

Inclusive Communities, Healthy Communities:

An equalities approach and
community-led health

chex



CHEX-Point Issue 42 July 2012

community health exchange

Welcome to the summer issue of CHEX-Point! In the last issue, we responded to a call for evidence and highlighted a number of initiatives which use a community-led approach to tackle health inequalities in their areas. At CHEX, we know that there are many great examples of communities tackling the issues that are important to them, and practitioners who are engaging with local communities and working together in an inclusive way. But how can community organisations and their statutory sector partners best work with communities who face complex needs and multiple health inequalities to engage them effectively in the activities and services they access, and decision making processes?

In this issue, we focus on an equalities approach, and in the context of the Equalities Act, we have contributions from organisations who are engaging with people who face multiple health inequalities.

Our first article looks at the complex needs of the homeless community and how they are engaging in the development of their services; we also feature an article on the health issues facing LGBT communities, and highlight how a local health organisation is working with the community to address these. In our ENGAGE page, we look at how an equalities approach can be

embedded into practice at a national level. And we hear a response to our last issue, about how the third sector can best place the breadth of evidence of our approaches, on the agenda.

We hope you enjoy this issue of CHEX-Point and look forward to hearing from you around how you approach equalities in your area. Don't forget to find us on Facebook and share your comments!

In this issue...

- Seldom reached: the complex health inequalities facing LGBT communities
- Embedding an equalities approach: a national perspective in our ENGAGE page
- Homelessness and health – engaging services users in a holistic approach
- Using our evidence: a call for a platform to evidence our impact on inequalities
- Using our VOiCE – tools for tackling equalities barriers



Homelessness & Health – a holistic approach

Earlier this year CHEX was delighted to welcome Alison Watson, Head of Services at Shelter Scotland to attend our Advisory Committee meeting, and share the challenges and opportunities the organisation faces in engaging with people affected by homelessness. We found Alison's input extremely stimulating and wanted to hear more! So we invited Shelter Scotland to share with CHEX-Point readers some of the approaches the organisation uses to engage and involve homeless service users in tackling issues affecting their health.

Taking advice to where the community is

The Timmermarket in Aberdeen, which began in May 2011, allows people with drug addiction problems to access health and other services under one roof, thus recognising and tackling their issues holistically. This meant one of our housing advisers holding an outreach surgery for people experiencing homelessness for one afternoon a week, where people could drop in or be referred for a face-to-face appointment. This model enables the adviser to gather all relevant details and understand the service user's needs. It's a great example of a common theme, a multi-agency team where NHS Grampian, the local authority and Shelter Scotland have worked in partnership.

Elsewhere we're using the same approach: in Glasgow our advice services hold outreach surgeries in a community hub for people from Black and Minority Ethnic (BME) communities.

Community Control

The Glasgow Families Project provides practical and emotional support to homeless

families throughout Glasgow in order to help them settle into, and maintain a new tenancy. A vital part of the success of The Glasgow Families Project has been the **service user group** which has been running since March 2011. This began life as a weekly walking group to encourage exercise, provide peer support and work towards the Women's 10K in May 2011. The group then expressed an interest in continuing with group work activity, volunteering, and forming a steering group.

The service users were asked to lead on planning the summer group work programme, which after completing, the group were successful in obtaining additional funds from the People's Postcode Trust to run a winter programme. Part of the group work led to families raising money (over £700) for the celebration through the making of crafts to be sold across the organisation, and at local Christmas Fairs and in Shelter Scotland shops. Service users told us they felt a great sense of achievement as well as developing their employability skills. This opportunity is now to be made available to other service users



as a 'step on' from the main group work programme that continues to run fortnightly.

Informing policy and practice

We support both adults and children service users to contribute to policy work, for example, the development of the Standards for Temporary Accommodation (issued in November 2011). Feedback from service users who have been involved in users groups and informing policy is that they find it a really empowering process which helps build assertiveness/confidence skills.

Service users from the Glasgow Families Project have also been supported to participate in various pieces of media and public affairs work. Some service users continue to work with us for many years. For example, one person who used Shelter Scotland 10 years ago continues to contribute with great enthusiasm and willingness and has even met with MSPs at Holyrood to tell them her story in person.

To find out more about Shelter Scotland and access housing advice visit:
<http://scotland.shelter.org.uk/>

Know it Works: Show it Works

– A view from the sector

In the last issue of CHEX-Point, we focussed on the compilation and use of evidence of a community-led health approach. In this issue, we are delighted to welcome Shabir Banday of REACH Community Health Project who shares his views on the need for a Third Sector journal to profile evidence from the wider sector.

Beneficiaries of third sector services are in the main individuals who are disadvantaged due to perhaps their socio-economic status, gender, ethnicity, or place of residence. There is much evidence which proves the correlation between these factors and health inequality, and “health risks, health related behaviours, physical and mental health, and life expectancy tends to vary between social groups”.¹

The question often asked is, **what is the evidence of the impact of the third sector in improving the health and wellbeing of these groups?** I think, this is where we have a weak link, and why perhaps work carried out for the benefit of society by the third sector is often not considered as ‘evidence’ for policy change.

So why is this? Firstly, I believe that **we do not have ‘robust’ evidence.** It may be surprising for me to say this, coming from a community health organisation but often this is what we hear when we debate the third sector’s role in health and wellbeing policies, and when asked to evidence our work.

Secondly, I believe **we do not have a substantial platform to help us systematically publish our evidence.**

A third sector journal on health and wellbeing, for example, would encourage policy makers to recognise and consider third sector evidence more seriously in informing policy decision making processes. One thing we as a sector must admit is that, policy makers tend to look for published research as evidence when making policy decisions; indeed they also use public consultations and so on.

For me, it’s not about doing what we do just so that it has an impact on policy, or about changing the way we work to focus on research or publications. In fact, I strongly believe that there is a wealth of existing information, evidence, and best practices available within the third sector. Unfortunately this is often underestimated and under-used. But if put together, recorded and presented in a systematic way, could be considered a ‘robust’ evidence base for steering policy in Scotland.

At REACH Community Health Project have been fortunate to have the skills, management support and organisational policy to systematically record the information in a ‘robust’

manner for all our projects. Many of our reports which are complemented by ‘research’ reports are acknowledged by policy makers. Nevertheless, we still lack time to write and publish papers for journals and I feel there is a lack of widely recognisable platforms in Scotland to present/publish our reports from a third sector perspective.



I believe it is paramount for us to find solutions to make the best use of the wealth of evidence available within our sector and find ways to incorporate certain methods/frameworks into what we already do (without putting too much burden on projects). It is welcoming news that there are some initiatives, for example, the third sector research forum to discuss and debate the evidence of third sector’s impact on health care delivery and better role for third sector in delivery of health and social care in Scotland. Nevertheless, I feel we need specific solutions and being part of the sector I am conscious of the challenges organisations in the sector face: in terms of sustainability, issues of funding, short-term nature of projects and perhaps certain skills gap. **I would like to engage in a debate within the sector based on a series of suggestions I put forward. If you would like to read more about my proposal and join the debate, read my full paper [here](#) and join the discussion on CHEX’s [facebook page](#).**

¹ <http://www.sphsu.mrc.ac.uk/reports/OP017.pdf> viewed on 26th May, page 1

Engage Page

CHEX-Point welcomes the opportunity to interview Pauline Craig, Public Health Specialist and Head of Equality with NHS Health Scotland, about her work in tackling health inequalities.

With a long history with community-led health, beginning in the 1980's as a Health Visitor in Drumchapel, Pauline moved on to develop programmes on Community Development in Primary Care, and linked her work at Glasgow Centre for Population Health into the national capacity programme for community-led health, 'Meeting the Shared Challenge'. As we shall learn in this article she continues to promote these approaches within her current role at NHS Health Scotland.



“Reducing health inequalities is a priority for the Scottish Government. Healthcare services can contribute through prevention of poor health for those most at risk and by promoting equality of access to, and outcomes from service provision”.

NHS Health Scotland's Equalities Team

Pauline currently leads a team of 20 staff to support Health Boards in implementing the key national policy drivers outlined in the [NHS Quality Healthcare Strategy](#) (2010) and [Equality Act](#) (2010) by considering equality and inequality in all planning and practice. The aim is to achieve this through effective use of evidence, ensuring that practice is person-centred and focuses on the needs of individuals, and that service providers can share experience and learn together through stakeholder networks such as for Health and Homelessness.

NHS Health Scotland's new strategy, [A Fairer Healthier Scotland](#), prioritises the promotion of equality in the implementation of all its programmes. Can you describe how the agency promotes and supports Health Boards to underpin their work with equalities approaches?

We work with the Scottish Government and NHS Health Boards, including in the integration of health and social services to ensure that all services directly impact on health inequalities. We know from evidence based work and Equally Well that much can be achieved from directly targeting specific groups, including those identified as requiring legal protection in the Equality Act 2010, and those disadvantaged through poor social and economic circumstances. We aim to involve key stakeholders who have in-depth knowledge of equalities and inequalities issues for maximum impact.

We are rolling out a **Health Inequalities Impact Assessment tool** to help Health Boards and their partners take effective action on equality, health

inequalities and human rights. It is aimed at providing practical assistance with implementation of the Equality Act (2010) and Human Rights Act (1998). The tool encourages interested parties to get together within a workshop setting and undertake scoping to identify and report on the main areas of potential impact. It is intended that systematic use of the tool will contribute to tackling health inequalities at national and local levels (the Health Inequalities Impact Assessment Tool can be downloaded at <http://www.healthscotland.com/documents/5563.aspx>)

Can you explain about the potential benefits and challenges of implementing the Health Inequalities Impact Assessment Tool with Health Boards and other partners?

Current policy drivers such as Public Service Reform and the Christie Commission recommendations demand new ways of working between public services and communities. The benefits of the tool are that it supports a more coherent, inclusive and systematic approach towards tackling health inequalities. Its application helps to address positive and unintended negative consequences which policies can have on different groups in people. Significantly, the tool is designed to include all stakeholders who are interested or have a responsibility for addressing health inequalities. Therefore, there is great scope for community and voluntary health organisations to become involved in the planning and

delivery of programmes derived from its application. In addition to promoting the use of impact assessment tools, the Equality Act 2010 requires public sector bodies to engage with different communities in their populations in order to set and measure equality outcomes, clearly another area where community and voluntary organisations can engage with their local public sector structures.

Challenges remain however in the translation of evidence into good practice in action. While we continue to build robust evidence on the cause and effects of health inequalities we need to ensure that the evidence base continues to develop and resulting practice is also carried out by all partners. Currently, NHS Health Scotland's partnership working with ASH Scotland illustrates the expertise and power of both public and third sectors working together to tackle tobacco and inequalities.

What advice would you give to CHEX and community-led health organisations about further developing partnership working with Health Boards in promoting equality as part of their work in tackling health inequalities?

NHS Health Scotland are keen to better integrate the actions taken to promote equality, foster good relations and reduce discrimination as required by the Equality Act 2010 with actions to reduce inequalities between groups in the population. While the policies for both approaches are often seen as separate,

the communities have a great deal of overlap. CHEX and community-led health organisations are in a strong position to help Health Boards understand the implications and effects of social inequalities on the health of people belonging different equality or socio-economic groupings. For example, Health Boards can involve local structures and groups to inform services that can be more responsive to need.

CHEX and SCDC have produced a range of models and tools, particularly from the 'Meeting the Shared Challenge' programme which facilitate public services and communities to work together on health inequalities. Further opportunities for applying these approaches within different communities should be sought and, given the support for integrating equality and inequality, NHS Equality and Diversity Leads might be a good place to start.

Finally, what other resources and tools would you recommend to community-led health organisations and their partners in using an equalities approach to tackling health inequalities?

The Equalities pages on NHS Health Scotland's website offer summaries of evidence, and tools and programmes currently being applied by the Equality Team. The Scottish Government is about to launch a new website dedicated specifically to Equalities and, current Equality Statements can be found [here](#).

The hidden needs of LGBT people

The needs of LGBT people and discrimination towards them is often hidden. In this article we are very pleased to invite Maruska Greenwood, Director of LGBT Centre for Health and Wellbeing to provide an informed analysis of the nature and extent of these needs, together with insights into specialist services aimed at addressing them.



There is a minority in Scotland which is severely disadvantaged:

- 1 in 5 have been the victim of hate crime in the last 3 years
- They are nearly 4 times more likely to have poor mental health than the general population
- 2 in 5 have experienced suicidal behaviour or self-harm
- 3 in 4 would prefer to use specialist rather than mainstream health services

Yet this minority receives almost no specific recognition or support.

They are lesbian, gay, bisexual and transgender (LGBT) people.

Common misconceptions are that LGBT people do not need specialist support, that they have equal access to mainstream services, or that the presence of a few high-profile gay people in public life means that LGBT people are no longer discriminated against.

The reality for many LGBT people is quite different.

A significant minority facing distinct challenges

LGBT people constitute around 7-10% of the adult population; a very significant but largely invisible minority with acute and complex needs which are often little understood. Although significant legislative advances have been made in recent years to afford LGBT people greater legal protection from discrimination, minority sexual orientation and gender identity continue to be coupled with severe disadvantage.

Ignorance, negative attitudes and stereotypes around lesbian, gay, bisexual and transgender identities continue to be prevalent in society. Individuals therefore face rejection (or fear of rejection) by family, friends, colleagues and neighbours, and often avoid being 'out' in many spheres of their life. This results in social isolation, marginalisation and invisibility. Whilst increasingly some LGBT people are able to live open, happy, successful lives, many others face complex challenges. Due to their sexual orientation or gender identity the day-to-day experience for many LGBT people in Scotland continues to be one of discrimination, prejudice, stigma, harassment and hate crime.

Societal ignorance, marginalisation or outright hostility inevitably result in acute health inequalities, including a very high prevalence of psychological distress (increasingly referred to as 'minority stress') and poor mental health; with 4 in 5 individuals affected, rates of poor mental health are nearly 4 times that found in the general population; rates of suicidal behaviour and self-harm are also extremely high (2 in 5 LGBT people).

Mainstream services fail to meet needs

Coupled with these complex needs is a widespread lack of understanding of the day-to-day experiences and challenges faced by LGBT people. This means that the response of mainstream health and support services often fails to meet the needs of LGBT people. There is therefore a high level of demand for LGBT-specific services where individuals can be themselves and be guaranteed to meet acceptance, understanding and cultural sensitivity.



There is an historic and ongoing under-funding of LGBT organisations, with the sexual health of gay and bisexual men frequently seen as the only priority for funding, ignoring the needs of transgender people and lesbian and bisexual women, older LGBT people and key issues such as mental health. The LGBT community infrastructure is therefore weaker and less developed than that of other equality strands and very few specialist services have been developed to meet the needs of this minority.

Providing groundbreaking specialist services

The LGBT Centre for Health and Wellbeing (known as LGBT Health) is a Healthy Living Centre set up in 2003 to promote the health, wellbeing and equality of lesbian, gay, bisexual and transgender people in Scotland. It is now a dynamic and rapidly expanding community development organisation which provides a wide range of varied and responsive programmes and services for LGBT people, most delivered from its base in central Edinburgh.

The organisation's work is about addressing the needs of a seldom reached, largely invisible and very overlooked minority. Much of LGBT Health's work is therefore unique, with often no other organisation in Scotland, or indeed elsewhere in the UK, providing a similar service.

Research into many aspects of the lives, experiences and health needs of LGBT people remains very patchy. The lack of specialist services means that robust evidence base in relation to what interventions and responses

are effective are rare to come across. Thus the relative invisibility of the LGBT community, coupled with the lack of research into its needs and the dearth of specialist services for this minority, all combine to make demonstrating the need for specialist services to funders and commissioners particularly challenging.

When developing services for LGBT people LGBT Health finds there is seldom a roadmap to follow in relation to what has been tried and tested by others elsewhere. This means that to develop meaningful, targeted and effective services the organisation needs to both tap into international research around key identified and emerging issues and have a good reach into the LGBT community that allows for the development of responsive services.

The organisation currently delivers a number of groundbreaking initiatives. Among them is LGBT Age, a service that works with older LGBT people providing befriending and social support. Older LGBT people have lived most of their lives in much less liberal times and as a result often experience particularly high levels of invisibility and isolation.

The organisation's Transition Support Service has also emerged out of the necessity to address the acute needs of a very underserved section of the LGBT community. This multi-faceted project supports transgender people across Scotland through gender reassignment, by offering information, peer support, befriending and social opportunities.

Alongside offering specialist services, the organisation also works in partnership with a wide range of mainstream organisations to raise awareness of the needs of LGBT people and, through training and capacity building, supports them to make their services more inclusive.

To find out more about our work visit www.lgbthealth.org.uk



Giving All Sections of the Community a VOICE



VOiCE, a free online community engagement tool is ensuring that those planning to engage with communities involve the voices of the seldom heard.

There has been a growing emphasis on community engagement in recent years, with a recognition of the need to involve equality groups (those affected by issues relating to race, disability, gender, age, sexual orientation and religion or belief). There are many policy drivers which are promoting greater inclusion and wider engagement in Scotland. These include, for example:

- The Local Government in Scotland Act (2003); community planning and Best Value, and associated developments within organisations and partnerships.
- The National Standards for Community Engagement (2005)
- The development of Health Scotland's Directorate of Equalities and Planning (2008), and other organisational developments.
- The Local Single Outcome Agreements (SOAs) which promote equality
- Developments in equalities legislation and duties on public authorities to promote equality, publish Equality Schemes and involve stakeholders in the process.
- The establishment of the Equality and Human Rights Commission in October 2007.

Why Engage with the Community?

Research has identified a number of benefits from good community engagement activities. These include: better decision making; better services; improved local skills; and stronger communities. There are additional benefits from including equality groups, such as: ensuring policy and practice reflect the views of all relevant community members; there are good relationships between and within communities and groups that may experience exclusion can develop confidence, skills and opportunities.

Despite these benefits, and progress in the development of community engagement, there remains a range of barriers to involvement, with evidence suggesting that equality groups continue to be under-represented. Barriers can relate to social, cultural and financial issues, to the overall approach to engagement, to procedures and to practical arrangements (including specific aspects of this such as the methods used, failure to identify equality groups and the attitudes of those involved). It is important that organisations address these barriers and promote good practice.

Visioning Outcomes in Community Engagement - VOICE

One tool which is helping practitioners to think about the barriers to community engagement is VOICE, which supports users to carry out a piece of community engagement as it is happening.

VOiCE invites users to address questions under the headings: **Analyse, Plan, Do** and **Review** as they become relevant to the engagement being conducted. It asks the user to record relevant information relating to these questions, this record is stored on a secure online server accessible by the record owner. Throughout the engagement process the software provides users with access to handy hints and advice that are relevant to the particular stage of an engagement. In terms of equalities it asks users to think about whose interests will be affected by the particular issue they are engaging about; it asks them to think about the community not just in geographical terms but as communities of interest, faith communities, cultural communities, and to recognise that there are communities within communities which may need to be targeted as they may be voices which are seldom heard. VOiCE also supports users to think about the barriers to involvement whether these be cultural, religious, financial or physical and to identify how these will be overcome.

Dumfries and Galloway, Shetland, Inverclyde and Perth & Kinross are just a selection of the local authorities that have, among over 1000 new users, embraced VOiCE into their approach, looking towards more staff and partners increasingly using the software for community engagement activity. As well as existing equality organisations and structures like Midlothian Equality Group the theme of equalities appears in many of the 705 community engagement projects which are currently active on VOiCE.

So why use VOiCE?

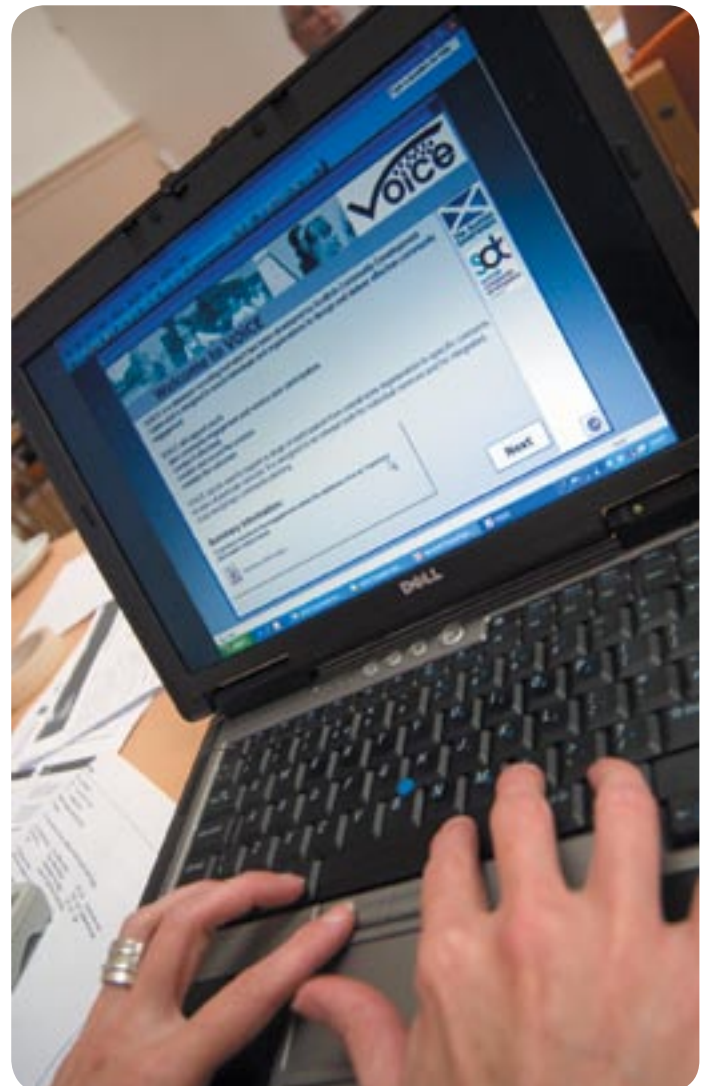
VOiCE will help your organisation to meet the Scottish Government's National Standards for Community Engagement. Users of VOiCE have identified a wide range of applications and benefits from adopting the tool.

Evaluation has shown that VOiCE is a robust tool for the practice of engagement not only by individuals but also for teams, intra and inter-agency partnerships. The software is easy to use whilst providing a very thorough approach to engagement of communities. It has allowed those conducting the engagement to produce clear and accurate records in a focused and efficient manner and in turn enabled efficient and informed production of clear evidence based evaluative reports.

VOiCE also provides a common language for describing community engagement and offers a straightforward way of understanding the requirements of best practice in engagement. In turn these characteristics have enabled better co-ordination and consistency.

Overall users of the system feel that VOiCE has enabled them to work more effectively towards the achievement of the National Standards for Community Engagement and reported that the software has supported their teams to more effectively manage and coordinate engagements and target their engagement activity at those voices which are seldom heard.

The online software is freely available to organisations/agencies that work within Scotland's communities. **If you are interested in** learning more about VOiCE or want to create your own free account go to: www.voicescotland.org.uk



Getting to grips with the Act

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (SSI 2012/162) Came into force on 27 May 2012

Access it here: http://www.legislation.gov.uk/ssi/2012/162/pdfs/ssi_20120162_en.pdf

The Equality and Human Rights Commission have launched non-statutory guidance for Scottish public authorities in relation to the Act.

To support Scottish public authorities in meeting their equality duties, the Commission has produced non-statutory guidance. The guides provide an overview of the public sector equality duty, including the general equality duty, the specific duties and who they apply to. They cover what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions.

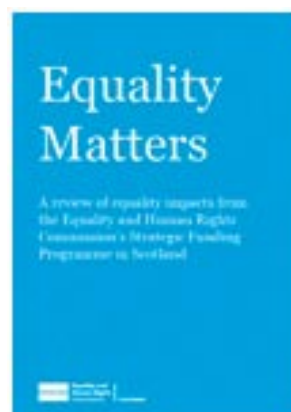
- Essential guide to the public sector equality duty
- Equality outcomes and the public sector equality duty
- Evidence and the public sector equality duty
- Involvement and the public sector equality duty
- Assessing impact and the public sector equality duty
- Mainstreaming the equality duty
- Employee information and the public sector equality duty

If you have any questions or feedback please contact the Commission in Scotland.

Download the guidance [here](#).



Equality Matters: A review of the equality impacts of the EHRC's Strategic Funding Programme in Scotland



For the last three years, the Equality and Human Rights Commission has provided project based funding for community and voluntary organisations across Scotland. These organisations have provided guidance, advice and advocacy services, worked to reduce people's experience of prejudice and focused on building capacity and self-sustaining communities. In March of this year, the Commission held a special event to recognise the work of the seven projects funded in Scotland in 2010/11, and to draw on their good practice to identify equality lessons that can be carried forward by those who work to make Scotland a fairer place.

EHRC also produced a publication: 'Equality Matters' (http://www.equalityhumanrights.com/uploaded_files/Scotland/grants/final_proof_pdf.pdf)

and a short film showcasing their work. (<http://www.equalityhumanrights.com/scotland/commission-funding-in-scotland/>)

Community-led Health for All: a new learning resource

Community-led Health for All: Developing Good Practice was launched at a CHEX seminar in March this year. The resource was warmly welcomed by an audience of community-led health organisations and their public health sector partners (read the seminar report [here](#)). Focussing on 6 key competences, the resource places community-led health at the heart of a number of key policies related to Public Health/Health Improvement; Community Regeneration; Community Learning and Development and Community Engagement and focuses on the role of strategic decision-makers and practitioners. Community and strategic partners including: GalGael Trust, Getting Better Together (Shotts Healthy Living Centre) and NHS Taysides have given excellent illustrations on the current application of competencies at local levels and NES have supported the timely launch of the resource in the implementation of policies that call for a confident and skilled public health workforce in working with communities.



Competences outlined in the resource:

- knowing and understanding the community in which we work
- building and supporting groups and relationships
- building capacity to take action on priority health issues
- building equality and tackling inequalities
- developing and supporting collaborative working
- developing and supporting sustainable influence

One of the key competences outlined in the resource is **building equality and tackling inequalities**

“Equalities and inequalities are important cross-cutting themes which should underpin every area of practice. But there is a danger of these areas being overlooked or not being given proper attention if they are not also given a specific focus. At the practitioner level this competence area focuses on the range of skills and competences required by community-led health practitioners to work in involving and inclusive ways and to target their efforts on those facing greatest disadvantage in order to ensure greatest impact.”

For information contact Janet Muir on Janet@scdc.org.uk or David Allan on David@scdc.org.uk

CHEX News

Don't forget that community organisations working to address health inequalities can still sign up to be on the CHEX Community-led Health Online Database.

Find out more here: <http://www.chex.org.uk/project-search/>



Would you like to be on the CHEX-Point Editorial Board and help influence the content of future issues? Please email olivia@scdc.org.uk for more information

Find out how groups are being supported to tackle issues such as domestic abuse, mental health, addictions and more in their communities. This new paper demonstrates how a community-led approach to tackling health inequalities impacts on national policy using the Health Issues in the Community training initiative.



Health Issues in the Community: Evidence of Impact

Views expressed in CHEX-POINT are not necessarily those of CHEX, unless specifically stated.

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