

K219, Learning Event 7:

Review & preparation for the EMA



With: Fiona Taylor & Sylvia Barrett

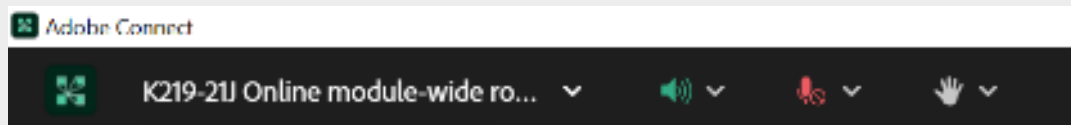
When: 26th April

This session is being recorded

Please remember to mute your microphone when not speaking, to avoid background noise

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You're welcome to say hello and chat while waiting for us to begin

- We agree to treat each other with courtesy and respect
- We maintain confidentiality of each other and others in our discussions, during and outside of the tutorials
- We maintain emotional boundaries as we discuss topics
- Some topics may raise personal issues for you or others present
 - Details of support available on the [Mental Health and Wellbeing](#) help centre page
- If you would like to step away from the session at any time, please feel free to do so and re-join when you are ready



Meet your tutors...

- Introducing...



- Reflecting on TMA 04
- EMA question and task
- Reviewing block content (relevant to EMA)
- EMA guidance
- Q & A



PLAN

TMA 04 Reflection

Looking forward

- How will you use this feedback, or these reflections, for the EMA?



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EMA Question & task

25th May 2023 (12 noon!)

3000 words

EMA Question - Part One

Part 1:

Write a report entitled **‘How can community groups and communities address health inequalities and their impact on health and wellbeing.’**

The report must be aimed at a community action group whose goal is to improve the health and well-being of their local population.

- 80% of the marks for the EMA
- (equivalent to 32% of your overall assessment score for this module)
- 2400 words max for part one (excluding references)

Guidance for Part One (1)

- General tips:
 - Draw from across the whole module
 - The EMA is intended to show your learning of K219 as a whole
 - You need to use the broad knowledge, understanding and skills you have developed while studying the entire module
 - Information on writing reports can be revisited in recordings of Learning Events 5, your tutor's feedback and via the [Help Centre](#)

Guidance for Part One (2)

- **Source of information:**

- Block 1: discussions on the nature of health and wellbeing
- Learning Guide [LG] 16: Community action on health and wellbeing
- LG 14: information on ways in which health inequalities can affect particular communities
- LG 6 (Block 2): information on the importance of social relationships

- You *can* supplement with outside materials (clearly referenced) to support your argument **but** be sure to **demonstrate your understanding of module materials by predominantly using K219 items**



Guidance for Part One (3)

- The report is aimed at a local community action group
- This may be a group in the module material e.g. Men's Sheds or Gals. Or, you may choose an example of one you are familiar with
- It should be clear what the aim of the community group is – this will help the reader assess the usefulness of the report you have written

Part One: *suggested* structure (1)

1. Title your report: **‘How can community groups and communities address health inequalities and their impact on health and wellbeing.’**
2. Introduction (300 words)
 - Set out the aim of the report and its audience
 - Brief background information
 - Summary of key points

Part One: *suggested* structure (2)

3. Discuss meaning of the words 'community' and 'health inequalities' & their relevance for health and wellbeing (400 words)

- LGs 16 & 14 will help with this
- LG 6: You could also consider impact of social relationships on health and wellbeing



Part One: *suggested* structure (3)

4. Describe a range of ways in which different communities can be affected by health inequalities (600 words)

- You could set out some ways in which evidence suggests different communities are affected by health inequalities
- LG 14 and material from across the other three blocks will be useful



Part One: *suggested structure* (4)

5. Describe how community groups and communities could address health inequalities and their impact on health and wellbeing (600 words)

- You could set out some ways in which community groups improve the health and wellbeing of the local population
- This could include material from LG 16, as well as material from the other three blocks of K219, on those things that can positively impact health and wellbeing

Part One: *suggested* structure (5)

6. Recommendations (300 words)

- Make 3-5 recommendations
- Based on what you have discussed
- Aimed at your audience
- In bullet pointed list format



Part One: *suggested* structure (6)

6. Conclusion (300 words)

- Summarise the key messages of the report

7. References (and word count at the end, not including end references but does include sub-headings)



Tutors' tips

- ✓ Remember to state clearly your audience and aim
- ✓ Link the content back to your audience and aim
- ✓ Draw on module materials (including theory), just as you do in an essay
- ✓ Try to include items from across the module
- ✓ Write in the third person where possible (avoid I/we/you/our, etc.)
- ✓ Recommendations need to be 'actionable' rather than too vague
 - e.g. rather than 'increase awareness of...' try, 'promote through targeted social media, such as...'
- ✓ Guidance about word counts, sub-headings, contents lists, etc. are the same as for TMA 04

EMA guidance

for Part Two

Submit both parts in ONE word document

EMA Question – Part Two

Part 2:

Drawing on materials in K219, and Gibbs' reflective model, briefly reflect on your educational journey through K219 and describe what the key learning points have been for you in terms of skills and knowledge related to the world of health and wellbeing.

- Worth 20% of the marks for the EMA
- (equivalent to 8% of your overall assessment score for this module)
- **600 words** maximum for part two (excluding references)

Part two guidance

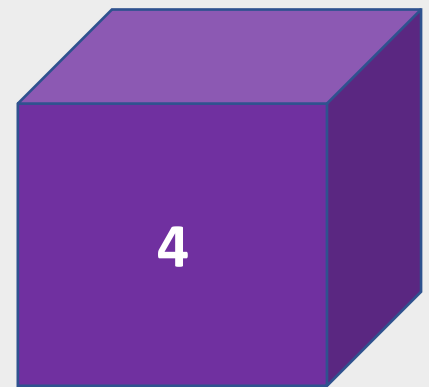
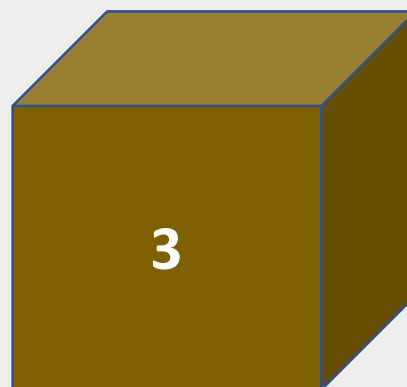
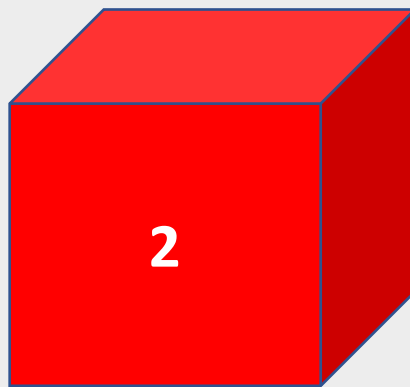
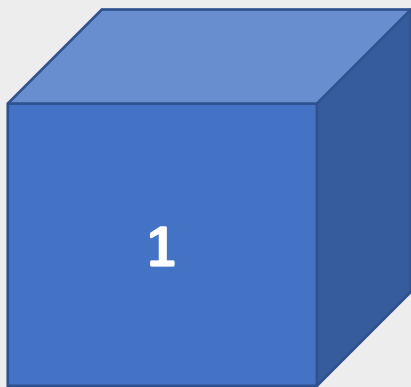
- Part two is intended to assess how you can reflect upon your own knowledge about health, wellbeing and social care
- and how this might influence your interpretation of information about these topics

- To do well: avoid purely descriptive accounts of what you have learned
- You need to demonstrate *how* knowledge of the materials have *influenced your thoughts* on health, wellbeing and social care

- As this is a reflective piece of writing, you may use the first person in this part of the EMA task

Part two sources

- Draw on **all four blocks** of K219 to account for your learning throughout the module
- **LG 2**: revisit Gibbs' model of reflection



Part two – putting it together

- *Possible* structure:
 - Give your piece a **title**
 - A short **introductory sentence** outlining your main learning
 - Comment on **what** you found to be significant, important or interesting
 - **How** and **why** these points affected your learning
 - A **concluding sentence**
- Think about what you have learnt in each of the **four blocks of the module**
- **Reference** the module materials if you include them
- **Word count**

Queries

Any questions about part two?

Reviewing LG 16: Community action in health and wellbeing

Reviewing some of the material
relevant to the EMA



Community (1)

What does 'community' mean?

- Subjective
- Some people see it as positive
- A more negative viewpoint based on social problems or groups who are labelled as problematic e.g. gangs



Community (2)



What does 'community' mean to you?

E.g., do you associate key words, images, places with it?

What communities do you belong to?

How did you become involved in these?

Community (3)



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- Types of community may include:
 - **Place** – based on geography, people who share attachment to a locality
 - **Interest** – Shared common characteristic e.g. occupational or recreational groups
 - These may include those linked to identity too e.g. sexual orientation
 - **Faith** – Shared common beliefs, ‘faith community’
- **Lee & Newby** (1983, cited in Waterhouse, 2022):
 - **Nature of relationships** between people is important in creating communities
- **Cohen** (1982, cited in Waterhouse, 2022):
 - A sense of **belonging** is a core feature

Technology & communities



- **The internet** is breaking down space, allowing for global communities
- **Wellman** (1999, cited in Waterhouse, 2022):
 - Interactions not based on coincidental encounters or physical location can create ‘purer’ relationships, based on shared interests and identities
- **Roberts** (1998, cited in Waterhouse, 2022):
 - While communities can exist online, a defining feature of all communities (online and off) is a sense of belonging
- **Miller** (2016, cited in Waterhouse, 2022): Without the creation of a **collective identity** or sense of belonging, these discussion posts might just be viewed as a means of communication
- **Abuse and bullying** can occur, threatening health and wellbeing (Nixon, 2014, cited in Waterhouse, 2022)

Positive influence of communities on health (1)

What positive health effects may come from being part of a community? How and why does this occur?



Positive influence of communities on health (2)

What positive health effects may come from being part of a community? How and why does this occur?

- Activity 16.2:
 - **Social support**
 - **Social engagement**
 - Access to **resources & social capital**
- **Group membership** has positive influence on wellbeing over time (Fancourt & Steptoe, 2018, cited in Waterhouse, 2022)
- Groups 4 Health intervention found benefits for mental health and wellbeing (Haslam et al., 2016, cited in Waterhouse, 2022)



Positive influence of communities on health (3)

How and why does community membership aid good health?

- **Jetten et al.** (2014, cited in Waterhouse, 2022): **social identity theory**
 - Impact on health arises from **social relationships** and related **community membership**
 - These develop out of **shared identities** with others and **internalising** the group membership
- When internalised, the group membership will influence health, behaviours, beliefs e.g. healthy eating behaviour
- Sense of **belonging** arising from this can **aid self-esteem**, build individual **resilience**, provide meaningful **social support**

Community-centred approaches

N.B.

- **Community-based projects:** these deliver interventions to a community, often defined by geographic area
- **Community-centred projects:** work with communities to bring about change

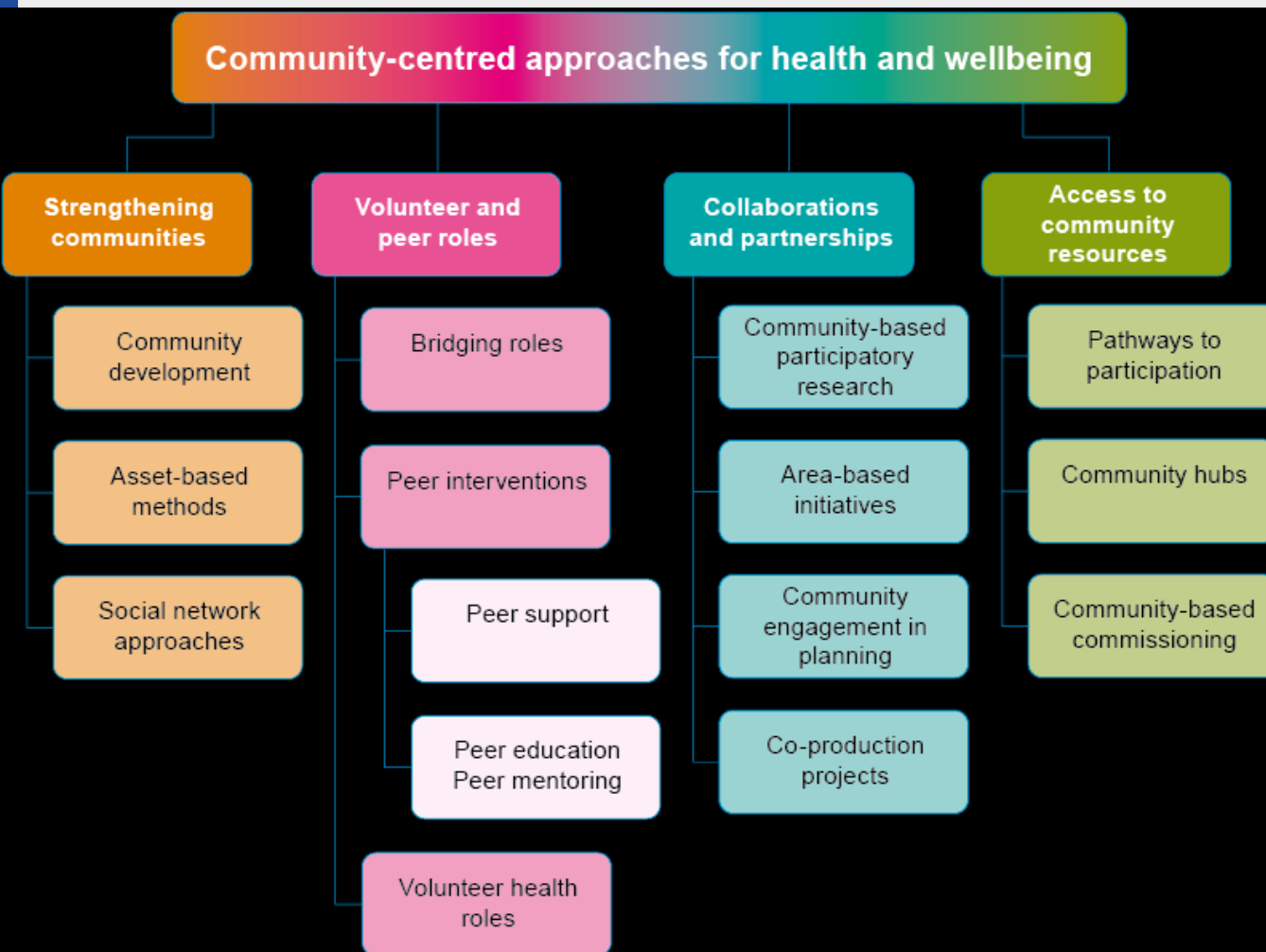


Bear in mind these different definitions when writing your report

Framework of community-centred approaches

- South et al., 2015 (cited in Waterhouse, 2022):

As we go through each category, think about how you might include this in your report e.g. what does it tell you about involving community groups in improving health and wellbeing of local population, challenges etc.



Strengthening communities (South et al.'s first community centred approach)

- **What might be involved in strengthening communities?**

- Bringing together community members
- Increase confidence of members
- Build skills
- Empowering communities



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- **Social network model:** communities strengthened by bringing together individuals in organised activities e.g. Men's Sheds
- **Community development model:** community members empowered to pinpoint own needs collectively and identify possible solutions
 - Needs may be health or social
- **Empowerment** is at the centre of the strengthening communities approach
 - It can create social and structural change

Volunteer and peer roles

- South et al.'s (2017, cited in Waterhouse, 2022) second category of community-centred approaches: '**volunteer and peer roles**'
- Fall into **three** categories:
 - **Bridging roles** – outreach activities to signpost services and provide information to promote behaviour change, e.g. community health champions
 - **Peer-based interventions** – individuals provide formal social support, based on shared experience with the target population, e.g. Breastfeeding peer support
 - **Volunteer health roles** – organise and lead activities to promote health and wellbeing in their communities, e.g. Walking for Health

Using peer roles

What are the possible benefits and limitations to using volunteer and peer roles?



Limitations to using peer roles

What are the possible benefits and limitations to using volunteer and peer roles?

- Where members of the community are engaged to deliver an intervention:
 - *May* result in the improved effectiveness of a project
 - Projects pre-determined by professionals are not necessarily empowering
 - They may not tackle the health issues, or underlying determinants, that are most important to the community members themselves
- Most peer roles have an individualistic focus
 - Focussing on individuals and their health behaviours can ignore wider structural and environmental determinants of health

Collaborations and partnerships

- Professionals and communities working together, e.g.
- **Community-based participatory research:**
 - Training members of the community so they can get involved in research e.g. data collection
- **Area-based initiatives:**
 - Aim to address social and economic issues in local areas
 - Focus on social determinants of health
 - E.g. participation in public consultations, representation on boards
- **Community engagement in planning and co-production:**
 - Partnership between professionals and community members in service design & delivery of health and social care

Access to community resources

- Facilitating access to **community organisations** can promote and create **social participation**, e.g. through social prescribing
- **Social prescribing**: refer service users to non-clinical services and programmes, to support social and mental wellbeing
- **Benefits** may be achieved through:
 - Reducing isolation
 - Reducing reliance on medication
 - Building individual self-esteem and confidence through focus on developing skills

Social prescribing (1)

What examples of social prescribing do you know of?



Social prescribing (2)

Some examples of social prescribing

Dance is just what the doctor ordered
Judith Mackrell



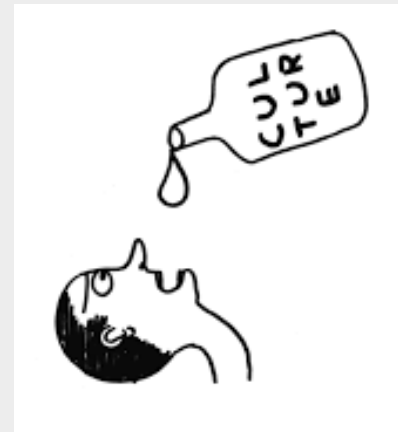
People with Parkinson's and other diseases are benefiting from a growing recognition of the therapeutic benefits of dance

 Public Health England

Healthmatters

Social prescribing – addressing people's needs in a holistic way

GPs and other health care professionals can refer people to a range of local, non-clinical services, supported by a link worker or connector



PROMPT (Activity 16.2)

- The PROMPT framework will help you to show your ability to critically assess research and literature in the EMA

What are some of the features of the PROMPT criteria?

PROMPT

P	Presentation e.g. info clear? Can I find what I need here?
R	Relevance e.g. Does this info match my current needs? What is it mostly about?
O	Objectivity e.g. Any hidden objectives or bias? Is the language emotive?
M	Method e.g. what are statistics based on (if applicable)? How was data gathered? Is the sample representative? Where the methods appropriate?
P	Provenance e.g. Who produced the info? Whose opinions presented? Do you trust the source?
T	Timeliness e.g. is it current? Has the situation changed since publication? Is it up to date enough?

Q & A

EMA general info

- Not marked by your own tutor
- Please put both parts into **one** word document
- References should be included for both parts
- Reference lists for each part should be at the end of the relevant part
- Remember to **define key terms and concepts**



Thank you for attending and participating



Do you have any questions?

Thank you
for attending and
participating