



Know it Works,  
Show it Works!

CHEX-Point Issue 41 January 2012

# community health exchange

## The health impact of community-led approaches

This issue of CHEX-Point presents responses to a call for 'show me the evidence'! Decision makers consistently look for evidence to demonstrate the difference that community-led health approaches make to health improvement. There is an ongoing need to be reassured that community-led health approaches do make a difference to health outcomes, because, despite a variety of successful interventions across the country, there remains nervousness about investing in these approaches. Therefore, CHEX-Point continues to highlight evidence and show the impact on health outcomes to address apprehension and help dispel the nerves! CHEX recently met with Michael Matheson, Minister for Public Health who was also keen to learn of the impact of community-led approaches: how impact is measured and what processes are involved. He was particularly interested to hear of examples of practice that demonstrate the health benefits as well as the added social value from working with communities in this way. We advised him of case studies, evaluations and research findings and are now pleased to send him and share with you these recently compiled articles which spotlight evidence of impact.

We proudly feature a variety of community-led and community-based health organisations and partnership initiatives at community level. The evidence reflects the nature and extent of impact both at national and local levels:

- Midlothian Active Choices Group
- Spartan Smilers
- Paths for All
- Stepping Stones for Families
- Health Issues in the Community

### Also in this issue...

**CHEX News** – including the launch of our online community-led health database

We talk to **Brendan Rooney** of the Scottish Healthy Living Centre Alliance about why he thinks providing evidence of impact is important.

Find CHEX on **facebook** and **YouTube**



# From strength to strength

how the Midlothian Active Choices Group offers more than just exercise

Midlothian Active Choices (MAC) is a physical activity referral service for adults in Midlothian who are currently suffering from mild/moderate mental health conditions, weight management problems, or long term or chronic illnesses. The service is an NHS funded partnership project between the East & Midlothian Community Health Partnership and Midlothian Council and is based on the objectives of the National Physical Activity Strategy 'Let's Make Scotland More Active' and the Midlothian Joint Health Improvement Plan (JHIP).



What is different about this programme is that it not only brings service users together to share their experiences of their health issues, but that from here, much has blossomed. Regular MAC Group meetings are held in different locations throughout Midlothian, providing service users with a chance to chat to others who are experiencing similar health problems and to engage in different activities. The meetings have resulted in a new programme where some of the service users buddy those who are less confident, taking part in activities together, from attending classes or visiting the gym, to a walk together in the local area.

Bit by bit as the group members have grown in confidence they have developed their own initiatives and progressed towards their aim of running the meetings and developing a support network for each other. From the MAC Group meetings, services users have gone on to organise a sponsored walk, started a newsletter and even set up their own facebook page.

***“You are encouraged to get active but not in a pushy way, you make the choices but are supported”***

Other developments include a range of MAC classes which provide low level support for those who would not otherwise have any suitable form of activity, such as MAC zumba.

***“My mood is great and it has helped me cope with life circumstances”***

## The health impact

Of 303 people referred who were using anti-depressants, 52 had stopped taking them at their 12 week review and 9 had reduced their dosage. 279 service users made fewer visits to their GP, something the programme has estimated a financial saving of £10,044. Smoking and BMI levels have reduced, activity levels risen (by 92%) and volunteering has seen an increase amongst the MAC Group members.

***“I am surprised at how my level of fitness has improved and I am now keen to try other things”***

Initial referral to the project can be made through a GP or any other health practitioner. In addition to the client support which involves setting goals and developing a programme, the client is provided with a MAC card which entitles them to reduced cost access to Midlothian Leisure facilities for the cost of £1 per gym session/class/swim. Further support and reduced costs are provided for up to a year after the initial 12 weeks to encourage the client to continue with their physical activity. The project has been running for two years now and has received nearly 900 referrals!

***“I am a much happier, positive & fitter person”***

For more information on Midlothian Active Choices contact Isabel Lean, MAC Coordinator [isabel.lean@midlothian.gov.uk](mailto:isabel.lean@midlothian.gov.uk)

# Walking the Talk

Paths for All track the impact of community walking schemes

Paths for All is the national charity promoting walking for health and the development of multi-



use path networks. Their vision is of a **happier, healthier, greener more active Scotland**, and the charity is now widely recognised as one of Scotland's most innovative organisations working to promote health enhancing physical activity, active and sustainable travel and access to the outdoors for recreation.

Founded in 1996 as a partnership organisation to ensure that Scotland's paths become better used and more accessible to increasing numbers of people, the partnership has since grown in number and breadth of background but the charity remains committed to their founding vision of communities linked and connected by high quality and well used path networks close to where people live and work. Their work has since developed in line with Government objectives and an identified need, focusing on the delivery of a national Walking for Health programme.

To date more than 5,000 volunteer walk leaders have been trained in more than 300 supported local schemes in communities across Scotland. This community-led approach has proved to be highly effective in motivating local people, engaging partner organisations and changing lives. The breadth and impact of the walking schemes is now evident with Paths for All reporting 14,685 health walks taking place between January and September 2011 – that's 134,500 walking occurrences taking into account most walkers having walked more than once in that time.

## The Health Impact

Interest in community walking is growing, with 4,500 new walkers joining local walking groups in 2011. Of the new walkers, 72% are in the 45+ age ranges, the age range Paths for All seek to encourage uptake in walking.

But the impact is not just in the uptake of the walking groups themselves, over 5,000 walkers per year are reported to move on to additional forms of physical activity such as swimming, dancing and longer walks, showing the initiative works in getting people back into physical activity. For individuals too, the change of participating has been significant:

*"Paths for all has given me a purpose in life again; I now have a positive attitude to exercise and realise how important it is to keep mobile"*

Steps Tay Health Walk Leader

*"Now I walk or cycle to the village every day. I can easily manage walking uphill. I have high blood pressure but am on less medication than before. The company makes a big difference to me. I walk further because of the chatting together. Also we share concerns about our families which is very supportive and we laugh a lot and it is a very witty group."*

Mary, COAT Walking Project

In Glasgow alone, 50% of walkers live in the lowest 15% of SIMD areas – showing that Glasgow Health Walks are successful in attracting those from the most deprived backgrounds, and demonstrate an innovative way to engage those who are often the most excluded.

For more information visit [www.pathsforall.org.uk](http://www.pathsforall.org.uk)



# Engage Page

## What do you think are the most important impacts of the approaches SHLCA members use?

I believe you only see real impact when local people and communities are placed as the experts. The commitment of SHLCA members to community-led approaches and their experience of facilitating that joined-up partnership work between communities and local partners, has an important impact on tackling health inequalities. This also has an impact on policy and planning because these approaches have shown to be resourceful and value for money.

## What ways have SHLCA members gathered and presented evidence of their impact?

Millions of ways! Community organisations regularly carry out both internal and external evaluation of their work. This may be through research – from formal, primary research to community-led action research - to site visits, events, and reports, using different tools such as videos, drawings, photos and lots more.

## What do you think are the challenges in presenting evidence to decision makers?

One of the challenges we hear a lot from members is that 'we are too busy delivering'. Working to limited resources with timescales determined by our funding streams can make finding the time to focus on evidencing our work very challenging. Members also often feel they are in an unlevel playing field in terms of resource distribution for evidencing impact.

In terms of how we can overcome these challenges, I would say through consistent engagement with communities and a positive approach to partnership working. One message I would give to local organisations is 'don't moan or at least keep it in-house' It's easy to do when we are facing such challenges, but we need to give a consistent positive message about what we do, how well we do it and how it really works.

## The SHLCA is inviting community-led health organisations other than Healthy Living Centres to join it. What difference will this make to the SHLCA and what benefits will it hold for local organisations?

We are delighted to welcome other organisations to the Alliance and we are certain that we will all be stronger together. The Alliance is based on the very simple principle that the whole of the sum is greater



## Greater impact with a stronger voice

**Brendan Rooney, Chair of the Scottish Health Living Centre Alliance (SHLCA) shares his views on the challenges and opportunities of building greater impact from the community-led health sector.**

than the parts. We can support each other, share practice, we can develop joint bids and consortiums, and we can very positively demonstrate that community-led approaches work and make a genuine difference.

Bringing new members to the Alliance can only help us to grow and will hopefully make a very positive difference to the community-led health sector and new members will also benefit from the our experience of representing the sector at a national level.

### **Can any community-led health organisation join the Alliance?**

Yes any organisation is welcome to join. We will need to give some criteria for membership, but this will be very simple. One of the models that might be proposed is that those organisations that are very clearly defined as community-led will become full or core members and those who have an interest or are aspiring to be community-led might become associate members.

How to go about joining? Just give us a phone! Come along to a meeting, check out the [SHLCA website](#) and the [CHEX website](#) and get in touch!

### **What are the expectations of commitment and involvement from a local organisation in joining?**

We would be delighted if colleagues could regularly attend meetings and help shape the agenda but we understand that is not always practical, so on that basis, as a minimum we would expect members to respond to information/ research requests, to come to national gatherings maybe once a year, and to share information within their local organisations and communities. We want to hear from folks about how they feel being a member could work for them, and other ideas about what they can offer other Alliance members.

### **What does the SHLC Alliance view as its key priorities in 2012?**

Our key priorities for this year are bringing people and organisations together

and reviewing our plans and aspirations as an Alliance. We hope to be able to really set the scene for community-led approaches to health improvement and continue to embed these approaches throughout Scotland by engaging with Scottish Government and other national and regional bodies.

### **How will SHLC Alliance continue to build its working relationship with CHEX and maximise partnership working?**

In the same way we always have - a mutual understanding, and respect and cooperation. SHLCA and CHEX have mutual benefit, and our excellent history of working together has shown that. We are very grateful for the support of CHEX and SCDC throughout the years and we can only hope this relationship will continue to develop and build.

For more information about the SHLCA visit their website - [www.shlca.co.uk](http://www.shlca.co.uk) or get in touch with Brendan at [info@shlca.co.uk](mailto:info@shlca.co.uk) 0141 646 0123.

## **CHEX News**

### **CHEX is pleased to announce the launch of a new database of community-led health organisations in Scotland.**

The database allows you to search for projects by **area**, **topic** and **target group**, and provides you with the information you need to contact community-led health organisations in your area.

#### **[Search the database now!](#)**

If you are a community-led organisation working to address health inequalities, then get in touch with Olivia to find out how you can be included [olivia@scdc.org.uk](mailto:olivia@scdc.org.uk)



# Spartan Smilers

Young footballers tackle tooth decay in North Edinburgh

**Spartan's Community Football Academy is proving to be more than your average community sports club for the people of North Edinburgh.**



**The Academy delivers a range of programmes for the children and young people in the local communities - from Homework Club to volunteering, the club's community programme offers a variety of initiatives that help them work towards their club motto of 'Live together. Play together. Win together'.**

It was when Kenny Cameron, the club's community development officer approached the local NHS Public Health Practitioner, that their latest health promoting community activity kicked off. Recognising that oral health was just one of the health issues facing children living in what is one of most deprived data zones in Scotland, the club wanted to work with local agencies to develop an initiative around oral hygiene – using their experience of tackling on the pitch, to tackle the high rates of tooth decay experienced by children in the area.

**Spartans Smilers** is a unique child oral health collaboration between NHS Lothian Community Oral Health Services, Childsmile and the Spartans Community Football Club which is open to primary school children in the Muirhouse/Pilton area. So far the project has worked with over 400 Primary 3 aged children across North Edinburgh, and feedback from children, parents, teachers and dentists has been extremely positive.

Dental caries (tooth decay) and dental registration are two of the measures used to assess the oral health of children in every area of Scotland and provide a well known measure of deprivation. Children in North Edinburgh are reported to have high levels of dental caries and low levels of dental registration. The programme sits within a range of other initiatives that are taking place locally, in particular the Family Healthy Lifestyles initiative.

The programme is delivered by the Spartans Community Football Team and the Oral Health Promotion Team at Craigmoynton dental health service and delivers 4 sessions, one per week, each focussing on a different aspect of dental health. The oral health messages are delivered using football as a medium to reinforce and make novel the information being imparted. The children perform football skills which are given oral health themes such as **'plaque attack'** and dribbling around **tooth-shaped stools** to simulate brushing. The programme includes classroom work, tooth brushing sessions and visits to the community dental surgery. The children also learn about healthy eating and physical activity.

Evaluation of the programme has seen parents report **increased learning** around the best time of day for brushing; how long to brush teeth for; safe drinks for avoiding tooth decay; and most significantly, families report that the children are teaching their parents and siblings about **good oral health behaviours** and **healthy eating habits**. Teachers in the participating schools have also given very positive feedback to the initiative.

As a result of their effective partnership working, staff from Spartan's and the NHS were nominated and shortlisted for an NHS Lothian 'Celebrating Success' award 2010. They also made a successful funding bid to a small grants scheme from the Supporting Edinburgh's Parents and Carers: a Framework for Action which asked for bids to deliver resources which actively engage parents and carers to meet framework outcomes.



To find out more about Spartan Community Football Academy's Community Programme, visit <http://www.spartanscfa.com/community-projects/>



# Health Issues in the Community

Delivering on national health policy priorities

## The Health Policy Drivers

A key driver which underpins health policy in Scotland is recognition that increasing emphasis should be placed on preventing ill health and not solely treating illness. So while policy direction continues to emphasise improvement in medical interventions such as treatment and waiting times, much more attention is being placed on work with individuals and communities to build skills, confidence and coping strategies that will in turn decrease the need for treatment and care. This emphasis can be seen in national policies such as Equally Well; Towards a Mentally Flourishing Scotland and Better Health Better Care.



We know that a variety of factors impact on people's health and wellbeing from life circumstances such as low income and poor environment to behavioural tendencies such as smoking and alcohol consumption. A number of approaches have been developed to address the need for both structural and lifestyle changes; increasingly popular approaches are asset-based health improvement and community-led health. 'Health Issues in the Community' (HIIC) is a course that embraces both these approaches and has been successful over a number of years in helping people to use a learning experience to improve not only their own health, but the health of the community in which they live.

## The HIIC Approach

Health Issues in the Community's (HIIC) contribution to the above is as a unique and flexible course, mainly delivered within disadvantaged communities, which employs a reflective learning approach to the issues surrounding the 'social model' of health. HIIC values people's life experiences as a basis for individual reflection and group discussion on a wide range of related topics including health and social policies, inequalities, poverty, discrimination and social justice and how issues can be addressed from an individual and community perspective. Importantly participants are able to consider these topics from the perspective of their own experiences and that of their community. The course is therefore directly relevant and meaningful.



## The Impact of HIIC

Many people come to the course feeling disempowered, disenfranchised and powerless to address their own circumstances or that of their community. Many have had a poor experience of formal education and are cautious about what the course may bring. However, because the course is based on people's life experience, they quickly find that they have much to contribute and share with others. As a consequence people grow in confidence and self esteem, realising that they have a voice and can change things – for themselves, their families and their communities.

## The Health Impact

Following their participation in a course, a HIIC group in East Renfrewshire have addressed the issue of a lack of fresh fruit and vegetables by successfully piloting a Garden Share scheme and are now working with other organisations to role the scheme out within their area.

In North Glasgow a group researched addictions in their area and have used their findings to engage with service providers contributing to the development of the areas first drug and alcohol strategy.

Many people have used the course as a stepping stone to employment, to go on to other educational opportunities or to get involved in addressing issues that face their communities.

***"I realised I can talk with power. That I can talk well. My opinion has value. I see myself as an intermediary – can be the catalyst – change maker"***

Further information about HIIC can be found at - <http://www.chex.org.uk/what-we-do/training-development-support/hiic/>. Are you interested in becoming a HIIC Trainer? Contact Aileen Skillen – [aileen@scdc.org.uk](mailto:aileen@scdc.org.uk)

# Families taking control:

how families in North Glasgow have tackled their health issues

From humble beginnings, a small pilot project has left a lasting effect on a group of parents in an area ranked amongst the top 1% of deprived areas of Scotland.

In 2001 a partnership began between Stepping Stones for Families and Glasgow City Council Education staff at Molendinar Family Learning Centre in North Glasgow. Stepping Stones for Families provided a Health Development Worker to deliver services that were in addition to the statutory services provided there – Education staff provided childcare while the Health Development worker provided one-to-one and group work with parents.



The work with parents, using a person-centred philosophy, involved taking time to listen and understand the complexities of each family member and assessing what could be done (in partnership with parents) to make improvements in their lives and in their communities.

Full and effective engagement was essential in building the trusting and supportive relationship that has enabled lasting change. This process takes time and appropriate care... so work began slowly, starting with a fruit co-op that allowed parents, some for the first time, to try or buy different fresh fruit.

## The Health Impact

When engagement took effect and a parents group was established, a programme of various activities was designed; including practical sessions on cookery, stress management, exercise, healthy eating and oral health. In these groups parents had the chance to gain knowledge, learn new skills and practise them in a safe environment with the key support of the Health Development Worker. The groups also allowed parents to challenge their own health behaviour and take small steps to changing their way of life.

Where this group of parents had once felt isolated, they were now supported and had the self-belief to view themselves as individuals that could affect change and as active members of the community.

In the Spring of 2011, after months of planning, the parents group at Molendinar Family Learning Centre were delighted to open the sensory garden that they themselves had planned, designed, gained funding and permission for and had helped construct. They had identified a need for this safe and engaging environment for children and families in the area and had also identified a piece of ground that was derelict within the community.

The approach that this service uses realises and supports the potential within people to make positive changes in their own lives.

For more information on Stepping Stones for Families visit [www.ssff.org.uk](http://www.ssff.org.uk)

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

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