

# 3 Communities: Transformation through Learning Systems – People, Organisation and Place

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## Context and Approach:

Only 20% of people's health outcomes are determined by healthcare services. The other 80% is derived from family, networks, community, association. What is needed to remove pressure on healthcare services in a sustained way over time, is to work to enable and strengthen the 80%.

This is about re-aligning the relationship between public sector organisations and citizens. Creating a shift from transactional relationships to relationships of trust and equity where what matters to people and their neighbourhoods informs how public services respond. From 'doing to' to 'doing with'. Where the common aim from the level of the citizen to the institution is to create healthier, more activated communities where people have a sense of worth and purpose.

In a small way, this project aims to contribute to an evidence base that informs both policy makers and others wishing to work in this way. Human Learning Systems are based on experimentation and iteration. My approach is thus grounded in action research. Beginning with a hyper-local focus, working with partners and people in 3 small communities. Through the application of new methodologies and practices it helps us make decisions on how to continually transform a situation by inquiring into and learning about it, not through the means of a pre-defined programme. The work also weaves concurrent work across partners together to create a more robust learning system using asset based and community first approaches.

## Planned Activity:

### Research question:

**By taking an assets based, learning systems approach, how do we make community the most effective unit of change and transformation in creating health and well-being?**

Through action research how can we learn about the development of social capital across the 3 communities and test the extent to which people will form associations and become mobilised to participate in activity that improves their own and the well-being of the community?

To what extent can organisations in CTM work as a learning system to bring into being a Community Health & Well-being Worker model in the 3 communities?

### Publication:

I will begin a round of blogs to be featured across LinkedIn this year. I am in touch with Community Housing Cymru (umbrella organisation for Social Housing) where the work will be featured in spotlight sessions and hope for it to feature in Conference 2026 as well as the TPAS (tenant participation body) Conference 2026. I'll be presenting the work at the King's Fund Community-led approaches to health and wellbeing virtual event in July and the Cymru Gryff community of practice later this year, bringing it to the attention of the wider Human Learning Systems network.

### Leadership:

I have a unique role within NHS Wales with a responsibility to elevate the voice of people and communities in CTM to ensure public sector leaders are listening and learning from experience on the ground in order to shift strategic thinking. I create space in various forums within CTM for the work to be showcased – including the Healthy Housing Alliance; 2030 Community Leaders Network and our Executive Board where housing practitioners are invited to provide a narrative on their work, enabling people's stories to be heard and felt.

I have established networks with thought leaders and practitioners of systems thinking, ABDC and relational approaches nationally. This includes Toby Lowe and the Centre for public Impact, Cymru Gryff within Q Lab Cymru and the 'do with movement' led by the King's Fund.

### Education/teaching:

I conduct quarterly shared learning and reflection workshops with housing practitioners which aim to positively change the way they practice and how they think about their work. Through this I encourage the use of on-going monitoring and evaluation which is not matured within the social housing sector. Key is to promote the capacity to experiment and learn through practice at a hyper-local level.

## Progress to date:

I have worked with housing practitioners for 9 months to embed the use of frameworks and methods that sit in an epistemology of pragmatism and relational practice; regular learning workshops & reflective sessions; supporting Appreciative Inquiry practice; collection of 100+ stories from the 3 communities; sense-making key themes from stories captured and using these to develop activities and events, and linking learning from practice to strategic approaches in each housing organisation.

In March 2025 I commissioned the Talking Shop on Tour to undertake creative engagement in each community with a full in-sights report.

I continue to build learning networks at local, regional & national levels – finding those with common values and purpose who are working with the same approaches.

I have introduced Ripple Effect Mapping – illustrating the proliferation of learning and impacts since applying Appreciative Inquiry and asset based work in each community.

I am driving a whole system approach to the Community Health & Well-being Worker concept in CTM – capturing learning & research from NAPC pilots in England; convening a range of partners to consider why? this would fit in the CTM context and developed a common purpose statement for the work going forward. 2nd workshop will develop the How? as a system we bring the role into being without additional resource.

## Reflections:

This work would not have been possible without the expertise in Appreciative Inquiry which has come from my comrade systems thinker and Bevan Fellow, Claire Turbutt and team.

Local conditions across the 3 communities differs, as does the organisational approach taken by each housing organisation. This means variation in pace, priority and systematic use of methods in each community. We're therefore at a natural review point.

To date, funding hasn't been required, other than commissioning the TTS. Housing organisations are adept at pulling on their own innovative funding streams. Small amounts of money is often all that is required.

The development of relationships between CTM and its housing, third sector and community partners over recent years has created enabling conditions from which to start a conversation about a Community Well-being Worker role in CTM. The aim is to do bring the role into being using existing or adapted resources where we can openly explore who could contribute what and within what parameters.

It remains early days of gaining trust with communities and finding out with them. The growth of community association to the point of self-mobilisation will take time and will evidence a shift in perceived power between people and institutions. The aim of this journey is for people to ask 'This is what our neighbourhood wants to achieve, how will you come alongside us as an enabler?'

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*obtain earning, during which a user (practitioner) will develop their own approach to practising in a particular context. The learning will both develop the practitioners appreciation of the methods they use and guide their actions in a new or changed situation.*

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graph TD
    Experience[Experience] <-->|Blue| Action[Action]
    Experience <-->|Orange| Reflection[Reflection]
    Reflection <-->|Grey| Learning[Learning]
    Learning <-->|Yellow| Action
  
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**Learning cycles using LUMAS** - This forms an inter-related learning cycle where a situation is inquired into, to purposefully

The diagram shows five interconnected nodes in blue ovals: Situation (top left), Learning (top center), User (center), Methodology (right), and Approach (bottom center). Arrows indicate the following relationships: Situation to Learning; Learning to Situation; Learning to User; User to Learning; User to Methodology; Methodology to User; Methodology to Approach; Approach to Methodology; Approach to Situation; and Situation to Approach.

*To initiate a learning system, learning through practice becomes a constant. Thus, practitioners need effective tools and frameworks ...*

**Co-producing the re-generation of the Penrhys Estate** **Working as a learning system – bringing a Community Health & Well-being Worker model to CTM**

*One of the 3 communities in the Rhondda Valley, Penrhys, is to be re-developed over the next 5 years. The Housing Association hosts monthly co-production sessions with the local community to ensure every decision about the change is informed by local people. From their heritage and identity, to challenging conversations about the impact of homes on health, the community is involved and has a sense of ownership over their future.*

[illegible]

The diagram is a hand-drawn flowchart on a piece of paper. At the top left, a speech bubble contains the text "WHY?". Below it, a lighthouse is drawn. To the right of the lighthouse, a large arrow points towards a central area. In the center, there is a box labeled "MARKETING" with a star above it. To the right of "MARKETING" is a box labeled "FINANCE". Below "FINANCE" is a box labeled "HUMAN RESOURCES". To the right of "HUMAN RESOURCES" is a box labeled "OPERATIONS". Above "OPERATIONS" is a box labeled "CHOICE". To the left of "CHOICE" is a box labeled "ME". Below "ME" is a box labeled "GOAL". Arrows connect these boxes in a circular fashion: "ME" to "GOAL", "GOAL" to "OPERATIONS", "OPERATIONS" to "CHOICE", "CHOICE" to "FINANCE", "FINANCE" to "HUMAN RESOURCES", "HUMAN RESOURCES" to "MARKETING", and "MARKETING" to "ME". There are also other elements: a lighthouse, a building, a person, a hand, a goal, a red circle with a white cross, and a box labeled "GOAL".

- Key themes included –
- The system is central, the whole person
- The system creates barriers and limitations, services are not the solution
- We judge people for making bad choices, give people a pamphlet and tell them to improve their life
- We can't go in with the intention to 'fix the problem' as we do now, it must be done through meaningful co-production

