



## Welcome to issue 52 from Susan Paxton, CHEX Manager

Welcome to CHEX-Point, our newsletter that aims to highlight and promote the great work of community led organisations in Scotland. First up, we hear from our very own Health Issues in the Community (HIIC) manager, Robert Cuthbert, who is sadly leaving us soon for an early retirement. Robert tells us about his 10 years at CHEX and some of the challenges along the way, while also sharing his optimism for the future of community led health.

Next, Elspeth Gracey from the CHEX team tells us about Sadie Gordon, a community activist in Possilpark who has worked tirelessly for over 50 years to take action on the health and social issues that affect people in her local community. Sadie's journey starts from her school days, and then onto the various campaigns and community work she's been active in over the years, right through to her receiving the 2nd Mary Barbour Award in Glasgow – it's a story to inspire us all!

Then we focus on the Health and Wellbeing Networks in

Argyle and Bute and how they support health initiatives on the ground whilst linking up with the local strategic health structures, as well as with us here at CHEX.

Andrew Paterson, our Policy & Research Officer tells us more about the impact of welfare reform on local people and how community led health organisations are trying to help those who are at the sharp end of the social benefit cuts.

We finish by presenting some of the opportunities available to local communities from the emerging community

empowerment legislation and some examples of community organisations taking up their rights. It's interesting times for community led health in Scotland and we hope you enjoy hearing about some of the approaches our Network members are taking to support local communities to become healthier and stronger. And don't forget to check out our website for details of our annual conference...we hope to see you there!

[www.chex.org.uk](http://www.chex.org.uk)

# **“To your good health”**

**My involvement with CHEX/SCDC started in July 2008 with a 6 month contract to cover a maternity leave vacancy. Almost ten years later I am retiring. Yes an early retirement at 60; for the time being.**

Within my first year with SCDC we had the big financial crisis which led to the current 10 years of austerity. Major cuts in central government funding for local government services, the introduction of the bedroom tax, plus swingeing cuts to benefits for the most vulnerable people in our society. These formed the backdrop to us maintaining momentum on having an impact on community led health development.

We have also seen uncertainty over funding of community led organisations; struggling to deliver services with communities, and to provide their staff with certainty over their employment and resources for development.

But maybe, maybe, things are getting better. We are beginning to see massive reform of the way public services are delivered. The integration of health and social care offers challenges certainly, but also creates new opportunities for community led health organisations to have a greater say in service delivery. The Community Empowerment Act is equally important and widens the scope for community involvement; be it in terms of community planning or the introduction of a statutory right to make a participation request. In the longer term participatory budgeting may also provide greater opportunities for community involvement. So a brighter future?

But the underlying challenge, for everyone, either representing communities or supporting communities is to keep emphasising the tangible benefits of community led health and community

involvement as valuable drivers to engage us all and ensure the views of those living in our more disadvantaged communities are valued.

For me the most gratifying part of my job has been working as the Development Manager of Health Issues in the Community (HIIC). I hope I have been able to support our tutors to deliver the course effectively. The course is mainly delivered in disadvantaged areas and with people whose voice is often ignored. I am always struck by the commitment tutors put in to delivery and equally by the effort and enthusiasm of students. Whilst I can take no credit for delivery, I get a real sense of satisfaction when I attend the presentations students make at the end of the course on their research. You can see their pride, confidence and determination to get more involved in issues that matter to their community.

I often meet people who took the HIIC course years ago. They tell me it was HIIC that gave them the self-confidence to go on to do what they are doing now – getting employment, treasurer of a housing association, community councillor, student, or member of the Scottish Youth Parliament. Just a few examples.

HIIC, like many community led health initiatives, makes a real tangible difference for individuals and communities and we need to continue explaining and promoting the positive difference the sector makes. It has been a pleasure to be part of it all. CHEX and SCDC: so much work to do; such a positive way to achieve it.





***Robert Cuthbert***



# Sadie G following in the footsteps of Mary B

By Elspeth Gracey, CHEX Team

I first met Sadie Gordon in 1990 when she was a 'lay' community worker at Possil/Parkhouse Community Health Project. The organisation was famous for its pioneering work on Breakfast Clubs in which Sadie was an active volunteer. I knew then that Sadie was grounded in her community and her knowledge of it and the passion to work for it was her major motivator in life. Meeting her again recently I discovered more of where that passion came from and how she has channelled her energy into bringing people together for positive change in her beloved Possilpark.



Sadie's first experience of organising collective action dates back to her school days aged 14. She and her classmates were angered and distressed by the bullying behaviour of a teacher towards a fellow pupil. "She was picked upon, she wasn't very academic and this particular teacher didn't like her," said Sadie. "So, I said to my classmates let's all stand up the next time she picks on her and tell her it's not fair."

Although they were all taken to the head teacher to be belted for 'disobedience' their classmate was never picked upon again: the first success in effecting change for the better.

Sadie is an unassuming person, not one to blow her own trumpet and certainly not one to court publicity for her role in the community work that she has tirelessly undertaken for more than 50 years. Typical of her was the day I met her. We were in the local community centre that she had been involved in securing. Sadie told me she had been at the Mary Barbour award ceremony on the previous Friday evening in Glasgow City Halls. However it was only after I had spent more than an hour in her company that she let it slip that **she was the recipient of the award!**

The award is given in memory of Mary Barbour who organised the Glasgow rent strikes during the First World War when landlords raised rents and evicted those unable to pay. Mary Barbour organised local people to resist both rent rises and evictions. Sadie tells me about her mother's experience in the Second World War "It was in 1947 that my mum and the women from Garscube Road followed Mary Barbour's example and had a rent strike". Subsequently the family

moved to the Possilpark area of Glasgow where Sadie still lives.

As well as her mother, Sadie speaks of many women in her life who have inspired her. Mrs Rattery who raised funds for the Spanish Civil War and who was a founder member of the Citizen's Theatre asked Sadie to form a residents association through which they got their community hall, and her friend and former colleague the late Ellen Hurlcombe who also worked in the community-led health organisation in Possilpark, went on to become a city Councillor.

Sadie speaks also of her father's trade unionism and how he challenged illegal money lenders. He used money he received in compensation for an accident at work to offer fellow employees interest free loans. This example of taking action to promote justice and fairness for all is fundamental to the work Sadie still does in Possilpark.

*"I do what I do because that is how I was brought up."*

If asked Sadie can rhyme off over a dozen local organisations that she is still part of. She is a founder member of many of them. The range of interests she has are wide and varied and often of long standing.

*"There's the summer camp, when we take youngsters who would otherwise not get a holiday away. This is my 40th year of doing that. We try to show them a healthier way of living."*

Never one to dwell in the past her most recent venture with other local activists is to bring together a new organisation called Possilpark People's Trust. She sees this as the structure which will enable local residents to secure community control of local assets and services through the newly available Community Empowerment Act and is keen to see the people of her community benefit from the opportunities contained within the Act. Sadie dreams of a facility in which many local organisations might come together under one roof and benefit from the synergy of being together in a 'community hub'.

Often, she has been the chairperson of organisations she is involved with "Well sometimes people don't want to take that on. So I just say yes, I find it hard to say no if asked."

While reluctantly willing to accept awards given in her name alone Sadie speaks more fondly of awards that recognise the "team effort and team spirit" that characterises much of what she has done across the years.

*"The Community Champions Award was for the whole team, so was the Queens award – I prefer that when it recognises the whole team. We do it as a team, it's not about me on my own."*

Throughout her working life whether working in office, factory, the NHS or her local community-led health organisation, Sadie has continued to have an active role in her community. Her final decision to retire came when she realised that work was getting in the way of her community activities.

Decades of local action working with her neighbours has allowed Sadie to see the generations following her coming through – some with better life chances than would have been the case without her activity.

*"At the summer camp, we have people who were on those first holidays coming back to be leaders with us – that is great to see and they tell me they want to give others the chances they had themselves."*

However Sadie is realistic that the life circumstances that affect so many of her community cannot be overcome for all.

*"One young man told me "you did your best for us but I made the wrong choice – you tried to show us a better way"*

*"That's why we need to keep going, that's why I'm pleased that we have got young people who can come after me in this new trust" "I've met young women who are just getting involved and I warn them – you could be doing this for the next 50 years!"*

With a wry smile, she says

*"Never mind Mrs Barbour's army – if you needed people in Possilpark there is an army of people here if you needed to mobilise them, I know they are there and the work carries on."*

In my opinion many of the folk that would be in Sadie's army are there because of her work and the work of people like her who have put in endless hours working with others, showing the way, doing what is needed when its needed, saying yes when others would have said no, bringing people together, helping them to realise the power of collective action. And although Sadie is not fond of awards she is undoubtedly a very appropriate recipient of the Mary Barbour award. Congratulations Sadie!



# Supporting Community-led health in Argyll and Bute.



**CHEX has always promoted networking as a mechanism for sharing information and good practice. So we are pleased to highlight here the well-established Health and Wellbeing Networks in Argyll and Bute which demonstrate all the benefits of networks linked to the area's strategic structures.**

They have well organised and co-ordinated Health and Wellbeing Networks, 8 in total to cover the large geographical area including islands, rural communities and towns. Each Network has a co-ordinator whose role it is to administer a small grant scheme to support the work of local organisations and to facilitate Network meetings on a quarterly basis. Argyll and Bute Health and Social Care Partnership contribute £176k annually to these funds. The total grant allocation is determined by the size of population in each network area and the grant does not exceed a thousand pounds for any single organisation. In this way, local organisations are supported and capacity maintained and developed.

Some co-ordinators also provide bulletins of information to their local Network and when CHEX spoke recently to one co-ordinator, Antonia Baird, whose remit is to cover Mid Argyll, she told us how useful CHEX-Point snippets was for her in keeping local organisations well informed in terms of the national policy arena and its relevance to local organisations.

*"I seize upon snippets every fortnight to look through the policy stuff and I use at least 2 or 3 main items to put out in our local bulletin."*

Having gleaned the relevant information from a national perspective Antonia then adds the local events and funding information to circulate to her mailing list which has an impressive reach to about 150 health staff, teaching, social work staff, third sector community and voluntary groups, some businesses and individuals as well as those in Community Planning and Health and Social Care.

*"It would be harder for my bulletin to exist without yours"* she told us.

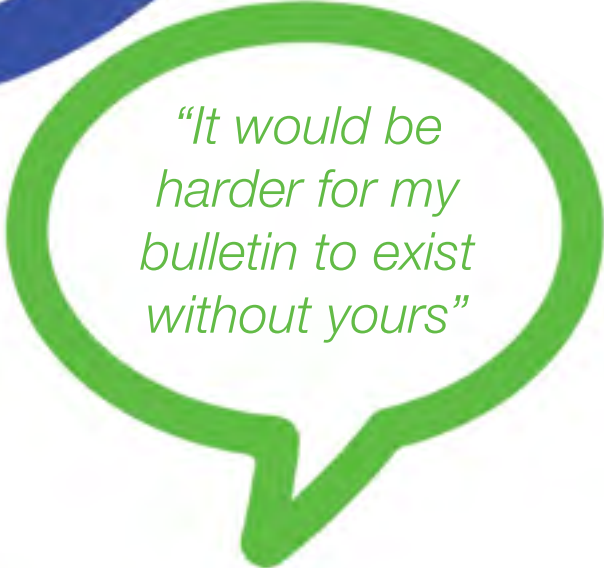
The Health and Wellbeing Networks are part of the strategic structures within Argyll and Bute. They are part of the Health and Well-being Partnership which is a sub group of community planning bringing together other partner agencies, including the Police and Ambulance services.







*“Featuring all-abilities access, outdoor exercise facilities, sculptures and other artworks, the woodland is open to all and is planted with a mix of native and exotic trees.”*




*“It would be harder for my bulletin to exist without yours”*

Just one of the Network members in Mid Argyll is Blarbuie Woods and in her most recent bulletin, Antonia included information about their latest venture in which they were launching a new walkway and viewing platform in their woodland. Blarbuie has also benefitted from the small grant scheme which contributed to their ability to house a men's shed. The woodland forms part of Lochgilphead's Argyll and Bute Hospital grounds.

From their website this is referred to as *“the sanctuary”* - *“Featuring all-abilities access, outdoor exercise facilities, sculptures and other artworks, the woodland is open to all and is planted with a mix of native and exotic trees. Users of the mental health services and volunteers from all walks of life, carry out the woodland restoration and ongoing maintenance, offering folk a chance to learn new skills and providing meaningful, supported employment.”*

We feel that this strategic approach to capacity building local community-led health initiatives is one way in which local statutory sector agencies can support local organisations.



*“I seize upon snippets every fortnight to look through the policy stuff and I use at least 2 or 3 main items to put out in our local bulletin”*



# Putting the “Well” into Welfare

Changes to welfare benefits and how they are being administered are having a drastic effect on the lives of people who depend on them for their basic income. Legislative acts such as the [Welfare Reform Act 2012](#) and the [Welfare Reform and Work Act 2016](#) have reorganised and, in many cases, reduced the welfare provision available to people in adverse circumstances.

In addition to benefit changes such as the introduction of universal credit, bedroom tax, the welfare benefit cap and personal independence payments (PIP), sanctions have been applied to those who miss appointments and so on. Benefits will also now be pegged to a different measure of inflation, consumer price index (CPI) as opposed to the retail price index (RPI). This is one of the most significant changes to impact on people's finances, and will result in year-on-year reductions in income for those receiving benefits.

A range of evidence exists that welfare reform is having a significant impact on people, families and communities across the UK. And, in particular, it is those who are already disadvantaged that are being most affected. Numerous reports by [Oxfam](#), [British Medical Association](#), [NHS Health Scotland](#) and the [United Nations](#) have shown how already vulnerable individuals and households are affected by reductions to benefits and sanctioning, and that this is detrimental to their health and wellbeing. The Child Poverty

Action Group (CPAG) has [highlighted](#) that some of the changes to welfare contravene human rights law

In common with the wider community and voluntary sector, organisations in the CHEX network are reporting that these effects are impacting on them in turn. Many organisations in the CHEX network work specifically with people most likely to be in receipt of benefits, and the increasing impact of progressive cuts on individuals and families is putting increasing demand on community-led health organisations.

CHEX has heard from our network first-hand about these pressures. Anita Aggarwal, Community Development Manager at PCHP said:

*“We are referring people to foodbanks more regularly and hearing stories about people in communities having to support each other. In some cases, there is nowhere to signpost people in crisis to.”*



The culmination of the changes to welfare benefits have an impact on the work of community-led health organisations in several ways. Dealing with perpetual crises in people's lives means they are effectively applying sticking plasters to bigger problems. Increased crisis intervention reduces capacity to carry out the longer term developmental work for which they were established. In other words, services being provided by community-led health organisations are increasingly being diverted into 'crisis management' and affecting their capacity to undertake their mainstream activities.

One CHEX network organisation told us:

*"The biggest threat is in terms of money from the council, which is already stretched. There have been cuts to community development and other vital services such as libraries. Increasingly, we are picking up the slack as the demand for the service they provide doesn't just go away. A community organisation isn't set up to, and may not have the authority to, deliver many of the crisis management that public agencies traditionally deliver."*

Community-led health organisations are offering a variety of services responding to issues relating to welfare reform. Examples include benefit advice hubs, job clubs providing peer-support and training on welfare reform.

The provision of services addressing stress, mental health and other health issues is nothing new to community-led health organisations. However, community development also has a preventative focus, and should be about harnessing and supporting the capacity of communities to have more influence in their

communities and over the decisions that affect them. If there is more demand on 'downstream' crisis provision addressing ill-health and financial difficulties, then organisations will have less capacity to build healthier communities and to support community activism.

As the full effects of changes to the benefits system continue to take effect community-led health organisations will increasingly need to marshal the skills and knowledge needed to assist those who are adversely affected by welfare benefit cuts. They will also need to be aware of where they can find sources of support and advice, not only to deal with current issues, but to consider how they might best influence future changes to the system which is currently exacerbating the health inequalities they were set up to challenge in the first place.

The following organisations offer potentially useful advice and resources in this regard.

[The Poverty Alliance](#), [Child Poverty Action Group \(CPAG\) in Scotland](#), [Citizens Advice Scotland \(CAS\)](#), [Capability Scotland](#), [The Scottish Welfare Fund](#), [Money Advice Scotland](#), [One Parent Families Scotland](#).

This article is a shortened version of CHEX's Policy Briefing 1/17. Full briefing [here](#).





# Getting in on the Act

**There's a good chance you'll have heard of the Community Empowerment (Scotland) Act over the last couple of years. It began life back in 2012 as a Scottish Government consultation covering topics such as asset ownership, land reform and community engagement. Fast forward a few years to 2017, with a welcome level of engagement and consultation in between, and most of the Act is now in place and ready to be used by communities around Scotland.**

In summary the Act contains a range of provisions, all with the intention of 'empowering' communities. Using the Act, for instance, community organisations should be able to get more involved in community planning partnerships (CPPs), helping to identify priorities at a local level. Community organisations should also be able to use the Act and take ownership of (or, importantly, manage or use) public assets, such as land and buildings, and the community right to buy private land and buildings is now extended to cover urban as well as rural parts of Scotland.

In addition, community groups can now make participation requests, which are a new way to influence how public services are designed and delivered.

We've tried to strip back the jargon in the above paragraph, but we also know that one of the best ways to explain what policy is, and why it is relevant, is to give real life examples.

In terms of community planning, the Act requires community planning partnerships to put in place their local outcome improvement plans and locality plans by the 1st October 2017. From what CHEX is aware, the level of community involvement in the development of these plans varies across CPPs. In addition to creating an online survey, North Ayrshire CPP consulted community groups and a Peoples Panel of 2000 residents while developing its plans. This would appear to be a good start, and a relatively strong example of engagement, although it's worth noting that the Act calls for CPPs to move beyond 'consultation'.

Community ownership of public assets was possible before the Act came in, as CHEX case studies have shown over the past few years. In 2012, a group of local residents in Tongue, Sutherland successfully negotiated a three-year Service Level Agreement with Highland Council to take over the local day care centre. In doing so, the group had the assistance of a local Community Development Officer and also worked



in partnership with another community-led service, Transport For Tongue. See the full case study [here](#).

CHEX is also aware of some examples of community-led organisations making participation requests. For instance, Blairmore Village Trust in Argyll and Bute has submitted a participation request to Argyll and Bute Council (asking for the National Park authority to be brought in as well), to take part in discussions about how to address the status of a local road. Interestingly, the road is privately owned, with the Trust managing to secure around 90% of ownership in recent years. This shows a welcome willingness of the Council to assist communities rather than avoid responsibility. The Community Development Team at Argyll and Bute Council has been particularly helpful in offering advice and talking through options.

The request was made on the 5th May, specifying equality of service provision as an outcome to be improved. 'It was validated within 10 days and on 12th July confirmed as accepted by Argyll & Bute Council with agreement to participate from Loch Lomond and Trossachs National Park. At the time of writing, the Trust is awaiting news on a first meeting with the public service authorities involved.

In previous attempts to engage with public agencies the Trust has often found it difficult to get the right person, not to mention a response. In contrast, participation requests must be responded to, and the Trust has had a positive experience up till now. They have found the process straightforward, and hope that the participation request will be a 'more effective route' to a sustainable outcome.

Although not from the field of community-led health, this example should introduce community-led health organisations to what is involved on making a participation request. CHEX expects to hear more in future from community-led health organisations who are using the Act, and we'll continue to share any learning as it comes in. To speak to CHEX about aspects of the Community Empowerment Scotland Act, contact Andrew Paterson, Policy and Research Officer on 0141 222 4837 or email [andrew@scdc.org.uk](mailto:andrew@scdc.org.uk).



# CHEX News: What we're doing!

## Our National Conference 2017: People, Policy and Practice

Tuesday 21st November, Edinburgh

Our National Conference is just around the corner, bringing people from community-led health together to network, share and learn from each other's practice. The focus will be on how our practice is shaped by, and is shaping, current policy in Scotland.

People are at the heart of recent policy developments in Scotland, including the Community Empowerment Act which has been featured in this issue, the integration of health and social care and the proposed Local Democracy Bill. Participation, prevention and partnership are being talked about at a high level, but what does this mean in terms of practice? How are things changing on the ground for communities and, in particular, people experiencing poverty, exclusion and the poorest health outcomes?

For further details and regular updates about our conference check our website  
[www.chex.org.uk](http://www.chex.org.uk).

CHEX supports community-led health organisations tackling Scotland's health inequalities



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