

Bracknell Forest



Warm Welcome Community Partnership Programme Report



The Bracknell Forest 'Warm Welcome' Programme tackles health and well-being through community development.

It combines community asset mapping with a comprehensive support offer that helps local community groups fulfil their potential.

Driven by residents' expertise, experience and energy, the work is now everyone's business, supporting everything from social care to health service transformation.

The result has been a notable increase in the number and capacity of local community initiatives as well as a significant reduction in social isolation.

Bracknell Forest residents wanting to be more socially active are increasingly finding that a Warm Welcome isn't far away.

June 2018



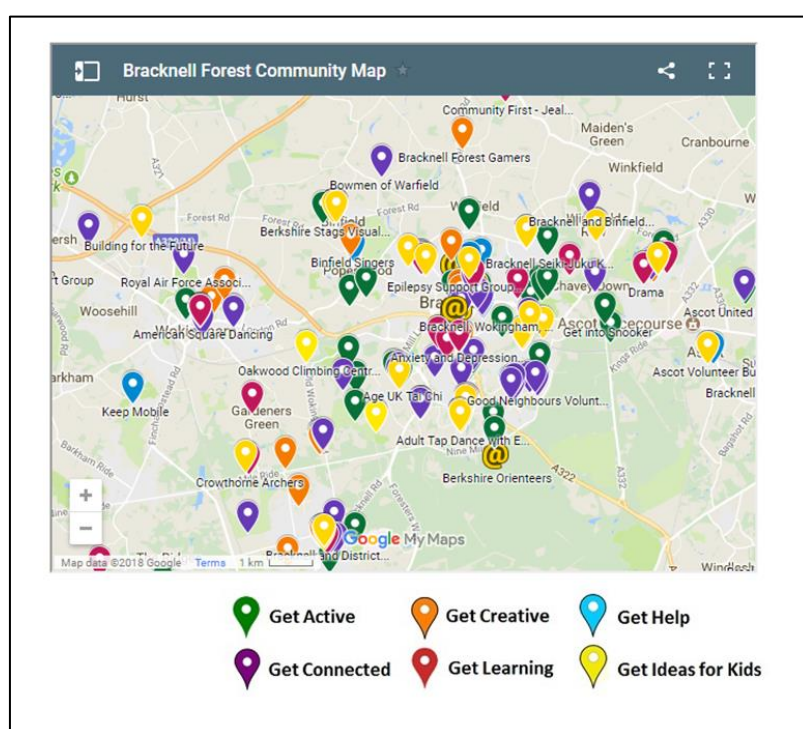
Programme Overview

Evidence suggests that social isolation is a killer. It increases mortality risk by around a third and is consistently linked with everything from heart disease to depression and cognitive decline (Holt-Lunstad et al 2015). Bracknell Forest has traditionally experienced significantly higher rates of social isolation than the national average – especially among those using health or care services. We set out to change this.

The **Bracknell Forest ‘Warm Welcome’ Programme** was launched in 2015. It is a rolling programme that still continues today as a key part of our core business. The programme consisting of three ongoing elements:

1. **Community Asset Mapping**
2. **Warm Welcome Assessments**
3. **Community Group Support**

The **Community Asset Mapping** work involves a regular search for local groups that a) are run by residents for residents and b) offer opportunities to improve health, mental well-being and social contact. An important feature of this work is that it goes beyond the ‘established’ voluntary sector and seeks out groups that may not be listed in any official directory. This required an initial period of intensive work by the Public Health team who spent time travelling around local communities asking residents about what groups and clubs were in their area (work that is repeated periodically).



This unearthed more groups than we expected – with over 200 being added to our list in just a few months. The total is now up over 400 groups. They include everything from walking groups through to woodwork, knitting, reading, chess and singing groups.

Once a ‘Warm Welcome’ assessment has been carried out (see below) the groups are added to an online, Community Map for residents to browse (link: <http://health.bracknell-forest.gov.uk/online-services/community-map>).

This is searchable by category (eg: ‘Get Active’, ‘Get Learning’, Get Connected’ etc). Promotion of the map via social media and local events is ongoing. During our recent ‘Self Care Week’ the map received 12,500 visits in one seven-day period. The information on the map is also integrated into the local digital care ‘marketplace’ which is used by those funding care via Direct Payments.

Our residents do not need to be able to access the internet to benefit from the ‘Warm Welcome’ Map. Training and promotion has been delivered so that local healthcare teams, social care practitioners and those working in the voluntary sector (eg: Citizens Advice) can use the map effectively to support people in finding

a suitable local group. We have also established community link workers within the Council who are wholly dedicated to this function. These workers operate alongside the social care teams and include staff trained to work with people with learning disabilities and mental health problems. In all cases, the aim is to help establish what the resident is interested in, identify a suitable group near them and then encourage them to join up. Help can also be arranged with transport etc if required.

The **Warm Welcome Assessments** ensure that every group on our map is willing and able to accommodate new members. This is a crucial element of our work as not every local group will necessarily be able to welcome new members or accommodate those with particular needs.

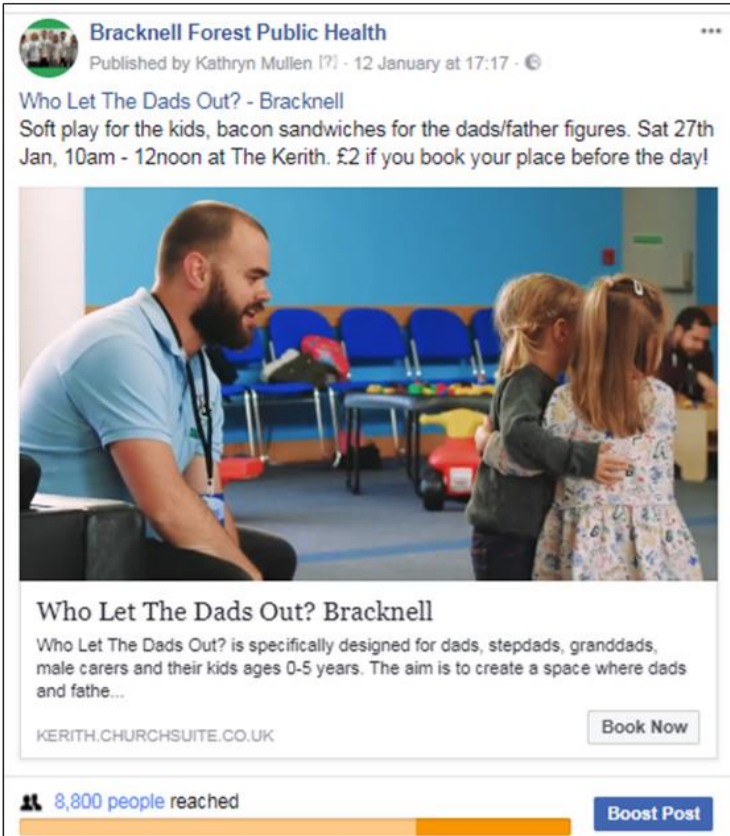
Our Warm Welcome Assessments are carried out by a member of the Public Health Team with newly identified groups and serve to establish whether new members (including those with disabilities or other particular needs) would be likely to have a positive experience. These assessments are often utilised by the community groups as a chance to learn about how they can widen the accessibility of their group and make their welcome a 'warmer' one to a wider range of people. Advice and support is offered in this respect (see below).

Our **Community Group Support Offer** seeks to build the capacity of local groups to offer support and companionship. The support is mostly provided by the Public Health team, in liaison with other experts where required. The support offered can range from advertising and promotion through to advice on accommodating particular needs or skill training (IT skills, fundraising etc). In some cases the support will be financial in the form of small non-recurrent grants to purchase IT equipment or run a promotional event.

By far the most common request is for support with promotion. Small community groups, especially when just starting up, can often struggle to attract the numbers of people required to make their project viable. For example, membership fees may only cover venue hire if a certain number of people regularly pay in, or a sports or games team may require a certain number of players to enter a league.


Our team will offer promotional support in a number of ways. For example, we have a trained staff member dedicated to producing short films with groups to promote what they do, as well as generate professional looking leaflets and posters.

We will also provide promotion via our multi-platform social media presence and across the channels of local partner agencies such as NHS providers and businesses.



Bracknell Forest Public Health
Published by Kathryn Mullen [?] · 12 January at 17:17 · 🌐

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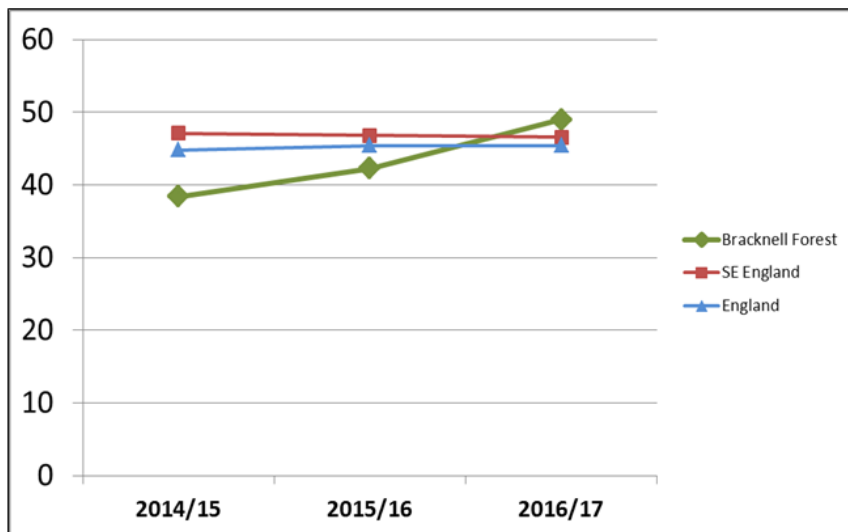
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Programme Outcomes

The key aim of our Warm Welcome Programme was to reduce social isolation in Bracknell Forest, particularly among those using health and social care services (who often experience the greatest barriers against social participation). Social isolation in this group has been a key concern within Bracknell Forest. In 2015, when we began this work, the number of people reporting that they have as much social contact as they would like was significantly lower than the national and regional averages at 38.4%. Since our programme began, this figure has risen to 49%, exceeding than the regional and national levels (ASCOF Survey).

Percentage of people reporting that they have as much social contact as they would like



	Bracknell Forest	SE England	England
2014/15	38.4	47.1	44.8
2015/16	42.3	46.8	45.4
2016/17	49.0	46.6	45.4

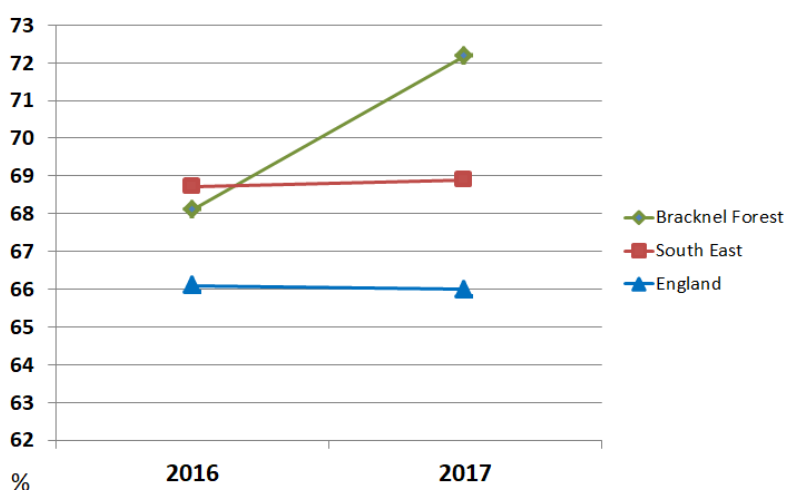
While this analysis is not set within a controlled trial design, the improvement is statistically significant and coincides directly with the development of our Warm Welcome Programme across the Bracknell Forest area. Therefore, it seems likely that the programme has had a positive effect on social isolation. This is backed up by the numerous case studies that we have collected of people feeling more socially connected and in better health since connecting with a community group via our programme...

“ I feel the power of this amazing choir every day. It has been my lifeline as I've cared for my husband undergoing treatment for cancer. Acquaintances have become close friends, generous with their time and hugs galore. ”

Another key outcome has been the effect of physical activity. An inactive lifestyle, especially as we get older, leaves us far more vulnerable to everything from heart disease and stroke to a serious fall. Our ability to remain active as we age follows the very simple rule of “use it or lose it”. The more active we are, the more active we will stay, enabling us able to stay independent and live life the way we want to. In addition, physical activity has benefits for mental health, having proven positive effects for depression and anxiety.

The focus on physically active community initiative sin the Warm Welcome Programme seems to be having an impact with rises in the percentage of physically active adults far in excess of any regional or national changes (see below).

Percentage of physically active adults



Source: Public Health England (based on Active Lives, Sport England)

Central to our core message is an invitation to people to ‘take ownership’ over the work and develop it according to their own ideas. This has led to the emergence of new community projects that have resulted directly from engagement with the Warm Welcome Programme.

A recent example is ‘Checkmates’. This was the idea of a resident who had come into contact with our programme and who thought that his local neighbourhood could benefit from a chess club that emphasised friendship and peer learning. As always, the ‘deal’ was the he would run the group while we help promote it and assist in any practical matters. The Checkmates project has gone from strength to strength and has now forged links with a local university research team that are examining the effects of regular participation on cognitive function.



More recently we work with local residents to establish a ‘Junior Parkrun’ in Bracknell Forest. Previously we had helped residents establish a main Parkrun which attracts around 400 runners every week. Its junior version is aimed at 4-14 year olds and was established by a local Mum who didn’t want our younger residents to miss out. We helped with seed funding, promotion and in getting the required permissions to hold the event. The first run proved very popular and will continue to bring local people of all ages together every week.

Checkmates and Parkrun are just two examples of how the Warm Welcome Programme is not only helping to develop existing community groups – but is giving local people a platform and opportunity for developing new initiatives based on their own ideas and interests.



Wider Impact

The Warm Welcome Programme has been recognised as an innovative piece of work by national agencies. For example it was recently presented at a conference held in London by the LGA and will be featured in the upcoming National Suicide Prevention Conference on January 31st. Our Warm Welcome Programme was also featured in the LGA Publication “Helping people look after themselves” in October 2016. Two of the most successful community projects we have helped to develop were also featured on BBC News in January 2017 – a fitness group for older people and a children’s mental well-being project. The success of the latter project led to it being part of a mental health awareness session with over 400 young people at the Madjeski Stadium in October 2017.



The work has had an influence on practice elsewhere. For example, The Frimley Health STP, which has been identified as one of the first to become an Accountable Care System, has adopted the community asset

mapping and support methodology from Bracknell Forest as the core approach to prevention and self care in its 2018/19 Operating Plan.

Skills and Workforce Development

The Bracknell Forest 'Warm Welcome' Programme represents a call to action across our community. It challenges people, including professionals, to think differently about how we improve community health and well-being.

For some professionals this represented a challenge. For many, the default option had become assessing need rather than assessing strengths, and treating rather than enabling. Therefore, training and peer support in asset based approaches has become a key part of our Warm Welcome Programme.

A good example of this is our work with social care practitioners, who are key to our programme development. Inspired by work such as Three Conversations Approach (Partners for Change), and utilising expert guest speakers such as Alex Fox (Shared Lives), we delivered workshops aimed at helping social care staff adopt a more asset based approach to care planning. In particular, we focused on developing their ability to explore the issue of social connectedness with the residents they supported, mapping out the social ties they had, and the social ties they would like to have. Staff were encouraged to tease out the 'strengths' the resident had that could be drawn into enhancing their overall care. This could be anything from family members and friends through to a keen interest in reading or art. Staff were asked to view these as foundations that, with time and patience, could be built on to increase social participation, quality of life and health. Evaluations after the course showed a high level of confidence among practitioners in relation to working in a more asset-based way.

Training and development work has also been conducted with Elected Members. Workshops were held with Members that explored their potential role in community development and reducing social isolation. The response was entirely positive with Members appreciating the chance to utilise the influential position they hold in their local community. Since these workshops we have had numerous examples of Members directly feeding in to our work, whether it by linking us up with local community groups that we didn't know about, through to direct work with groups to expand their capacity and boost their profile.



As already mentioned, the skills and development component of the Warm Welcome Programme also includes an offer of training to community groups in how to maximise the 'warmth' of their welcome. This includes training in how to make groups sessions more accessible to a wider range of people. Group leaders are encouraged to see the valuable role they play in reducing social isolation and how, in turn, that makes for a healthier and more resilient community.

Because this work has been an evolution rather than a revolution, no disruption to any services or projects has occurred. Rather, while the change has been significant, it has also been gradual and emerged over time.

Existing systems have been worked with rather than against, and any initial caution from colleagues about an asset based approach were listened to, understood and addressed positively. In short we have always tried to bring people with us and create a programme in which everyone is a potential leader.

Lessons Learned

The lessons learned to date have related directly to the innovative nature of the methods we have utilised. In particular, asset-based development requires that professionals 'let go' of some control over how needs are met in their local area, and instead, trust in the instincts and strengths of the local community.

This can be difficult and we have found that some colleagues initially resisted any diversion from a traditional, deficit-based and 'interventionist' strategy to prevention. In response, we learned over time to better elucidate the benefits of asset-based work, both in terms of the greater validity of the results, and their greater sustainability (transcending the dependency on recurrent funding). In short, we learned the importance of effective local advocacy and how a community asset based approach is not so much a methodology but rather a community wide 'call to action' that must be constantly demonstrated and championed.

We have also learned a lot about how our approach to community development and reducing social isolation can be aligned with other, maybe more traditional work streams. For example, our Community Map and link workers have become closely aligned with social care transformation. Our colleagues in social care have found that care packages can be significantly strengthened by utilising our map to connect those they support with local groups and clubs. Aside from facilitating a more cost effective use of care resources, feedback from those delivering and receiving social care has been that the increased range and accessibility of community groups in our area is having a positive effect on general health and well-being.

“ *What started as a simple mapping project has now snowballed into an ongoing collaboration with our residents on a wide range of initiatives. It has enabled our health and social care colleagues to take a more holistic approach, while for our team, it has really put the 'public' back into 'public health' work.* **”**

<http://www.mentalhealthchallenge.org.uk/power-of-community/>

