



Norfolk
County Council

Britainthinks

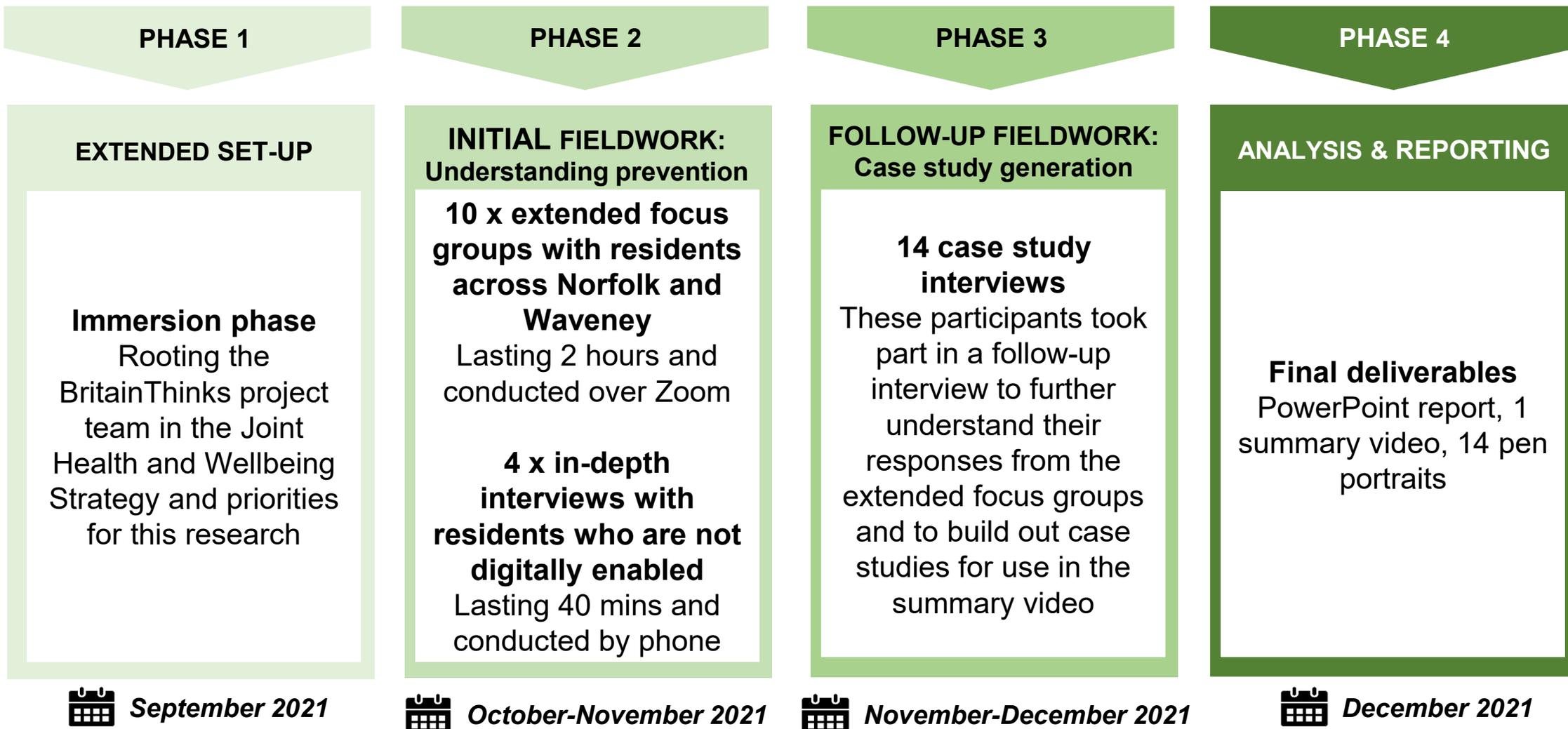
Insight & Strategy

Prevention Research

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Taking an iterative, four-stage approach, this research explored views of prevention with residents across Norfolk and Waveney



The main phase of fieldwork engaged more than 60 residents in 10 extended focus groups which were divided by life stage

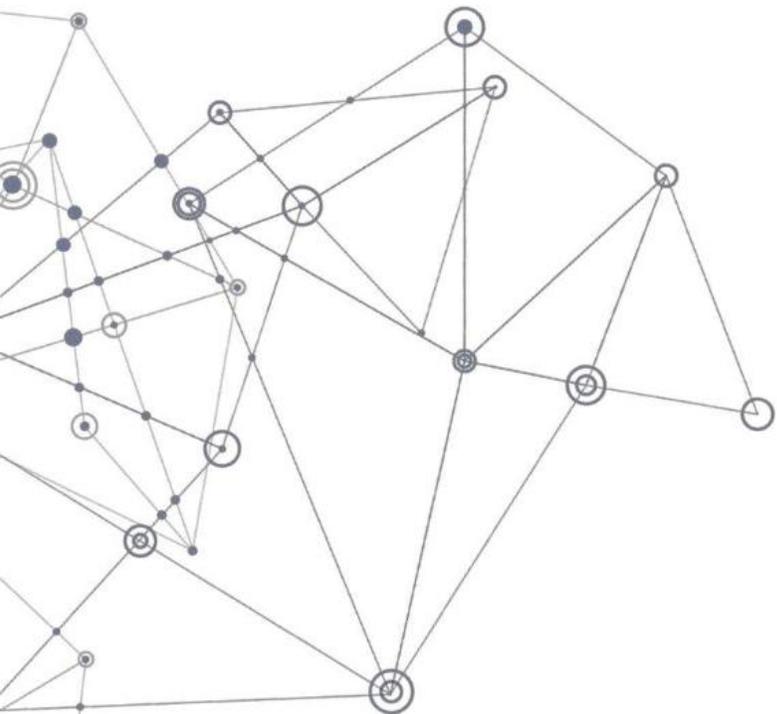
	Groups 1 & 2: Teens	Groups 3 & 4: Single / pre-family	Groups 5 – 8: Children living at home		Groups 9 & 10: Empty nester
Extended focus Groups	· Men / ABC1 / 16-17	· Men / C2DE / 18-34	· Men / C2DE / 18- 34	· Women / C2DE / 35-44	· Women / C2DE / 55+
	· Women / C2DE / 16-17	· Women / ABC1 / 18 - 34	· Women / ABC1 / 18-34	· Men / ABC1 / 35- 54	· Men / ABC1 / 55+
Depth interviews			· 4 x with residents who were not digitally enabled		

Within the main sample, we also recruited:

- A minimum of 5 in each group who are ‘**light**’ users of health and social care services, with a maximum of 1 ‘**moderate**’ user of health and social care services
- Those with **long-term health conditions, physical and learning disabilities and mental health conditions**
- A quota of **ethnic minority participants** to be reflective of the Norfolk and Waveney region
- A **wide geographical spread**, including participants from each of the district councils across Norfolk and Waveney

In order to create the sample for the **case study interview phase**, we hand-selected a group of 14 residents who represented a range of **life stages** and a range of **levels of interaction** with **prevention services** in their local area.

**The following summary video brings
to life the key findings identified
from this research**





To create as meaningful a definition of prevention as possible for the public, our research showed that the HWB Strategy needs to:

Broaden the public's understanding of prevention

- Prevention is most resonant when it **speaks to wellbeing as well as staying healthy**.
- **Communicate the breadth of issues it can cover** – including explicit reference to both mental and physical health.
- **Reference community activities and engagement** to increase understanding of prevention, to resonate with where residents are starting from, and to convey the benefits of preventative strategy (e.g., inclusion in community life).

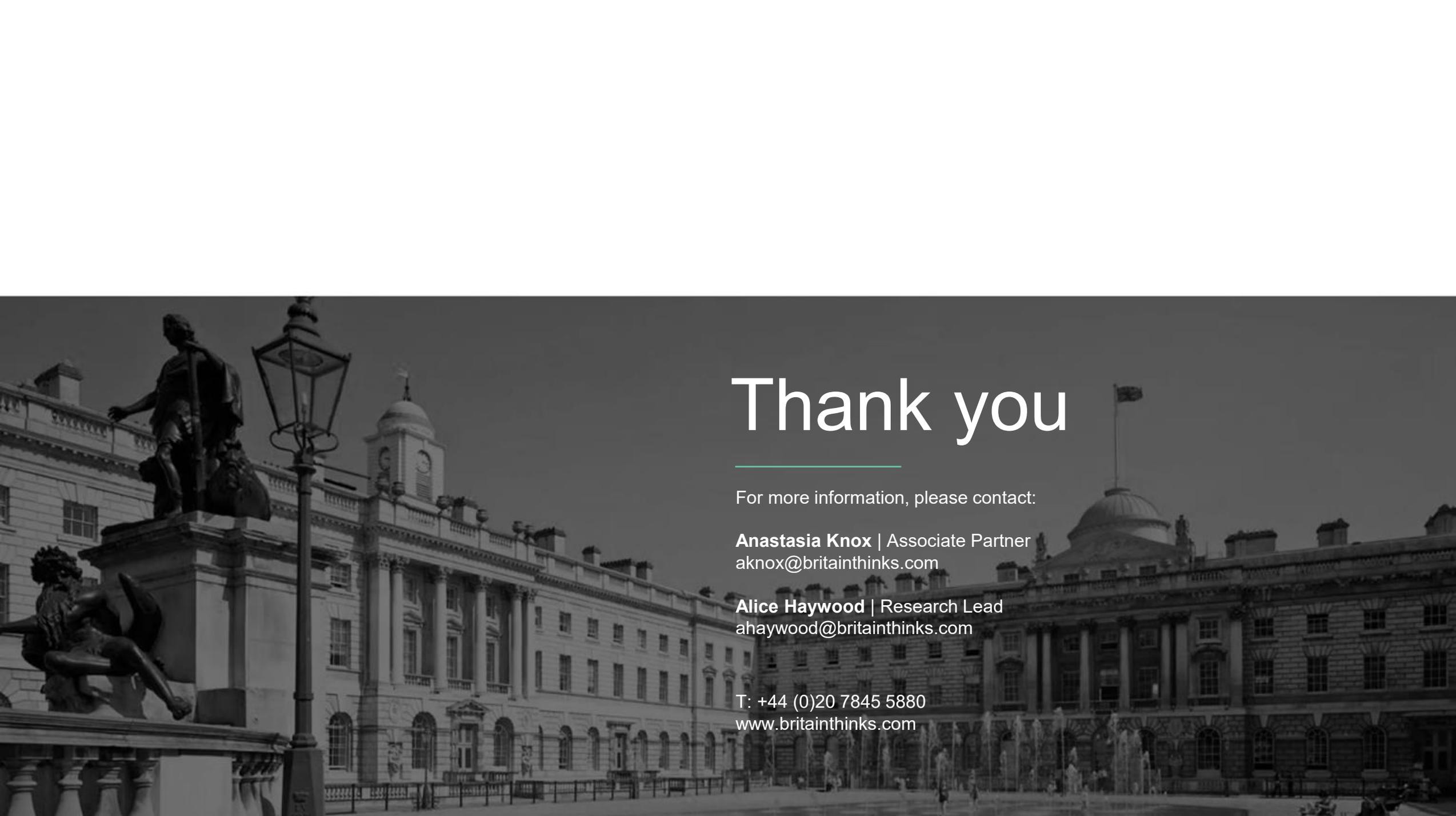
Use specific examples to bring the idea of prevention to life

- The term 'prevention' can feel abstract to residents, so using **tangible, specific examples** can help make it feel more meaningful.
- To ensure relevance for residents, these examples should capture a **wide range of experiences, issues and elements** of prevention (i.e., not just focus on one specific audience or refer to one specific health condition).

Emphasise the benefits of a preventative strategy to residents, not the benefit to services

- Framing prevention in terms of **helping residents to lead healthier lives** resonates more strongly than aiming to **reduce demand on local services**.
- Any definition should also consider that **short-term benefits are more resonant than long-term benefits** which can instead feel too remote/far away to be motivating and which can encounter scepticism about the extent to which prevention can help people into old age.

As noted before, there is a sense that the **onus is on residents to find out relevant preventative services**, with a significant minority in our sample **struggling to identify any support**, resources or services available locally. **Utilising information channels through which residents report learning about interventions** could help raise awareness and increase salience of preventative interventions, i.e. GP surgeries, local newspapers/magazines, noticeboards in the community.



Thank you

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