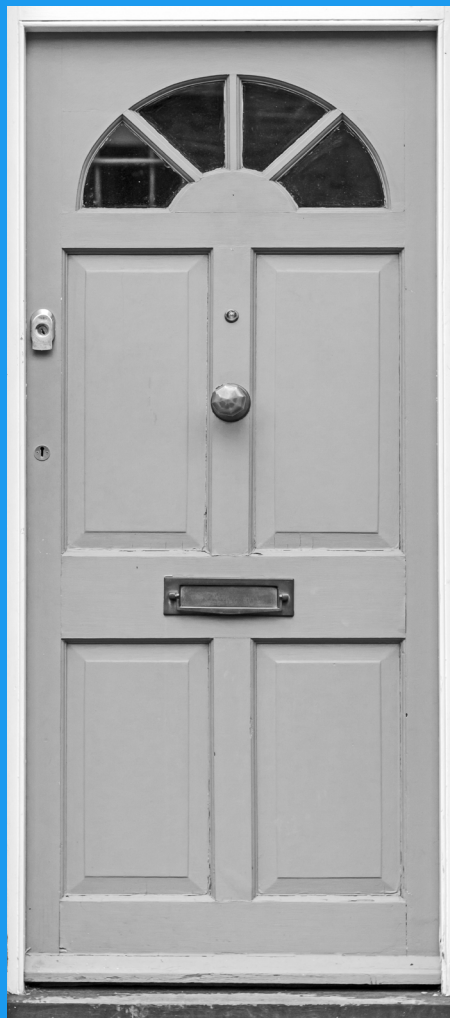


A PRACTITIONERS' GUIDE TO NEIGHBOURHOOD HEALTH

Questions for frontline staff, integrated team members, social prescribers, community development workers, and primary care teams to ground daily practice in community power.

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A practitioners' guide to neighbourhood health

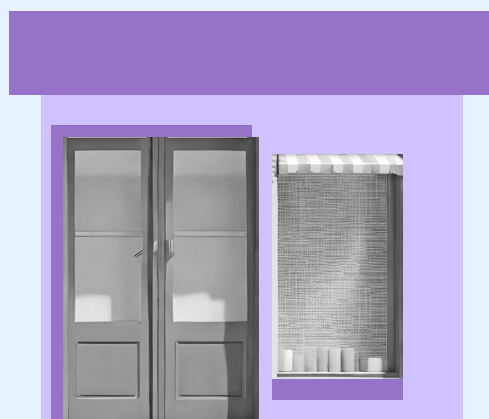
Questions for frontline staff, integrated team members, social prescribers, community development workers, and primary care teams to ground daily practice in community power.



In the recently published paper [*Putting the Neighbourhood Back into Neighbourhood Health*](#), we propose treating the neighbourhood itself as a primary unit of health, and communities as health creators rather than simply clients of services. Its organising principle is that institutions should supplement community power rather than supplant it, with services on tap rather than on top. This guide builds on that report, offering a set of questions for those doing the work on the ground.

As a practitioner working in a neighbourhood, whether in primary care, public health, social work, or the VCSE sector, you practice at the interface between formal services and everyday community life. The Neighbourhood Health Framework encourages teams to work closer to place, but there is a constant risk that practice defaults to "delivering services to individuals" rather than "building health with communities."

Organised across six themes, the questions in this guide are intended to help practitioners reflect on daily practice, shift perspective from deficits to assets, and act as "good guests" in the local area.



1. Mindset and role: how do we view the people we work with?

- **Primary identity:** Do I view the people I meet primarily as patients/clients with medical/social problems, or as citizens with capacities, strengths, and connections who can help shape their own and others' wellbeing?
- **Acting as a 'good guest':** Am I stepping into community spaces with an institutional mandate to lead, or am I listening, learning, and offering my professional skills as a supplementary resource?
- **First questions:** Is my default approach to ask *"What's wrong with you and how can my service help?"* or do I start by asking *"What matters to you, and what can you or your community do about it with a little support? Are there things that matter to you that would improve the wellbeing of your community? How could we be useful in supporting you and your community with those priorities?"*

2. Working with strengths: asset discovery in day-to-day practice

- **Mapping beyond services:** When seeking local options for a resident, do I look beyond formal service referral directories to discover informal local associations (e.g., walking clubs, faith groups, kitchen-table gatherings)?
- **Sequencing support:** In designing individual or local interventions, do I consider: 1) What can residents do themselves? 2) What can they do together? 3) Where is formal clinical/professional/programmatic intervention truly required?
- **Spotting connectors:** Am I identifying natural neighbourhood connectors: people who naturally bring neighbours together? How am I supporting them?

3. Power and relationships: who leads in daily work?

- **Shared decision-making:** Are care plans, group activities, and local projects co-designed with residents holding equal decision-making weight, or are they designed by staff and presented for feedback?
- **Working with grassroots groups:** How am I building long-term, trust-based relationships with small, informal community groups rather than only referring people to large, formal VCSE providers?

4. Practical resources and support: enabling community action

- **Lowering barriers:** Do I have access to small, flexible resources (like micro-grants) to help residents kick-start their own neighbourhood activities, rather than signposting them to pre-packaged programmes?
- **Advocating for change:** When system processes, bureaucratic forms, or rigid eligibility criteria prevent residents from taking action, am I equipped and supported to advocate for removing those barriers?

5. Inclusion and connection: reaching into informal spaces

■ **Reaching beyond the usual voices:**

Am I relying on the same vocal or well-connected residents, or am I proactively building connections with people who are isolated or excluded from local decision-making and health-creating activities?

■ **Creating bumping spaces:** How can my team support or protect everyday social gathering spaces, like parks, community cafes, or libraries, where relationships and natural care occur organically?

6. Learning and reflexivity: how do we evaluate our impact?

■ **Capturing relational value:**

Beyond counting numbers of referrals, appointments, or interventions, how do I measure and record improvements in social connection, confidence, and community capacity?

■ **Reflecting on professional overreach:** Am I regularly reflecting on whether my team's interventions are building long-term community interdependence, autonomy and self-determination or creating ongoing reliance on formal services?



New Local is an independent think tank and network with a mission to transform public services and unlock community power.

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