



## Co-location across the nation...

By Gillian Samuel

August, 2022

**A study of what, where & how mental health & wellbeing services in community spaces work**

### Background

Since 2000, strict measures in England have led to cuts in funding to a range of support services, particularly in deprived areas that has led to unfairness in how some communities access resources such as health care.

As a result, community-based services have become increasingly popular, despite often receiving short-term funding.

Some of these services offer support and relief from issues such as loneliness and poverty and may sound familiar, such as befriending, advocacy and legal advice. When these services, work together in the same community space, such as a library or a community centre, this is known as co-location.

### What we did

We sought to understand if co-locating services and this way of working influences positive mental health across adult populations.

### It felt important to know if:

- It can help prevent mental ill health
- And if so, how?

### In addition, we asked:

- Do these services reach people who are the most in need of help?



### How did we do it?

We worked with six different case study sites across England from the North, the Midlands and London chosen to represent different geographical regions, models of co-location, services and populations.

Examples include:

- A community hub in Northwest London, for minority ethnic populations, migrants and refugees from the Somalian and Arab community.
- A library in Northwest England which housed several services onsite including welfare advice and support and social activity groups for the local community.

Over several months, we held interviews, workshops and focus groups, inviting the participation of people, organisations and communities who had a direct interest in this research, together with users of services.

### What did we find?

From the information gathered, we were able to develop a range of theories of how co-location of services work. Here are some examples:

- Community-based co-location provides well-rounded support, led by individual need, and increases a sense of hope and empowerment results among users of services.

*"I think it's better to come here because they're more geared to what you're going to be asking for, and the questions you'll be asking and the things that you need." (User of service)*





- Services held in places that feel psychologically safe, such as community centres, together with friendly staff and volunteers, reduces stress and helps people feel more inclined to self-care and have a better sense of belonging.

*“I think it is just a lovely, safe place for everybody. You know that you can walk through the door and there’s no judgement. If you want to sit and not have conversation, it’s absolutely fine. If you feel like you want to engage in a conversation, it’s fine.” (User of service)*

### Conclusions

Our study showed that applying models of co-location in community spaces is a promising way in which to support the mental health and wellbeing of the public, especially people who find accessing formal health services a challenge.

Such services are likely to work well for populations experiencing a complex range of needs, especially in areas of disadvantage. These may include emotional and social, as well as practical and physical needs.

*“If you can bring the statutory sector into a community space, rather than the other way round, then I think that’s the most promising kind of foundation. You can bring the advantage of the statutory sector in terms of funding and resource stability...” (Service provider)*

## Why is this research important?

- To ensure that access to mental health and well-being services becomes easier and fairer for all
- To inform changes to, or create new services which in turn, could improve the mental health of adults, including those from disadvantages backgrounds

### Next steps

We recommend that local authorities and commissioners work with community partners to explore how best co-location can function and be supported to sustain positive mental health in their areas.

By sharing information about our research in a variety of ways, we hope that this will inspire and encourage change to make a positive difference to peoples’ lives over time.

### Contact the researchers

Cleo Baskin [cleo.baskin18@imperial.ac.uk](mailto:cleo.baskin18@imperial.ac.uk)  
 Dr Fiona Duncan [fiona.h.duncan@durham.ac.uk](mailto:fiona.h.duncan@durham.ac.uk)  
 Emma A Adams [emma.adams@newcastle.ac.uk](mailto:emma.adams@newcastle.ac.uk)  
 Dr Emily J. Oliver [emily.oliver@newcastle.ac.uk](mailto:emily.oliver@newcastle.ac.uk)  
 Gillian Samuel [gilliansamuel@mcpin.org](mailto:gilliansamuel@mcpin.org)  
 Dr Shamini Gnani [s.gnani@imperial.ac.uk](mailto:s.gnani@imperial.ac.uk)

### About the school

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

reduces stigma welcoming  
 trust non-judgemental  
 empathy **co-location** friendly  
 easy access to services community  
 holistic person-centred  
 safe place improved sustainability

Collection of words participants used in relation to co-location as part of the study findings

NIHR School for Public Health Research  
 Website: [sphr.nihr.ac.uk](http://sphr.nihr.ac.uk)  
 Twitter: @NIHRSPHR  
 Email: [sphr@ncl.ac.uk](mailto:sphr@ncl.ac.uk)

This project is funded by the National Institute for Health and Care Research (NIHR) School for Public Health Research (Grant Reference Number PD-SPH-2015). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.