Social Model of Health

Project Report Overview

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The Research Process

This report is a condensed summary of the full Social Model of Health Report written by Hannah Yu-Pearson. The full report summarises and analyses research led by a group of Southwark-area residents who interviewed friends, family, colleagues and neighbours about their understanding of health. The aim of this research was to inform the development of a Social Model of Health project based at Pembroke House.

Pembroke House defined the original aims of a Social Model of Health as:

- Growing the capacity of people in our community to look after themselves and after each other.
- Growing the capacity of people in our community to collectively challenge injustices within the broader health system.

Pembroke House commissioned a group of 15 Walworth-area residents to form a Working Group that conducted the research. The intent of the research was to learn:

- How people understand what good health is.
- To what extent people connect their wellbeing to their social relationships.
- To what extent people connect their wellbeing to their living conditions.
- In what social contexts people experience relative healthiness.

The Working Group met weekly for a period of 10 weeks in 2023. They conducted a total of 78 interviews with friends, family, colleagues and neighbours in and around Southwark. The researchers were paid for the time spent in meetings as well as the time spent interviewing. Hot food and childcare were provided in each session.

The researchers asked the following questions, developed by **Pembroke House** in partnership with **Healing Justice London**, an organisation that builds community-led health and healing to create capacity for personal and structural transformation, and Pembroke House's key partner on the Social Model of Health Project.

- **What does health mean to you?**
- **When and where do you feel well?**
- **How do you know?**
- **What would you need to access this regularly?**
- **What does healing mean to you?**
- **When and where do you feel a sense of community, connection and belonging?**
- **Can you recall a time where you felt safe? What else enables this sense of safety?**
- **When and where do you experience thriving, creativity and joy?**

The Research Process

Pembroke House and Healing Justice London also commissioned two artists, Jacob V Joyce and Birungi Kawooya, to facilitate four collaborative art workshops each in Pembroke House's open-access community space, the Walworth Living Room.

Participants created art together while discussing the research questions and the topic of health. These art workshops provided an alternative approach to engaging local community members in discussing these questions.

This report is based on the interviews, the discussions among Working Group members that unfolded over the ten-week period and the art projects.

It is important to note that this research took place in a community experiencing a cost of living crisis, urban regeneration, gentrification and displacement. This context was not always explicitly named, but was often under the surface when people talked about the material conditions that enable their experiences of good health and wellness.

This research process was designed to be participatory. Facilitated by **Hannah Yu-Pearson**, the Working Group conducted the interviews and contributed to a framework of analysis over the course of the ten weeks. The interview responses have been transcribed and can be found in this document. Extracts of the interviews and analysis can be found further down in the full research report under the title 'Findings from interviews'.

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Analysis

During the weekly meetings the Working Group members were invited to identify patterns in the answers to the interview questions.

The answers can be organised into five categories:

- **Resources:** enough money, enough food, secure housing etc
- **Relationships**
- **Access to health giving experiences**–gym, natural environment
- **Agency in one's life:** ability to live as one wants to
- **Sense of Purpose:** Experiences of faith, purpose and creativity

Resources

Generally interviewers found that in the absence of material resources–such as money, food and housing–states of wellbeing, healing and thriving were difficult to attain and maintain. Therefore, material needs must be acknowledged and met.

Relationships

Social relationships were one of the key factors in people's experience of good health and contributed to a sense of safety and belonging. At the same time, social relationships can help an individual address the other factors they identified. For example, working collectively can help people save time and money; people can pool knowledge about how to access services; they can practise their faith together or they can organise collectively to demand improvement in their material conditions. In this way, with regards to being and staying healthy, social relationships function as something that makes people feel healthier and something that helps them access other factors contributing to good health.

Access

Access was a recurring theme. People perceived themselves as unhealthy and unwell if they were not able to function in society. By shifting the focus onto making spaces, activities and groups accessible, people can also shift their self perception to value, worth and health.

Agency

Several people identified lack of control over their own lives in terms of things like employment or housing as a contributing factor to ill health. To have a sense of control over one's life was a contributing factor to feeling well.

Sense of Purpose

Supporting a sense of purpose amongst people and valuing who they are and how they can contribute provides more meaning and motivates deeper commitment to the cause. A sense of purpose is cultivated through seeing and valuing the entirety of someone, and valuing the expertise of their lived experience. Purpose can also be accessed through faith institutions and practices or through creative experiences.

The research demonstrates that people's understanding of health is multifaceted and not limited to the physical health of the body. It is about feeling alive, connected, safe and valued. The research also shows health is about feeling a sense of belonging in one's fullest self expression, without judgement or harm. The interviews and Working Group process showed that health can be about the healing potential of having the space both physically and emotionally to show up for yourself and others, and to not feel alone in your experiences. The topics of healing, belonging, creativity and safety were woven throughout people's answers during interviews, whether or not they preferred to do things alone or in community, highlighting the importance of these topics as indicators of health. This takes the direction of good health beyond ensuring everyone is well enough to function in this society to actually self defining what good health could mean in the most expansive sense if we were to invest in it collectively.

Conclusion

Principles For A Social Model Of Health

The learning from the interviews, the Working Group meetings and art projects is that people did not talk about health primarily as a function of the absence of illness nor did they describe it in medical terms. The factors that contribute to good health were explored as many, complex and interdependent. They are deeply intertwined with people's life experiences and the context and conditions in which they live. Most importantly, health was seen as expansive and inclusive of feelings of thriving, flourishing and belonging. From this, we have found some overarching factors that can become principles for designing a Social Model of Health. They are resources, relationships, access, agency and sense of purpose.

The research has significant implications for the development of a Social Model of Health. It suggests that each of these factors can be understood as means, end and practice. In other words these things are necessary in order to achieve good health, they are an experience of good health, and they can help inform how we design a health-giving initiative. These factors should form the set of principles on which a Social Model of Health would be based.

A Social Model of Health would help people to live connected, purposeful and valued lives by growing their collective capacity to look after themselves and each other, whilst also growing their capacity to identify and challenge injustices within the broader health system. Where healthcare systems have failed to meet people's health concerns, the need for people to have tools and environments in which they can care for themselves and each other becomes even more urgent.

Our current medical system is both highly individualised and focused on medicalisation of health. A Social Model of Health would act as a corrective, recognising the complexity of factors that constitute good health and supporting people both to develop healthy social relationships as well as to address the other factors via social relationships and collective actions.

A Social Model of Health requires an engagement with the material conditions and injustices around us and an awareness that our social health is rooted in context. There are factors and systems at play that are far beyond our control, however the analysis of the interviews and the learnings from the Working Group process showed us that by starting small and targeting key areas within our control we were able to practise and imagine towards a Social Model of Health for all. The model can be found in all sorts of spaces, in a football team, a faith group, a choir, amongst a group of friends. It brings people together in the knowledge that cultivating connection and belonging is deeply healing and creates a sense of safety, that the act of sharing and learning about our individual and collective experience is illuminating and generative, and that providing tools and spaces for expression and exploration can provide joy.

The Social Model of Health can also be seen as a practice, a way of building a health-related intervention—whether it is a project, event, activity or a physical space—with the intention of the experience of the intervention itself being one that is healthy. These qualities take time, practice and repeated cycles of doing and learning. They contribute to a growing and more textured social model that is able to hold variety and difference. The combination of meeting basic needs and practising incorporating emotional and social needs allows participants to become collaborators and, more importantly, agents in the creation of this model. In doing so, there is a level of collective responsibility and ownership that is developed through making space to hear and witness each other in the fullness of who they are, on their terms, as well as truly value the expertise of their lived experiences. The research suggests the Social Model of Health pilot project should be seen as a starting piece of a larger, unfolding puzzle rather than the whole reduced to one part.

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The Working Group can be seen as an example of a Social Model of Health approach in action. It created space for people to explore the meaning of health in a social environment. And the way it was set up addressed several of the factors that people identified as constitutive of good health:

- **Resources:** The Working Group members were paid and provided with a hot meal
- **Relationships:** The whole Social Model of Health project spanned from workshops in the summer and autumn to the ten-week Working Group. This allowed for relationships to develop and deepen between the group members, those working at the Walworth Living Room and the facilitators involved.
- **Access:** Childcare was provided to enable people to access the experience.
- **Agency and sense of purpose:** The group developed community agreements, principles for trauma-informed interviews and research, and were valued in their contributions and shaping of this body of work.

Conclusion

Working Group

Reflections

At the end of the ten weeks, the Working Group reflected on what the Social Model of Health looked and felt like to them. In their own words:

"The SMH in a perfect world would feel like people feeling, and knowing they are included, but this would look like access to activities where they could delve into the arts and culture in the city without worrying about resources, this also spans into health and wellbeing, being able to engage with activities, music, yoga, wellness retreat, pilates, even seeing a specialist health practitioner without having to worry about resources to get their foot in the room. I would also say that there is an important feeling and recognition of community and family and how that positively impacts people's health and economic stability and people's access to resources, and yeah it's doing the interviews there has been a highlight of the role of social support networks in maintaining and enhancing peoples health and wellbeing. Additionally after the interviews, the highlight has been the importance of addressing systemic issues such as poor or inadequate housing, as they are fundamental determinants of health outcomes."

"After conducting all of my interviews, I would like to consider the social model of health to be an approach that, rather than concentrating only on an individual's biology...views health and well-being as the results of complex interactions between various social, economic, environmental, and cultural factors."

"I think something that was consistent in all of my interviews was the need for other people. This isn't very surprising for me as socialising is key to people's mental health. In all of my interviews communities whether it be just a group of friends or like minded people seems to be an essential component of being healthy... Similar to communities/ friendships being important I think hobbies are essential because it helps express who we are. I do think in modern day society it is harder and harder for us to express ourselves under the current regimes... I think for me the social model of health is mainly contingent on how much free time we get to express ourselves in various ways."

"To me the social model of health looks like a puzzle with people slowly finding where their story fits in... It's help being offered but not forced upon someone. It's being in public and being allowed to cry and portray hurt unapologetically without judgement."

"Ultimately the social model of health envisions a world where health is not an individual concern but a community responsibility fostering a sense of interconnectedness and shared well-being. Over the past weeks I've learnt that money, time, accessibility and the willingness of a person wanting to become involved in their local community are the major factors and it has to be balanced, consistent and intentional."

Conclusion

Credits

Photography - Healing Justice London

This research was conducted by :

Barbara Majek
Evelyn Adu-Dogbatse
Genevieve Idiaro
Isaiah Springer
Karis Knight
Kameir Phillips
Mery Calderon
Nicola McDonald
Ngozi Udom
Oluwaseun Adeoye
Odetta Patterson
Sophya Bonsu

And other Working Group members led and facilitated by Hannah Yu-Pearson.

Photography by :

Rehearsing Community Health Justice, Rehearsing Freedoms Festival, 08/11/23, Ahmad El Mad.

David Dunscombe - Rubix Lens

Pembroke House