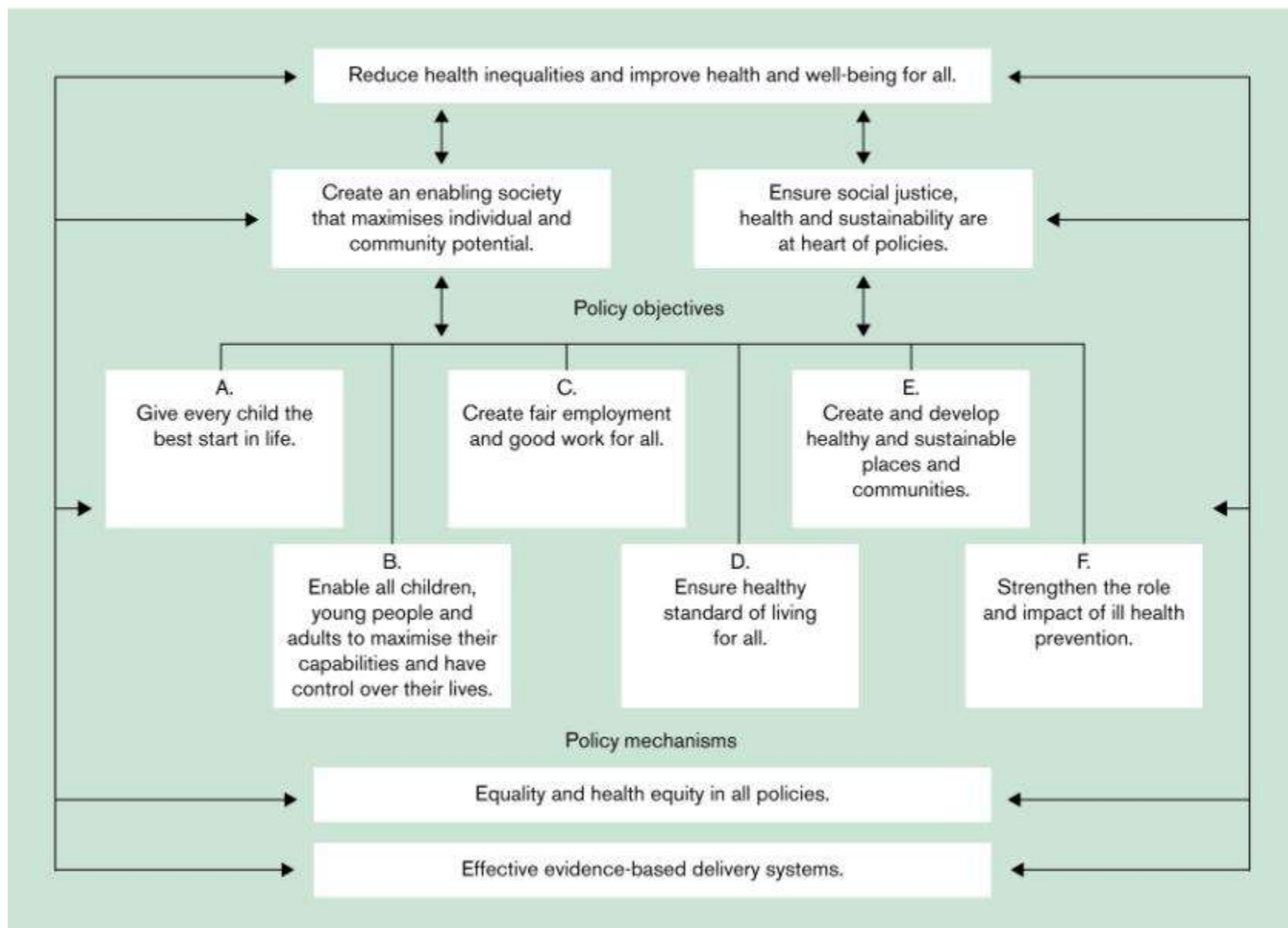




Figure 4 The Conceptual framework



Main policy recommendations from *Fair Society, Health Lives*: [www.marmotreview.org.uk](http://www.marmotreview.org.uk)

- 1. Giving every child the best start in life (highest priority recommendation)** – what happens during early years (starting in the womb) has lifelong effects on many aspects of health and well-being from obesity, heart disease and mental health, to educational achievement and economic status. Later interventions, although important, are considerably less effective where good early foundations are lacking. That is why the Review proposes a rebalancing of public spending towards the early years, more parenting support programmes, a well-trained early years work force and high quality early years care.
- 2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives** – educational achievement brings with it a whole range of achievements including better employment, income and physical and mental health. Evidence suggests it is families rather than schools that have the most influence on educational attainment therefore building closer links between schools, the family, and the local community are important to reducing educational inequalities.
- 3. Creating fair employment and good work for all** – being in employment is protective of health; conversely unemployment contributes to poor health. Jobs need to offer a decent living wage, opportunities for in-work development, good management practices, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health.



**4. Ensuring a healthy standard of living for all** – having insufficient money to lead a healthy life is a highly significant cause of health inequalities. Standards for a minimum income for healthy living (MIHL) need to be developed and implemented – the calculation includes the level of income needed for adequate nutrition, physical activity, housing, individual and community interactions, transport, medical care and hygiene.

**5. Creating and developing sustainable places and communities** – many policies which would help mitigate climate change would also help reduce health inequalities – for instance more walking, cycling and green spaces. The Review proposes common policies to reduce the scale and impact of climate change and health inequalities. Good quality neighbourhoods can make a significant difference to quality of life and health – this relates both to the physical environment and to the social environment. Social support, within and between communities is critical to physical and mental well-being.

**6. Strengthening the role and impact of ill-health prevention** - many of the key health behaviours important for the development of chronic disease follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition and drug misuse. The Review argues for more funding to prevent ill health (currently it is only four percent of the NHS budget) and action to treat drug misuse as a medical problem. The NHS alone cannot tackle the social causes of ill health, action must come from families, schools, employers and government.

# Seriously? Marmot Review 2011

- **Fair Society Healthy Lives: The Marmot Review 2010** - championing a social determinants approach to reducing health inequalities.
- 2011 - Working with the NHS Institute and the Department of Health on **Healthy Places, Healthy Lives**, a project addressing health inequalities in partnership with around 30 local areas in England.
- **World Health Organization European Region** - to conduct a two-year European Review. Purpose - to review health inequalities and its social determinants across Europe, with a view to developing policies, building capacity and recommending practical steps to address the social determinants of health.



# Scoping the curriculum

- What
- When
- How
- Where



- Why?
- Explore and develop our learning and teaching strategies
- Develop different knowledges and skills sets?
- Capacities, capabilities and capitals and resilience?

# Scoping the curriculum

## Aim

- To explore the actual and potential contribution the School's curriculum makes to the preparation of students and practitioners in addressing health inequalities in response to recent policies and recommendations e.g. The Marmot Review 2010/2011.

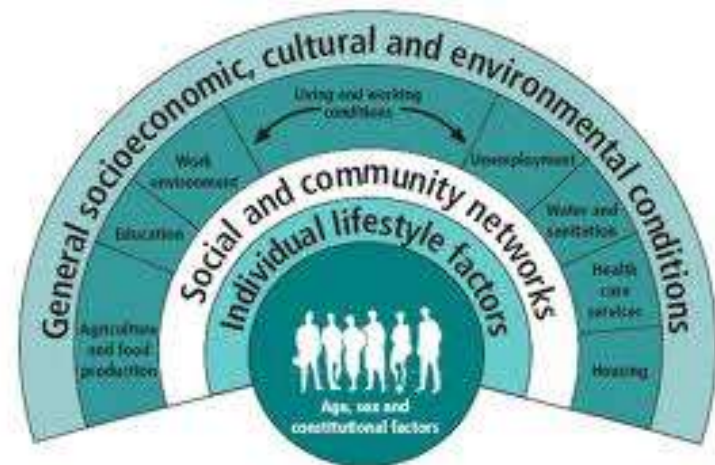
## Specific objectives are:

- *What is the contribution of education in addressing health inequalities?*
- *What are we doing now and what's on the horizon?*
- *What helps and what hinders the development of different or new modules/courses/methods?*
- *How do service users or local people and communities contribute their knowledge, expertise?*
- *What would we tell others about how to develop students into practitioners who can deliver this agenda?*
- *What will the School need to do - learn, change or support - if the review suggests potentially different approaches to learning and teaching on health inequalities?*

# Scoping review

Scoping review being conducted in three phases:

- *Focused literature review*
- *Stakeholder consultation*
- *Synthesis of findings*





# Definition of terms : Health inequality and inequity

- Inequalities defined as differences in health status
- or in the distribution of health determinants between different population groups.

*For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes.*

Important to distinguish between inequality in health and inequity

- Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned.
- In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable.
- In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health.

<http://www.who.int/hia/about/glos/en/index1.html> accessed 21.10.11

# Social determinants of health and health inequity

- Improve daily living conditions – *the circumstances in which people are born, live, grow and age*
- Tackle the inequitable distribution of power, money, and resources – *the structural drivers of those conditions of daily life – globally, nationally, locally*
- Measure and understand the problem and assess the impact of action – ***expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants***
- ***Requires coherent action across the determinants so that structural inequities as well as immediate well-being are addressed***



# Key search terms

- Health inequality/inequalities
- Social inequality/inequalities
- Inequalities in health
- Health inequity/inequities
- Health determinants
- Social determinants of health
- Health and well being
- Differences in health
- Mortality rates/morbidity rates
- Health policy
- Resilience
- Strength based approaches to health
- Asset based approaches
- Salutogenesis
- Capacity building
- Sense of coherence
- 



# Scoping the curriculum

- What happens now?
- What is emerging/developing?
- What needs to happen in the future?



# Scoping review

- **What** - Continuing professional education i.e. undergraduate and postgraduate courses
- **What** - Pre-registration – degree, diploma, foundation courses
- **When** - 2010-11, 2011-2012 academic years
- **Where and how** – course documents, module outlines, timetables (103 timetables to date)
- Systems / information



# Module Examples

- **Current:** *Sexual health, promoting recovery, concepts and controversies in mental health, mental health assessment and people and dementia, child protection, social policy and public health, child health, living with cancer (1), (2) & (6)*
- **Emerging:** *Collaboration in community health, culture, community health and well-being (4) (5)& (6)*
- *A critical approach to capacity building for early interventions and a critical approach to practising public health(1) (2) & (6)*
- *Foundation of health promotion, global health promotion (3) (4) & (5)(6)*

# Module examples

- **Subjects:** *Public health, international health promotion, community health, child protection, ethics, mental health, psycho sexual health, cancer care, and introductory first year modules human qualities and nursing and psychosocial studies*
- **Sessions:** *determinants of health inequalities, policies, theories and models health promotion interventions, needs assessment, resilience, salutogenesis, participatory approaches, working with the community*
- **Knowledge & skills:** *critical thinking, critique, evaluation, assessment, advocacy, communication, health prevention and promotion, salutogenesis, resilience, capacity building, children's mental health, child development, solution focussed approaches, approaches to parenting, principles of partnership working, collaborative working, community engagement, commissioning, asset indicators, equality impact assessments, leadership, challenging patronizing and judgmental approaches, and the divide between social and health inequalities*

# Scoping the curriculum

## 1) Aims

*Critical evaluation and synthesis of theory and concepts underpinning capacity building in practitioners in order that they can facilitate early interventions in childhood. The module will support the strategic direction of promoting positive early intervention work with families and children.*

## 2) Content

*Critical approaches to public health, transforming practice, collaborative community health and research and leadership*

*OR Salutogenic concepts and theories contributing to capacity building. Psychological and sociological theory, social norms, self-efficacy, developmental psychology and attachment. Promotion of resilience in clients and professionals. Children's mental health.*



# Scoping the curriculum

## 3) Learning Outcomes

*Critically evaluate health and social policy in order to lead consequent development of local policy and practice addressing health inequalities*

*OR Plan and participate in the development, implementation and evaluation of evidence based strategies to promote capacity building in diverse contexts.*

## 4) Methods and Assessments

*e.g. Problem/enquiry based learning, action learning sets, work based learning, case studies, experiential small group work, lectures, workshops presentations, podcasts, scenarios, seminars, e-learning – blogs, practice learning, simulated learning Visits and placements*



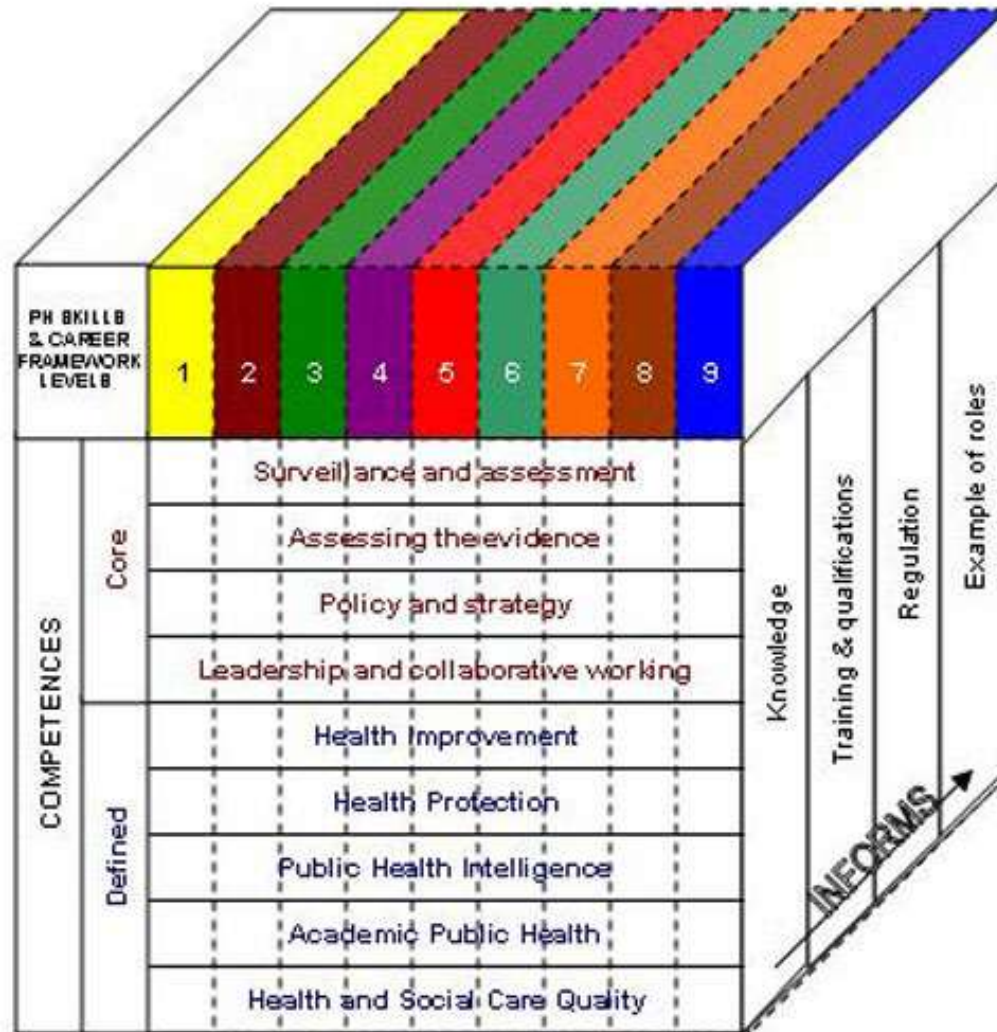
# Focused literature review: barriers and opportunities

- Recognition of social inequalities
- Solutions rather than problems, assets, capacities and capabilities and strengthening and working with and involving local communities
- Health and well-being shifts responsibilities from institutional and social barriers to well-being (Scriven 2008). Theories of health inequalities limited – focus on formal rather than informal care
- Systems and organizations inherently conservative, complex, chaotic – concerns for GP commissioning, specialist commissioning, local authority involvement.
- Welfare state left? – impact of public sector cuts – joint strategic needs assessment requires funding and expertise to sustain long term reductions in inequalities (Marmot Review 2011)
- Similarities in theory and practice of policies and the focus of recommendations from Black and Acheson reports to the Marmot Review – the use of evidence and the link between research, politics and policy (Bambra et al 2011).





## Public Health Skills and Career Framework



# Focused literature review: learning and teaching strategies

How to develop?

- Critical thinkers, knowledge workers who work skillfully, respectfully and strategically and who demonstrate discernment, optimism and vision for health and care (*McAllister et al 2006*).
- Teaching skills of critical thinking : *discourses, binaries, different knowledge/perspectives/complexity*
- Build a critical consciousness: *limits of all knowledge, imagination, critique and creativity*
- Show students ways of being with clients in solution orientated ways: *modelling, reflexive, supportive*
- New approaches, skills, knowledge?



# Health workforce requirements?

## **Marmot review: health workforce well placed to tackle inequalities**

- Contact with most of the population
- Trusted
- Community links
- Plenty of opportunity to do more

## **Education**

- Greater focus on health inequalities/social determinants in under and post graduate course curriculum
- Ongoing professional development and education
- Dual accreditation public health and specialty and mental health

## **Practice**

- Placements – disadvantaged areas, including non medical groups
- Every day practice – equity audits, information on assets, knowledge of referral processes to advice and support services

# Health workforce requirements - Anything new?

- Specialist community public health nursing and public health workforce: Work in public health with individuals, families and communities and populations, identify needs, influence policies and facilitate health-enhancing activities

*In England – workforce expansion (HV implementation Plan 2011-15) revitalized service leaders of child health, focused early intervention work, good parenting, support to vulnerable families, safeguarding children, developing existing workforce and new recruits - increase in numbers.*

- Experience in Scotland: respond to the complex health and social circumstances of service users *and adapt approach* accordingly.
- A need to think and work increasingly *across organisational boundaries and share values, knowledge and skills* with those in related professions.
- Shifts in cultures and practice need to be replicated at *management and organisational levels* to ensure new behaviours are fully supported

*(Equally Well Review 2010)*





[Funtoosh.com](http://Funtoosh.com)

# Different ways of working - example - participatory methods

- Appreciative inquiry
- Blogs
- Area forums or Citizen advisory groups
- ePanels ,
- Citizen's summit, Citizen's panels
- Online consultations
- Community development or Citizen's jury
- Online forum
- Consensus conference Café consultation
- Twitter
- Deliberative workshops
- Web chat
- Delphi survey
- Wikis
- Open space events
- Focus groups
- Opinion polls / Mystery shopping
- Surveys /Participatory appraisal
- Participatory strategic planning

*(Coulter 2009)*



# Future: Learning and teaching: 'student engagement'

A critical and engaged pedagogy:

- How do we get students/practitioners to work with communities when good involvement practice is described as being *continuous, inclusive, well-informed, fit for purpose, transparent, influential, reciprocal and proportionate* (Coulter 2009)
- How do we *promote* the *active engagement of students, practitioners, health and social care partners, local people and communities* in the planning, design and delivery, management and assessment of professional learning and education?
- How do we *sustain that involvement and engagement* to develop bespoke strategies, learning tools or resources for learning and teaching health inequalities, and resources that relate to the diversity of communities students work with, and their own roles, learning styles, backgrounds and experiences?
- *Commissioning* of educational pathways for all levels of public health workers and skill mix, including engagement with local people and communities



