

Off to a good start!

New opportunities for families and children

chex



CHEX-Point Issue 45 Summer 2013

community health exchange

Welcome to Issue 45 of CHEX-Point! In this summer issue we focus on the Early Years, highlighting the policy drivers for prevention and early intervention for babies, children and their families currently in focus for people working in communities across Scotland.

We are delighted to kick off this topic with our lead article from the Early Years Collaborative programme which supports practitioners in working towards the national outcomes of Getting it Right for Every Child and the Early Years Framework.

From NHS Health Scotland we hear how the special Health Board's Early Years team supports all professionals working in the early years to create opportunities for children and their families to thrive, by offering practitioners and community organisations high quality evidence-based resources and information about the health and wellbeing of children and young people.

In 'Fact or Fantasy', we look at an example of how children and young people are influencing health priorities in their area by responding to the Joint Director of Public Health's consultation on a 2020 Vision for the Scottish Borders. And we learn about some of the health and wellbeing issues affecting South Asian women and their families in Edinburgh from some insightful research carried out by community-led organisation, Nari Kallyan Shangho.

These articles provide a useful context for all those working to improve the health and wellbeing outcomes for children and their families at the very local to the national level, and we hope you enjoy reading this issue.

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Changing Cultures: how South Asian women in Edinburgh face complex and multiple health inequalities

Creating a 2020 Vision: community engagement with children and young people in the Scottish Borders

CHEX news – Making Scotland Better report and HIIC Tutor success!

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Pulling together to put children first

The Early Years Collaborative (EYC) is the world's first national, multiagency quality Improvement Collaborative, working together across Scotland to give children the best start in life and 'make Scotland the best place in the world to grow up'. The objective of the EYC is to make sure the high level principles set out in Getting it Right for Every Child (GIRFEC) and the Early Years Framework become practical actions. We invited the Early Years Collaborative to tell us a bit more about the programme and how community-led health organisations can work with their partners to help deliver on its ambitious national outcomes. Many organisations that support parents and children in health activity have valuable models to share with EYC and this article highlights the next stages of the collaborative process to support us to think about how community-led health organisations contribute to its aims.

The work of the EYC aims to deliver tangible improvement in outcomes and reduce inequalities for Scotland's vulnerable children. It also aims to put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention by 2016 and to sustain this change to 2018 and beyond.

We have the commitment and the will to deliver in this area, and we have a strong evidence base about what works to make improvements. The Collaborative needed a method by which we could take our pockets of excellent practice to scale, and ensure that every child and family in Scotland has access to the best supports available. There is a gap between what we know works and what we do. The EYC helps organisations close that gap by creating a structure in which partners can easily learn from each other and from recognised experts; and by supporting the application of improvement methodology to bridge the gap between what we know works and what we do.

We need to work together to deliver this improvement. To assist with this we have developed a unifying ambition to set out our high level aspiration, and a set of stretch aims that will draw us together and give us a collective focus for our work.

Ambition of the Early Years

Collaborative

To make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed.

Stretch Aims:

1. To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).
2. To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by the end of 2016.
3. To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end of 2017.



"The EYC will change the world – small changes have a big effect" – Sir Harry Burns, Chief Medical Officer.

How will we do this?

The Collaborative methodology works by bringing together those who can make the improvement at regular points to both teach improvement science and learn from each other about what works. The period between each Learning Session is known as the action period and is when tests of change take place at the local level and data for improvement is gathered. Those who have attended a Learning Session - the 'away teams' - start to share their learning with the 'home teams'.

So far we have had two Learning Sessions which were attended by representatives from all 32 Community Planning Partnerships (CPPs) as well as others with an interest in the early years agenda, around 750 people in total.

CPPs have begun their tests of change. These cover a wide range of themes, for example, increasing the uptake of healthy start vitamins; increasing the number of children who have a bedtime story read to them; speeding up permanency planning for looked after children. A Practice Development Team based at Scottish Government provides support to CPPs locally in taking forward and recording their tests of change.

At both Learning Sessions, Ninon Lewis from the Institute for Healthcare Improvement (IHI), reminded delegates of the need for community engagement - **'nothing about us without us'**. She also led sessions on community asset mapping, asking CPPs to report their sources of community pride – of which there were many. The Learning Sessions also heard about the importance of community engagement in the collaborative process from Ghazala Hakeem of the Poverty Truth Commission. David Halpern from the Cabinet Office shared examples of engagement approaches using the acronym E.A.S.T. **You can watch a video of the speakers and find out more about the role of communities in the Collaborative [here](#).**

The enthusiasm and commitment continues to be sustained and even to grow. We are now planning for Learning Session 3, which will be held at the end of October.

For more information, follow us on Twitter @EYCollaborative #bestplacetogrowup; and visit [here](#).

Narrowing the Gap

NHS Health Scotland offers resources and information to address inequalities in early years

As an organisation, NHS Health Scotland's aim is to improve Scotland's overall health record by focusing on the persistent inequalities that prevent health being improved for all. Put simply, inequalities in health are unfair differences in the health of the population that occur across social classes or population groups. They are the result of social circumstances and they are not inevitable.

There is an increasing bank of evidence stressing the importance of prevention and early intervention during pregnancy and in the earliest years of a child's life in improving long-term health and wellbeing outcomes. From the time a child is conceived they are affected by their life circumstances. Many different factors and events during pregnancy and early infancy - in areas such as parental security, health and the home environment - all shape the future development and learning outcomes for children. These can have a lifelong impact. Such factors include a family's ability to pay for goods and services; their exposure to harmful physical environments, like poor quality housing and dampness; a lack of access to green space; and the resources and skills that parents have available to them to support them in their parenting role.

We know that these factors act together to increase the likelihood of better or poorer outcomes. However, it is possible to intervene and support parents to improve those potentially poorer outcomes for the child. As the child gets older, opportunities to reduce these inequalities in outcomes are diminished, which is why it is so important to intervene early. At a family level, interventions should support the development of skills and resources for the child and their family to enable them to mitigate the potential impact of the risk factors in their lives. Promoting responsive, consistent parental care as part of a

nurturing and rich home environment will support the development of secure child attachment and resilience. This is an important protective factor for emotional, social and cognitive development.

Although we are a health board, the Early Years team in NHS Health Scotland support **all** professionals working in the early years to create opportunities for children and their families to thrive. We offer high quality evidence-based resources and information, such as evidence briefings, and opportunities to share good practice, through our multi-agency national Maternal and Early Years website (www.maternal-and-early-years.org.uk/) and network. We also provide evidence-based information for parents, offered free to every parent across Scotland. You may have come across some of our publications like Ready Steady Baby (www.readysteadybaby.org.uk/) and Ready Steady Toddler (www.readysteadytoddler.org.uk/). These are available in book format and via the web and there is a Ready Steady Baby app. Health Scotland also provide the play@home books to parents. All our resources include key messages for parents of young children to support their health, wellbeing and early development.

Most of our resources ([available here](#)) are distributed to parents by NHS professionals. Ready Steady Baby is given to all pregnant

women by midwives. Health visitors give the play@home baby book to parents when their baby is 6 weeks old, and issue Ready Steady Toddler and play@home toddler book at 12 months. However, the play@home preschool book is provided through nurseries. All resources can, and should, be used by all professionals when working with families to support them in understanding the key messages and making best use of this information. We know for families who require additional support, that the role of professionals in supporting parents to access and use information is very important.

For more information on the impact of inequalities visit www.maternal-and-early-years.org.uk/. The site offers information, advice and resources to all professionals working with pregnant women, young children and families.

To sign up for the network and receive the monthly newsletter please [click here](#).

Article provided by NHS Health Scotland



Children voice their health priorities

'Fact or Fantasy' was the challenge set by Dr Baijal in describing his vision for health in the Scottish Borders across the life stages, in his third annual report. Dr Baijal, Joint Director of Public Health for NHS Borders and Scottish Borders Council, invited people in the Scottish Borders to engage in dialogue on health priorities. Dr Baijal's report offers key recommendations for action and is intended as a consultation, which he officially launched at a partnership event on the 22nd April attended by officials, partners and community representatives including children and young people.

In this article, we find out about the consultation event from NHS Borders Health Improvement Team, and how engagement with the community and in particular the children, has been part of a process to co-create a vision for the future.



Dr Baijal advocates early intervention and prevention, his focus on the early years proposes increased action to tackle the inequalities that persist across the most deprived areas in Scottish Borders.

In describing what he thought the health of children in the Borders could look like Dr Baijal concluded *“if we had sufficient coverage of the population of the Borders with effective early interventions I would expect to see children who have been breastfed, subsequently learned good lifestyle habits such as eating healthily, taking advantage of opportunities for physical exercise and education, who have learnt how to make healthy relationships. They would be growing up into adults in employment living in quality housing in areas of economic activity. Such people would be taking advantage of opportunities provided by a range of organisations including communities themselves. The screening programs provided by the NHS would have an even more positive impact on their health”*.

Dr. Baijal used case studies in his consultation report to illustrate the complex, interrelated impact of deprivation and the broader social factors that influence health to stimulate thinking around what could be different in communities by 2020.

Central to the event was the inclusion of children and young people, with over fifty children from local primary schools involved in the consultation process. Children were invited to participate in a prioritisation exercise using electronic voting buttons. A further workshop mapped out the physical, emotional and social influences on their health and identified key sources of support in their community, from their perspective. Issues identified as important for health were **having someone to talk to about worries, time with**

friends, doing things you enjoy, and being listened to. An imaginative case was made for the health benefits of shoe shopping, which was said to strengthen your calves!

These sessions were followed up by opportunities to take part in health improving activities including a football coaching session, Zumba and a cooking skills workshop, facilitated in partnership with local organisations. Following a healthy lunch prepared by the children and community food workers, children were invited to display their body maps for strategic partners and community representatives to view. Children then took part in a feedback session which naturally evolved into a question and answer session between children and strategic partners on issues such as TV in your bedroom, opportunities for playing outside and eating with your family.

Dr Baijal utilised the resources available to him across locality partnerships to provide a positive experience of health for children and young people at the event in order to **co-create a vision for health** that will form the basis for co-production of health improving work in communities and contribute to realising a shared vision of health for 2020. The drive to tackle inequalities in health is at the core of the Scottish Borders Joint Early Years Strategy. Through the establishment of local Early Years Networks and the development of locality focused early years services, partners are seeking to work even more closely with families and communities to promote wellbeing, improve health and provide early access to support and advice when needed.

Dr Baijal concludes,

“I hope this year’s Annual Report will stimulate a debate on how we can all work together to reduce health inequalities, and thereby improve the economic and social well-being of Borderers.”

The full consultation document is available [here](#) and is also available in other formats. Please contact 01896 825560 or equality@borders.scot.nhs.uk.

Changing Cultures

New research launched by Nari Kallyan Shangho

Nari Kallyan Shangho (NKS), a long standing Edinburgh community-led organisation which works to improve the health outcomes of South Asian women in the city, has published new research on the health and social issues affecting the South Asian community. ‘Changing Cultures; health and inequality in the South Asian community in Edinburgh’ is a collaboration between the project and Edinburgh University.

It is well documented that minority ethnic groups experience significant disadvantage in a range of areas including employment, health, and standard of living compared with the white British population. This research contends that standard indices of deprivation do not capture, or even relate to, many of the kinds of problems that South Asian women face.

The findings of the report are consistent with previous research into the relationship between ethnicity and disadvantage, but highlight significant distinctions that are useful to consider in the planning of public services. Significantly, while minority ethnic groups and women in particular, are likely to experience greater inequalities in health and housing compared to the general population, policies which tend to focus resources on geographic areas of the greatest need will not ameliorate their circumstances significantly.

For example, South Asian women over 60 years of age in Edinburgh, as a group, have a higher percentage of limiting long term illness than the statistics show for the most deprived areas of the city. Unlike in England, the South Asian community in Scotland live in all parts of our cities.

Further, the report highlights the cultural and linguistic transitions that face South Asian women who come into Scottish society together with the needs that such transitions generate and the difference that the kind of support offered by NKS can make to their lives.

A key finding highlights that the NKS model illustrates the importance of embedding support within an overall programme which is culturally attuned to its users. At its core it is a socially supportive, culturally appropriate, learning community within which women find their own individual path to improved health, education and employment. The research shows considerable and significant changes in the health and wellbeing of the women accessing the organisation’s services.

Collaborating with a team headed by Stephen Platt, Professor of Health Policy Research at the University of Edinburgh and with NHS funding, NKS staff were involved in all stages of the research. The first involved a pilot study among the staff to articulate what they felt contributes towards health inequalities and social exclusion, and analysis of a monitoring database maintained by NKS. Next, NKS staff participated in interview training and all those who came to the project over a one week period were invited to take part in a survey. 114 interviews were conducted (approximately 95% of those attending). Interviews were conducted in English or the respondent’s native language, translated and collated.

Lastly, a sub-sample of fifteen participants were selected for an in-depth recorded interview relating to a variety of topics from health services to cultural identity.

Other key findings underline that the approach and accessibility of a support service is fundamental in reaching and working with minority ethnic groups. In particular:

- Personal contact was the key factor enabling women to access NKS services. Just over a third (36%) were worried about using public transport or did not understand how to find their way across the city. Half (50%) had come with a friend, 20% with a family member and 17% had been visited at home by a project outreach worker who had accompanied them, or encouraged them to come.
- What matters most in terms of meeting the needs of South Asian women is the kind of resource that is offered. Specific aspects of disadvantage are not experienced in isolation from each other and any effective service has to adopt a holistic approach which works across these different 'life domains' and causal factors.
- The life of each woman who took part in this study can be seen as a journey: geographical, linguistic, economic and, above all, cultural. The challenges and disadvantages they face are multiple and contingent on individual circumstances in complex ways. Standard indices of deprivation do not capture, or even relate to, many of the kinds of problems that South Asian women face.
- Statutory services need to be cautious about relying on indicators for resource allocation decisions in respect of this community's needs. Attention needs to be directed more towards the kind of resource that is effective.

The full Report can be downloaded from:
www.nkshealth.co.uk/.

Would you like to submit an article about community-led health to CHEX-Point, or join our editorial board?

Contact olivia@scdc.org.uk

Support opportunity

– good practice in maternal and infant nutrition

Community Food and Health Scotland (CFHS) worked with BEMIS in 2012 to develop a snapshot of community and voluntary sector activity around maternal and infant nutrition across minority ethnic communities in Scotland.

As a follow on from this, CFHS has a small amount of development funding available to support the development of good practice examples. Details on how to access this are available [here](#).



Photo: Becky Duncan, provided by CFHS

Building Healthy Communities

– 12 Years on

Engage Page

In the last issue, we revisited one of the case studies which was highlighted in the Meeting the Shared Challenge programme. In this issue, we are delighted to revisit Building Healthy Communities (BHC) in Dumfries and Galloway, an organisation which continues to demonstrate the power of community involvement in influencing health outcomes. A healthy living centre concept established in 2001 through Big Lottery Funding, BHC continues to grow and make real impact on people's lives. When the Lottery Funding finished, the NHS and Local Authority and NHS continued support with NHS mainstreaming funding for core staff salaries. The work directly contributes to public health and community planning outcomes. In this article, Thomesena Lochhead, Regional Co-ordinator Health/Wellbeing Specialist highlights the development and impact from 2 successful programmes.

Over the years, BHC has worked with all age groups providing capacity building support to individuals, groups and communities. This community development approach has supported individuals to challenge circumstances which affect them, and created a range of opportunities to bring people together to become involved and act on common health issues. The work ranges from one to one support with individuals who are facing challenging circumstances, to strengthening communities and personal development for volunteers who assist in delivering health interventions that act as a form of outreach.

Two particular successful programmes have been the **Long Term Conditions Programme**, completed at the end of 2011 and the **Self-Management Programme** which is currently running.



Long Term Conditions Programme (LTC)

Through 2 years funding from the Fairer Scotland fund, this programme was delivered across D&G targeting people with conditions such as heart disease, stroke, diabetes, cancer, chronic obstructive airways disease, arthritis, autism and mental health problems. The work carried out has been a gateway for people to access new opportunities and experience a range of health promoting activities, volunteering and involvement in their community. The programme was evaluated by tracking all service users/ participants before and after interventions and showed positive behaviour change; increased access to health improving opportunities and individuals also reported that they had learned more about their conditions and coping strategies.

BHC developed the evaluation form to include [WEMWBS](#) which also functioned as a registration form /database and a process whereby we could track individuals' progress

The lessons from the Long Term Conditions programme contributed to the development of new work and new funding from the Putting You First's Change Fund.

Putting You First's Change Fund/BHC Self- management programme

As with every new application for funding, BHC has had to demonstrate innovation and additionally. The Self-Management Programme (SMP) took the LTC programme to the next level where people aged 50+ and carers were also included. In addition, the 'before and after' information gathering now incorporates 'The Adult Carer Quality of Life Questionnaire' (AC-QOL). As signposting/ referrals were poor in previous programmes, BHC is currently testing out a number of referral pathways including establishing a social prescribing project with 2 GP practices in one locality.

The programme already has 17 volunteers, who themselves have Long Term Conditions and who have recently completed accredited training to deliver Tai Chi to new groups being established in towns and villages across D&G. This will enable more people to access Tai chi for a reduced cost whilst consolidating what has been developed from the LTC programme. As a capacity building example this programme demonstrates the benefits of continuing the community development approaches beyond the life of funding bids. Communities and agencies are now more aware of the issues people face whilst living with a disability or Long Term Condition.

Of 9,500 people who engaged with BHC in 2012-2013 reports have included the following comments from participants:

- Made me more sociable and confident
- Reduced pain
- Reduced medication from 14 tablets to 1
- Increased mobility – when I started I was in my wheelchair and being pushed to toilet- now I am able to stand and practice with the help of my crutches (Tai Chi participant)
- Reduced blood pressure and peak flow has improved dramatically (Tai Chi participant)
- Learned new skills (crafters participant)
- Less angry and depressed(arts participant)



One volunteer's story

"After the death of my husband I was consumed with grief and spent my days lying on the sofa wishing myself dead. My friends and family tried unsuccessfully to rouse me from this state. One of them forced me to approach BHC.

Reluctantly I became a volunteer with BHC and my life changed radically – Volunteering to help people who like me had Long Term Conditions, made me enjoy life again. Where I had been wallowing in social isolation to the detriment of my physical and mental wellbeing I now found I had a whole new network of friends; I no longer needed to take anti-depressants; and my painkillers were also cut as I became more active and pain levels improved.

The benefits of volunteering did not stop there- I was introduced to new ways of thinking and living and was eventually trained so that I could share my new found skills with others.

BHC has turned my life around and I will be eternally grateful- I have a new life, new skills and a sense of purpose."

For more information on the work of BHC, please contact Thomesena Lochhead, Regional Lead BHC
tlochhead@nhs.net. 01387 272776

CHEX News

The report from CHEX's '[Making Scotland Better](#)' event is now available online. The event demonstrated that community-led health organisations are achieving change, but we need many more of them!

It is clear that when and where community-led health is integral to health improvement processes and activity, good health outcomes for the wider community are more achievable and sustainable. However advocates of community-led health must find new routes into policy and practice to raise awareness and develop dialogue across different organisational, cultural and geographical boundaries. While building on tried and tested routes of sharing lessons through case studies and other forms of evidence, much more is required to convince policy makers and local planners to shift resources towards community-led health, up-skill the public sector workforce in methods and approaches and work with community-led health organisations as equal partners in strategic planning as well as operational delivery.

Resources and opportunities to achieve this are available:

- Community-led Health for All ([available here](#)): Learning Resource helps support increased understanding of community-led approaches
- New opportunities to develop this work with our third sector and public sector partners at strategic levels through Community Planning Partnerships and Integration of Health and Social Partnerships e.g. use of the Engagement Matrix ([available here](#))
- We have a national policy arena that aspires to community organisations co-producing services with health professionals

For more information contact Janet Muir on 0141 248 1924 or email janet@scdc.org.uk.

HIIC Tutor Conference Success!

Earlier this summer, Health Issues in the Community (HIIC) Tutors held their annual conference in Glasgow. The event celebrated the achievements of HIIC participants and tutors over the past year, and heard inspiring personal stories from HIIC students from across Scotland:

“With HIIC you are building your confidence, you are increasing your knowledge of your local community, and most importantly you discover that if you see a problem you can change it”

A report of the event and more information about HIIC can be found [here](#).

CHEX takes to the road...

CHEX will be running a series of roadshows throughout Scotland to connect locally with network members and to establish new connections and relationships with community-led health organisations and their partners. This will involve working alongside our network to determine the nature of the Roadshow, making it relevant to each particular area/region. The first event will take place in Fife in October, date to be confirmed, but watch this space (www.chex.org.uk) for more information.

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

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