Community Psychology approaches with children, young people and families

Working with whole communities
Introduction

‘In countries around the world, a shift of emphasis is needed towards preventing common mental disorders such as anxiety and depression by action on the social determinants of health, as well as improving treatment of existing conditions.’

World Health Organisation, 2014

Further to this statement, the World Health Organisation focuses on:

- social
- cultural
- economic
- political, and
- environmental factors

These include ‘national policies, social protection, standards of living, working conditions and community support’ as some of the key issues which influence mental ill health.

Community Psychology is increasingly being turned to as a way of addressing these issues, and within the field of clinical psychology, this approach is becoming increasingly recognised and promoted.

‘It is no measure of health to be well adjusted to a profoundly sick society.’

Jiddu Krishnamurti
What is Community Psychology?

Community Psychology is concerned with understanding people in their social context and how wider structural and societal arrangements impact on people’s health and wellbeing. One useful definition of community psychology proposed by experienced practitioners in the UK is:

‘It is “community” psychology because it emphasises a level of analysis and intervention other than the individual and their immediate interpersonal context. It is community “psychology” because it is nevertheless concerned with how people feel, think, experience and act as they work together, resisting oppression and struggling to create a better world.’

Burton, Boyle, Harris, & Kagan, 2007

At the heart of the approach is understanding how forces such as oppression, discrimination, exclusion, powerlessness and inequality impact on human experience. Community Psychology is therefore:

- value-led with social justice as a core value (e.g. Orford, 1992)
- action-orientated, often working in partnership with marginalised, vulnerable and disempowered people to create social change in social conditions
- asset-focused, meaning that services would look for resources at all levels of a system which could both protect against possible negative outcomes and promote wellbeing
- focused towards preventative and community-led change.

Figure 1: A change in perspective (Smail, 1999)
Why is the focus shifting to Community Psychology?

There are three key reasons for the current shift towards Community Psychology:

1. Services need to consider the impact of social context and wider social forces, such as unemployment, inequality and low income, and be able to intervene at these wider system levels to help prevent distress and not blame individuals.

2. Services benefit from being more accessible, appealing, asset-focused and non-stigmatising. Community Psychology can help to reduce the barriers to engagement through community-led and co-production approaches.

3. In an environment where mental health problems are increasing in line with increasing inequality but funding for services is reducing, Community Psychology can help services become increasingly proactive, preventative and financially stable.

Case study: Better Beginnings, Canada

Better Beginnings (Worton et al., 2014), aims to promote healthy child and family development in socially deprived communities. It is based on the principles of being community-led, holistic, integrated and universally available. Improved outcomes included fewer childhood behavioural problems, increased participation in the community, increased access to local services and increased neighbourhood satisfaction. Each step has involved families within their communities and has shown to be a cost effective approach. It is now a highly recommended approach by UNESCO.

Case study: Define Normal, UK

Social change can be effective at a small-scale and local level. For instance, psychologists in partnership with young people from an inpatient mental health unit co-produced an experiential training exercise for mental health professionals (Taggert, D. & Define Normal Project Team, 2011). The project was entitled ‘Define Normal’ and the team created a drama piece demonstrating the experience of what being diagnosed with a mental health problem is like from the young people’s perspective. It allowed staff they trained to gain a new perspective on the lived experience of feeling judged, stigmatised, confused and harmed by the mental health system.
The Department of Health Guidelines on Community Engagement

These guidelines outline the five elements of the Community Engagement Model, which focuses on the following requirements for a wholeservice approach:

- Grassroots and community work which co-define challenges and co-produce solutions.
- Community infrastructure, both statutory and non-statutory organisations and residents, building connections across communities.
- Professional infrastructure which acknowledges the need for and value of both mainstream qualifications, and experience and local knowledge.
- Organisation development which focuses on leadership which can enable change, and put in place the strategies and processes which enable meaningful community engagement and influence the development of services.
- Effective co-ordination to ensure that community engagement is systematic and planned, and able to foster and interdependent and mutually interconnected strategic approach.

For further recommendation about how to reach out to communities and be more inclusive, see the NICE Guidelines for Community Engagement (2008).
How does Community Psychology change the way things are done?

In order to achieve the kind of features noted above, there are shifts at every level of the way clinicians work:

■ At the assessment and formulation stage, clinicians need to shift from considering only the individual to look more broadly at the individual’s world, and recognise the impact of their social environment.

■ Community collaboration means that community members become co-producers of services and interventions, and the value of the unique and important knowledge of those with lived experience is recognised in shaping solutions.

■ Collective interventions can be created together. Access to employment, welfare, community networks and secure housing are all crucial to the wellbeing of children and young people and hence Community Psychology services need to find ways of working with and through all of these areas to create effective interventions.

■ Evaluations will embrace the subjective experience of clients, and focus on the action research perspective mentioned above.
The ‘Integrate’ approach was developed by the charity MAC-UK in partnership with excluded young people facing multiple challenges in the community (Zlotowitz et al., 2016). The flexibility of the approach means that everything is an opportunity for young people to participate in and try to create change for themselves and their community. To engage with the young people, practitioners initially partnered with local community gatekeepers and spent time in the community.

The staff team includes experts by experience who can be graduates of the MAC-UK projects. The project works across levels. For example, at the personal level staff engage in ‘street therapy’ discussions around young people’s use of cannabis for relief of depression. They support young people to set up and lead interest groups for peers, and use motivational interviewing to discuss young people’s decision-making processes. At the relational level staff have supported young people to actively engage in youth-led activities, worked with young people to improve communication between their professional networks or have co-led training sessions for related organisations or professionals. At the collective level staff have supported a young person to lead an action group for preventing the closure of a local youth centre, have used guidance from young people to lobby government to improve statutory health provision for youth.
Case study – MAC-UK, UK

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An evaluation of the above approach to engaging young people (e.g. those involved in gangs) who find conventional psychological services ‘hard-to-reach’, found it had used specific principles that worked for young people, with proven psychological benefits (Zlotowitz et al., 2016). The Integrate approach is now widely acclaimed at a national policy level within the UK, including within the recent CAMHS Taskforce report (DoH, 2015).
Making the change to a Community Psychology approach

It can be hard to hold on to a community psychology approach in the current environment of service and structural pressures and constraints, and some services may find themselves continuing the same, traditional practices just in a different location. In order to avoid this, those wishing to follow a community approach might find it helpful to:

- Develop a network of enthusiastic and knowledgeable people who care about the community. They can work directly in the community or connect with the wider community online to share ideas. The British Psychological Society Community Psychology section online platforms and networks are valuable resources (www.communitypsychologyuk.ning.com).

- Involve local young people early on to keep the team focused and provide influence in the community. Working in this way engages communities and harnesses their capacity to solve problems and mobilise resources which would not otherwise be available.

It is a challenge, to work at multiple levels simultaneously and plan for prevention rather than react to need. Being proactive can be difficult when systems are focused on individual work. Responses to this challenge might include developing new structures promoting a community approach, such as community mapping meetings, and designating a member of the team to take the role of key worker for building community relationships, and modifying existing policies and IT systems.

Many more ideas on making the changes to Community Psychology Services can be found in paper 6 of What good looks like in psychological services for children, young people and their families (see back cover for details).
Case study – Minding the Gap, UK
A Borough in London has established a service partnership working group, where partners from all sectors have joined with young people to develop and design new services for children and young people across the transition age of 16–25, to better meet the needs of the communities in which they reside and participate.

Case study – The Kings Fund Leadership Programme, UK
The Kings Fund, a health and social care policy think-tank, has recently launched a leadership programme which must be attended by a ‘clinical leader’ and ‘patient leader’ from each service. Its aim is to teach these partners how they could meaningfully lead in a collaborative manner and to develop their skills to do so. Services who sign up to the programme are therefore required to send a clinical/medical leader and a patient leader together. See http://www.kingsfund.org.uk/leadership/leading-collaboratively-patients-and-communities for further details.
These are the features you should expect in a service for children and young people which takes a Community Psychology approach

The service should:

■ be driven by the values of social justice and transformational change using evidence-based and practice-based research

■ take a proactive approach in its design, delivery and evaluation, to address the multiple levels that impact on the health of children and young people, from the individual through the community to the wider, social context

■ work with local communities and structures, particularly excluded groups, to define challenges and needs, and co-produce solutions

■ empower practitioners and community members to create social change and prevent distress and exclusion

■ build alliances and networks to share learning and approaches

■ work to have a positive impact on the most vulnerable and marginalised young people in society.
This leaflet summarises a chapter in *What good looks like in psychological services for children, young people and their families*. More detail on the types of help mentioned in this leaflet can be found in the chapter and also in the follow up publication *What good could look like in integrated psychological services for children, young people and their families: Preliminary guidance and examples of practice*.

**Hard copies** (of the full volume or this leaflet) can be requested for free from Helen Barnett, British Psychological Society: Helen.Barnett@bps.org.uk

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If you would like to discuss any of the information in this leaflet further, please contact: dcpchildlead@bps.org.uk

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