The BD_Collective Approach to Community System Resilience in Barking and Dagenham

A Summary

November 2022

The BD_Collective

- The BD_Collective is a network of networks of social sector organisations in the London Borough of Barking and Dagenham. The Collective is not an organisation but a co-operative of organisations bound by the shared values of connection, trust, shared accountability and power.

- This work has provided the platform for a new approach to community resilience in the Borough, described below. It:

- Operates at the level of neighbourhoods of circa 40,000 residents
- Is supported by GP Health Leads in each locality
- Linked to networks of social sector organisations, and
- Involving residents in the design and testing of prototypes designed to
- Address health inequalities.

- Proof of concept work is underway. Our ambition is a ten year programme to improve healthy life expectancy by an average of four years.

The Evidence Underpinning the Approach

- The approach builds community system resilience, that is the commitment and investment by everybody living, working, studying, running a business and regularly visiting has in 'their' neighbourhood. The work is underpinned by an international evidence base that shows that health outcomes are significantly influenced by:

- Residents sense of control over their destiny, and their sense of living in a community that has control over its destiny, and can hold government and public systems to account
- The strength of connection, trust and belonging (as measures of social capital and collective efficacy) to community that gives residents permission to accept and give support to their neighbours
- A dynamic equilibrium between 'the 5%' of work by healthcare systems and 'the 95%' of support offered by family, neighbours, work colleagues and other civil society support around healthcare interventions.

- The approach seeks to increase residents sense of control over their destiny, boost connection, trust and belonging, and break down barriers that impede the 95% response of family and civil society.

The Work at a Neighbourhood Level

- **The work takes places in half a dozen neighbourhoods of circa 40,000 residents simultaneously. Networks of social sector organisations are the glue that holds the approach together. These networks:**

- **Link civil society activity of around 500 formal and informal groups in each neighbourhood**
- **Form panels of healthcare and business leaders to identify challenges to health and economic outcomes in their neighbourhood**
- **Engage deeply to understand how local people understand the barriers to health and well-being**
- **Build design groups of residents to build prototypes to improve individual and collective agency, connection, trust and belonging, and civil society supports**
- **Facilitate and support a learning process, to test, learn from, adapt and where justified, scale the prototypes.**

Technical Support

- The is supported by training and facilitation to embed in healthcare and civil society systems:

- A design method to fully involve people who can benefit from innovation in the place where they experience that innovation. For example, our work to reduce hypertension is with people who experience hypertension in the spaces they like to hang out.
- A learning approach, broadly analogous to Improvement Science, that helps local people rigorously test, learn from, adapt and re-test prototypes and chart their reach, quality and impact over time
- Use system dynamic methods to find the primary levers for change in civil society and healthcare and,
- An approach to scale that focuses on the opportunities afforded by positive contagion between people who live, work, learn and play in a neighbourhood.

- In shoer, the technical support helps each neighbourhood to turn an idea into an action; turn actions into prototypes; turn prototypes into (replicable) models; and to scale those models.

The Theory of Change

Our work rests on evidence indicating that:

- When civil society networks, resident design groups, and healthcare and other public system leads operate as a single team
- It generates innovation that can be scaled beyond the neighbourhood in which the work takes place, but more importantly,
- it galvanises people living, working, studying and playing in each neighbourhood to make greater investments to achieve shared goals
- Leading to (a) stronger community system resilience; (b) residents feeling a greater sense of individual and collective control over destiny; (c) and stronger and deeper connection and trust between residents, and (d) a feeling of belonging to their community.
- When applied over an extended period, these changes result in extended healthy life expectancy at a population level.

Success in Analogous Approaches

- **The approach is built from evidence and direct involvement in major change processes to:**

- **Halve preventable deaths of children in the Global South led by the Bill and Melinda Gates Foundation**
- **Improve behavioural and emotional well-being and ultimately extend life expectancy of children on the island of Ireland led by the Atlantic Philanthropies**
- **Halve absolute poverty in the Global South best summarised in the work of Nobel laureates Esther Duflo and Abhijit Banerjee**
- **Reducing school exclusions by 400,000, total health insurance for all residents and bringing one million ex-prisoners back into the mainstream workforce in work led by the California Endowment.**