

Out and About

Building the case and
presenting the evidence
for community-led
health

chex



CHEX-Point Issue 47 August 2014

community health exchange

Welcome to CHEX-Point Newsletter – we've got some brilliant articles for our summer 2014 issue!

First up, Gerry McLaughlin, Chief Exec of NHS Health Scotland, who has written about the important contribution community-led health organisations can make in reducing health inequalities.

Next up, CHEX Manager Janet Muir highlights her vision for community-led health in Scotland, and how we can achieve it.

Andrew Paterson, Policy and Research Officer for CHEX, highlights a series of case studies from Community Transport Association Network, Healthy Valleys and Living Well North Edinburgh, examining the use of evidence and research in presenting the case for community-led health.

We take a quick look back to CHEX National Conference in May and SCDC's Paul Ballantyne has outlined the recent Scottish National Action Plan for Human Rights, highlighting how human rights and community development are intrinsically linked.

We've also got a summary of the Community Empowerment (Scotland) Bill which is making its way through the Scottish Parliament right now.

Finally, CHEX News provides an update to the work that CHEX and its parent organisation SCDC is carrying out. We hope you enjoy the issue and a massive thanks to all of our contributors!

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- The vision for community-led health
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NHS Health Scotland – Working Towards 'A Fairer, Healthier Scotland by Tackling Health Inequalities'



Gerry McLaughlin is the Chief Executive of NHS Health Scotland and has contributed to this issue with an article outlining how community and voluntary sector organisations can make an important contribution to reducing health inequalities.

In 2012 we launched our strategy A Fairer Healthier Scotland signalling our ambition to work with others to create a Scotland where all of our people have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. To achieve that ambition we identified that we needed to influence national policy development based on evidence of what will reduce inequalities, to advocate for high quality public services that are delivered proportionate to need and critically to build the will in Scotland to take the measures necessary to reduce inequalities.

We have a long history of working with the third sector and continue to benefit from our close relationship with CHEX and Voluntary Health Scotland. The work CHEX does to bring community development and the needs of local people into the heart of planning and practice is invaluable. We await with interest the results of the research work VHS has been carrying out in relation to the third sector and health inequalities.

We are also keen to strengthen our work with the sector and I am delighted therefore to welcome Elspeth Molony to NHS Health Scotland to improve our collaboration with the community and voluntary sector. Many of you will be familiar with Elspeth who has worked in a number of third sector organisations at national and local level.

Returning to the challenge of building stronger support for action for better, fairer health based on what the evidence tells us is most and least likely to reduce health inequalities, our recent Policy Review report to the Scottish Ministerial Task Force on Health Inequalities has formed the

basis for our own delivery plan and we hope this will support others to take the action necessary to reduce health inequalities.

We know though that what we collect as evidence isn't enough, by itself. There are many types of evidence, not least the daily experience and impact of inequality on people's health and wellbeing which voluntary and community sector groups are so effective in collecting. That's why collaborating closely with the sector to bring our sources of evidence together is so helpful.

We have recently established an Inequalities Action Group alongside Scottish Government, COSLA and SCVO – the group reports into the Scottish Government's Health and Community Care Delivery Group. The aim of the group is to recommend feasible actions that can be taken forward by Community Planning Partnerships and we believe the engagement of community and voluntary sector groups in community planning partnerships in this process is essential. Look out for more communication about the work of this group.



All footnotes are available at:
www.chex.org.uk/footnotes

New ways of thinking about communities

The driving force for radical change and positive health outcomes

This article featured in a recent ALLIANCE publication 'Scotland – small country, big ideas, Imagining the future...' Here, CHEX's Janet Muir highlights her vision for community-led health. You can download the full edition [here](#).

Let me fast forward to a Scotland that has banished its decades of poverty and inequality and has a vision and practice of social policy embedded in a commitment to social justice. That vision demands that our health services and our sense of wellbeing are shaped and determined through the direct engagement of, and with, our communities at national and local levels.

Community members and groups are being supported and empowered to influence decision making and health professionals, while retaining the critical role in the delivery of essential medical services, are working jointly with community and voluntary organisations to plan and deliver services responsive to expressed needs.

Not mission impossible, but this vision is not without challenge.

My focus at CHEX is on helping to build healthy communities with local people who are in control of their lives and living circumstances, who are treated as equals by others and who manage things in ways that avoid stress or dependency. They enjoy networks of support and mutual interest with others and have confidence and skills to engage as equal partners with service providers who have the expertise to bring creativity and inspiration to joint solutions for improving health.¹

The last three decades in community-led health work have demonstrated important insights and produced evidence of the nature and extent to which communities' involvement can positively influence health outcomes.²



But current evidence highlights a type of postcode lottery in levels of commitment to, and understanding of, this approach, and of coherent strategic thinking. There is too much dependency on local champions who are too often on the periphery of the influence and decision making process; and we seem to have had limited success in scaling up positive lessons learned.³

This situation can be turned round with a political will and a coherent strategy that ensures community-led health plays its full part in preventing ill health, as well as building local strengths that lead to healthier and more prosperous communities.

This vision is achievable and within a timescale that is immediate rather than long-term. Working in this way with communities can help improve people's quality of life and prevent ill health, but is only one part of the range of measures needed to tackle health inequalities and will be critical in turning today's vision into tomorrow's reality.



A mixed bag for a healthy balance: bringing together the evidence

CHEX's Policy and Research Officer Andrew Paterson gives us an introduction to the importance of evidencing the work carried out in community-led health.

The case for community-led health has been accepted by, and is now reflected in, many policy and practice arenas.¹ It is important to build on this and to continue to think about and improve the ways we evidence the positive impact of community-led health. CHEX has worked a lot in this area with you, our network, exploring the best ways that evidence can be gathered and presented to convince decision makers and funders to invest in community-led health. In this issue of CHEX-Point we bring together some of the innovative work going on in the sector that can help to develop our evidence.

Avid CHEX-Point readers may remember that we previously covered the topic of evidence in issue 41 in 2012.² Back then, we published vignettes of different types of evidence showcasing the impact from five different community-led and community-based health organisations and partnership initiatives at community level. This was a response to a meeting CHEX had with Michael Matheson, then Minister for Public Health who, while being positive about the health impact and added social value of community-led approaches, stressed the need for more evidence, especially to those who are less familiar with the potential health outcomes from community involvement.

CHEX-Point 41 illustrated that diverse organisations, not necessarily using the same evaluation methods, can be presented alongside each other showing a cross-section of results and impact. Following on from this, CHEX embarked on a consultation exercise with our network further exploring the idea of 'scaling up' evidence from diverse organisations to make the best case for community-led health at a policy level.³ Around the same time, we produced a resource based on the Health Issues in the Community (HIIC) course,



which illustrated HIIC's contribution to different health outcomes and policies.⁴

We are seeking to build on this through conversations on evidence with other networks, including the Knowledge Translation Network. As part of this network CHEX has helped produce a new guide to using evidence, *Evidence for Success*, which will be published in late August. We have also attended meetings and events with health researchers, and we stay up to date with the impressive evidence work of community-led health organisations such as Healthy Valleys, which we have profiled here.

Our recent publication, *Communities at the Centre*⁵, takes a different tack, highlighting the great work being done across Scotland through a series of case studies. Qualitative evidence of this kind is a particularly rich and moving way of showing the power of community-led approaches, and is an approach to evidencing impact that CHEX will continue to make use of. This issue of CHEX-Point contains two as an example of such case study work. In addition to the Living Well North Edinburgh case study below, we showcase the Community Transport Association's work in the Highlands.

The following articles therefore capture the wide variety of approaches to evidence that are being used, something CHEX would argue is the best way forward for showing the impact of the sector on the health of people in Scotland.

From Crisis to **Innovation**



Sheila Fletcher, Community Transport Association Network Development Officer, highlights the challenges and successes of operating community transport initiatives in different Highland communities.

It seemed like the end of the world in 2009 when the letter arrived to say that their transport funding had been withdrawn. However, Creich, Croik and Kincardine Day Care Association (the Bradbury Centre) had a history of being resilient and set out to find a solution.

Background

The Centre had been built by the community in the mid-90s to enable elderly and disabled people to have access to social activities and lunch locally. At the time the Council proposed to centralise services in Dornoch and the community felt they could do better.

Once funds were raised and the building ready to open it was realised that transport was likely to be a problem. Public transport is virtually non-existent in the area and even with the use of the Council's Services there were still gaps. In 2003 The Centre successfully obtained grant funding from a then Scottish Executive initiative but unfortunately when this funding stream was passed to Highland Council in 2007 they changed the criteria and in 2009 funding was withdrawn.

The Solution

After a lot of soul searching, research, advice and support from the Community Transport Association, the Centre embarked on the innovative solution of buying their own minibuss and registering their usual routes as bus services. This had never been done before by a community group in the Highlands.

Lorraine Askew, Bradbury Centre Manager said: *"Although the initiative has been successful it is an ongoing challenge. We receive no funding for running the service so all revenue comes from fares and charges. Running a bus service is quite an onerous task but it has been worth it. We are now waiting for the delivery of our second bus which is being custom built and should arrive before Christmas."*

Success breeds success

Following on from the lead of the Bradbury Centre other groups across Highland have developed transport services specific to the needs of their communities. The first was Lochaber Action on Disability (LAD) who registered their Thursday and Friday shopper services. LAD now also have a five day a week DRT service in Fort William to enable people to attend lunch and activities in the Caol Centre.

North West Community Bus, Transport for Tongue, Helmsdale Community Transport and Badenoch and Strathspey Community Transport Company all operate services across the across the area.



Others groups are considering following the example of these groups. The key to success is, establishing needs, introducing services that you know will be used, setting fares and charges that will cover costs and not being frightened to review, change and even withdraw if things are not working.

Further information: e-mail Sheila Fletcher sheila@ctauk.org.

Healthy Valleys' Grassroots Project



South Lanarkshire based community-led health organisation, Healthy Valleys, has successfully implemented an evaluation method called Family Impact Star to gather evidence of the impact of their Grassroots Project. The Project supports pregnant women and families with children under five years old who live in rural South Lanarkshire and are in need of extra help.

Background

Healthy Valleys was established as a Healthy Living Initiative in 2003 by community members, voluntary and public sector agencies in rural South Lanarkshire. Its central purpose is to tackle health inequalities by promoting positive actions and improved wellbeing, with a focus on communities who are most in need as identified by the SIMD (Scottish Index of Multiple Deprivation). Healthy Valleys is a registered Scottish Charity and a company limited by guarantee.

The initiative has developed a range of approaches working with different groups in the community by building on the strengths of volunteer involvement and working in partnership with other local groups and agencies. Through working closely with communities, Healthy Valleys has been able to identify and respond to some of the most

pressing health needs which were not being met by statutory services.

Healthy Valleys' Grassroots Project was launched in November 2012 by Aileen Campbell, MSP for Clydesdale and Minister for Children and Young People. The Project is a volunteer-led early intervention programme in which trained volunteers support pregnant women and families with children under 5 years old who need extra help. It is funded by the Big Lottery until March 2015.

The project takes a two-pronged approach to early intervention:

1. Intensive Parental Support Programme (IPSP) supports pregnant women, dads and other carers in need of support to attend vital antenatal and postnatal appointments. Families benefit from this by being matched to a volunteer who supports their

involvement with Grassroots to enable a positive, trusting relationship to form and provide consistency and stability which brings about positive outcomes

2. Family Education Support Programme (FESP) offers a range of learning and development opportunities that other services/ organisations don't already offer.

Grassroots Project is overseen by a Steering Group, and volunteers are able to contribute to the development of the initiative through Project Volunteer Meetings. There is a range of statutory, voluntary & community sector involvement.

Referral criteria include a wide range of issues affecting children and families, from substance misuse and domestic violence to feelings of isolation and post-natal depression.

Evaluation

The Grassroots Project uses an in-house 'Family Impact Star' evaluation template to measure a range of things including confidence, parenting skills, wellbeing and community engagement/participation.

Once a referral is received the Development Worker meets with the family and completes paperwork including the Family Impact Star and Action Plan. If required, the Development Worker will carefully match the family to a trained volunteer for one-to-one parental support. Trained volunteers complete session records regarding the family they are supporting

All referred families can then access the Family Education Programme and the Development Worker will review the Family Impact Star and Action Plan every six months

with the family and remain in regular contact with both the family and volunteers.

The Family Outcome Star measures individual outcomes such as self-esteem, parenting skills and emotional wellbeing as well as more community-focussed outcomes such as a person's social networks and levels of community engagement and participation. The project works with families to identify scores out of ten for these factors, and uses findings to develop Family Support Plans and to prioritise support. This evaluation is complimented by session records, activity evaluations and case studies.

Family Impact Star has proven to be an extremely useful way of visualising impact on families who take part in the Grassroots Project. By embedding regular evaluation at the core of Grassroots, Healthy Valleys has

illustrated that evaluation need not be seen as an 'add-on' that distracts from delivering services. Rather, the evaluation, involving planning, reflection and improvement, is a crucial part of the service delivery.

The project was also externally evaluated in March 2011, something that led to the Big Lottery funding after evaluation findings suggested extending the programme wider. More recently, Healthy Valleys commissioned the Universities of Strathclyde and West of Scotland to conduct a longitudinal study of outcomes, which is still in progress.

Healthy Valleys' ambition is for the Grassroots Project to be replicated in other parts of Scotland and the evaluation will be used to help make a case to decision makers for further funding.

www.healthyvalleys.org.uk

Mental health and wellbeing – at the centre of 'Living Well North Edinburgh'

In 2011 the PROP Stress Centre and Threshold Mental Health Project came together to form Living Well North Edinburgh (LWNE). Although both organisations were highly valued by the residents of Pilton and Clermiston, the merger was seen as a means to help ensure the further development and sustainability of their activities which focussed on learning opportunities and the improved quality of life for local residents who experienced mental ill health.

People from both areas face the severe effects of health inequalities arising from low income, barriers to employment and lack of routes into training and further education.

LWNE offers both a haven and an opportunity for people to not only get better, but go on



and address these barriers with confidence and success, as well as becoming involved in helping to lead the organisation. As members of the Management Committee they employ a small and resourceful staff team that enable the organisation to reach out to new people as well as supporting those who have been involved with the organisation for several years.

Central to the way of working is involving people to help determine the way activities are developed and the service is offered. The organisation is consistently open to change and being flexible to expressed need and new ideas. This has resulted in some people being able to sustain part-time employment, undertake volunteering opportunities and becoming influential community leaders.

“People need choice. They have very different needs that should be understood, listened to and responded to”

The ethos of the organisation is to support people to work together to improve their own mental health and also that of other local people. People come together through a variety of activities and opportunities - from cooking classes and building an exhibition with North Edinburgh Arts to being profiled at the Scottish Mental Arts and Film Festival, along with drama and relaxation sessions and volunteering at Drop-In sessions.

Joint working is not only important within internal organisation, but also with other local organisations, services and businesses. Collaborations have been developed with many others such as Pilton Community Health Project, Equalities project, Neighbourhood Centre along with local council services. Strong relationships have been formed with local supermarkets Morrison's and Tesco which help with donations and general promotion of the organisation. Work started with the Cyrenians and its Fareshare Food project in 2012. It provides quality food for daily lunches from the surplus redistributions from the food and drink industry and is highly valued in the area.

“We know that the lunch is the only meal that some people get in the day and for some this can stretch over the weekends.”

When people come to LWNE for the first time, baseline information is collected and then revisited at various stages to determine any change in how people feel about themselves. This is used to evaluate the effectiveness of the support and to inform any change in direction – for the person using the service as well as in a wider analysis for the management committee, appropriate funders and as part of the strategic health planning as part of the Single Outcome Agreement. Similar to many other small organisations, the demand to provide evidence of impact is a continuing challenge for LWNE, but it is one which they are addressing.

The organisation is in a strong position to tap into a range of local forums that offer opportunities to share practice and mutual support. Lothian Community Health Initiative's Forum, Edinburgh Mental Health Forum and the Strategic Development Group for Mental Health offer welcome support, especially at times when concerns around funding affect all organisations.

LWNE know the need is greater than what they are able to offer.¹ As they look to the future they want to not only sustain the good practice that has been developed, but offer an expanded service. They are keen to increase their hours to fit around people who work and offer a respite session for parents suffering poor mental health juggling the demands of family life. This is an organisation which also has a clear vision for the future and a strategy for addressing the challenges of that vision.

For more info contact:

info@livingwellnorthedinburgh.org.uk



CHEX National Conference 2014

Earlier this year we held the CHEX National Conference at Townhead Village Hall in Glasgow. Colleagues came from across the country to share experiences, learn from each other and look to the future of community-led health.

Janet Muir, Manager of CHEX, and Dr Andrew Fraser Director of Public Health at NHS Health Scotland introduced the day, highlighting the aim conference was to encourage people to find their own way to health, much in the spirit of community development.



Story and dialogue sessions

The stars of the conference were colleagues from [Health All Round¹](#), [North Coast Connection²](#), [Stepping Stones³](#) and [Parents Advisory Group for Education and Socialisation⁴](#) who led Story Dialogue sessions. They shared the highs and lows of setting up their groups, the lessons they have learned and the advice they would give to others.

You can read detailed case studies about the work of these groups [here](#).

Paul Gray, Director for Health and Social Care and Chief executive of NHS Scotland



Paul told the conference that his capacity to tackle health inequalities is massively enhanced by the skills of

community-led health organisations. He said the government and NHS believe in an asset based approach because every community has value and because top down superimposed approaches aren't sustainable and just don't work.

Paul ended by saying that he would take messages from the conference back to NHS Chief Executives.

John McCafferty, South Lanarkshire Council



John was asked to give advice on how community led health organisations can best engage and influence local authorities like his.

He used the wealth of his experiences both within a local authority and helping establish relationships with community organisations to recommend the importance of using strengths, offering solutions to statutory partners, reducing council funding dependency and finally going your own way and not letting barriers put you off.

Looking to the future

As we concluded this event we challenged ourselves and others to further address the three key messages in relation to community-led health, namely:

- addressing organisational and cultural resistance to community-led health approaches
- building the necessary leadership that is committed to this way of working
- realigning resources to fully invest in this way of working

Evidence and advocacy around the important CLH organisations must continue at different levels - national, regional and local to ensure that community-led health can play its full part in both complementing and bringing added value to improving health.

You can read the full report, including videos and pictures at www.chex.org.uk/conference2014

Scotland's National Action Plan for Human Rights

SCDC Development Manager Paul Ballantyne provides an introduction to Scotland's first National Action Plan for Human Rights (SNAP), which was launched on International Human Rights Day, 10 December 2013.

SCDC and CHEX welcome the Action Plan, which places great emphasis upon core concepts such as empowerment which is central to community development. It offers policymakers and practitioners an opportunity to strengthen the case for community development in its own right as part of wider work to help communities have more control over their lives.

Human rights and community development

Deprived communities are often not aware that they have rights and lack knowledge of what these rights are and how to use them. This can be a barrier to developing communities and in improving living circumstances.

Human rights and community development are fundamentally connected and each is essential for understanding and practising the other. A rights-based approach recognises that the causes of poverty, suffering and injustice lie with violations of peoples' human rights.

Community development therefore can help agencies move away from an approach that simply services peoples' needs on an individual basis towards developing the capacity of communities to realise their rights.

Community development practitioners and community organisations can better empower and support communities when human rights and community development principles are applied together.

You can embrace human rights in your work and activities by:

- Working deliberately to build the capacities of marginalised groups to become active in their communities, exert more influence and claim their rights.

- Building your own capacity to undertake reviews and analysis of your organisation's activities, ensuring that meaningful participation of marginalised people in the communities are supported in a conscious and deliberate manner.
- Accessing the free 'VCS Equality and Human Rights Framework' to help them strengthen their work and better meet the challenges involved.
- Encouraging all those that you engage with to adopt a human rights-based approach in tailoring and customising their own activities to the local context.
- Focusing on the capacities of public bodies to meet their obligations to respect, protect and fulfil the rights of marginalised groups and communities.



Realising Human Rights

SNAP responds to the current political and economic context in Scotland. It responds to the debate about how human rights can form part of Scotland's constitutional framework. It fits with the ethos of Public Service Reform and the need to ensure that public services and economic decisions promote human dignity for all, even in times of austerity.

Further information

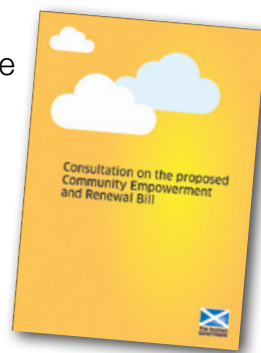
Scotland's National Action Plan for Human Rights 2013 - 2017, Scottish Human Rights Commission, December 2013

www.scottishhumanrights.com/actionplan

Publication of the Community Empowerment (Scotland) Bill and call for evidence

The Community Empowerment (Scotland) Bill was published by the Scottish Government on the 12th June 2014. The Bill provides a framework which aims to:

- » Empower community bodies through the ownership of land and buildings
- » Strengthen community voices in the decisions that matter to them
- » Improve the process of community planning



It has been developed since summer 2012 through extensive consultation and will now be subject to the Scottish Parliament legislative process. It should come into effect sometime in the financial year 2015-16. You can read the full Bill [here](#) and see the call for evidence and related documents [here](#).

What happens now?

Now that the Bill has been introduced, it will now undergo the Scottish Parliament legislative process, as follows:

Allocated to Lead Committee – now confirmed as the Local Government & Regeneration Committee.

Stage 1:

- Call for evidence put out by Lead Committee (completed)
- Evidence sessions held (probably late September/October)
- Bill goes to Finance Committee
- Bill goes to Delegate powers and law reform committee
- Lead Committee reports on the general principles of the Bill
- Parliament Chamber debates and votes on general principles of Bill – (probably around January 2015)

Stage 2:

- Main amendment stage (by MSPs)
- Bill still with Lead Committee
- Short deadlines
- Limited engagement

Stage 3:

- Last amendment stage
- Bill in Chamber
- Amendments then final debate
- Vote to pass the Bill

Royal Assent

- Four weeks for legislative competence checks
- Queen signs the Bill which now becomes an Act

Commencement

- Aim is June 2015 although different parts could start at different times
- Implementation, involving development of secondary legislation and guidance.

SCDC and CHEX have now published our briefing which examines how far the legislation goes towards empowering communities, and suggesting where improvements might be made. We have been taking your comments and feedback which will form the basis for our response to the Local Government & Regeneration Committee's call for evidence.

In particular, we focus our attention on the need for community capacity building and other support to enable disadvantaged communities to benefit from the Bills provisions. We welcome the fact that the Committee's call for evidence contains a question directly addressing this concern.

You can download the briefing [here](#).

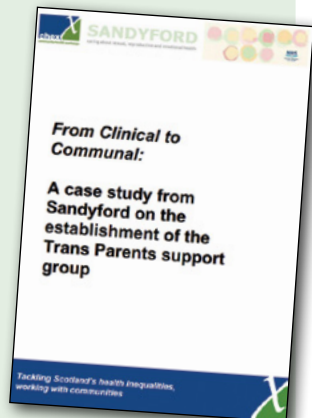
Please contact Stuart Hashagen or Andrew Paterson by email at:

stuart@scdc.org.uk or andrew@scdc.org.uk or phone 0141 248 1924.

CHEX News: what we've been up to!

Supporting Trans Parents in a clinical setting

CHEX is pleased to partner with the Sandyford Clinic in circulating this case study on supporting Trans Parents within a clinical setting.



The case study highlights the support that a clinical setting can offer a group of parents who are keen to organise and meet their own needs. It outlines the process of Trans Parents in becoming involved, becoming empowered, getting organised, taking action and sustaining action.

The case study is primarily written by Runima Kakati from the [Sandyford Clinic](#) and highlights the conditions that a clinical setting can provide to support Trans Parents in coming together to meet their own needs.

The case study can be downloaded from [here](#).

Communities Channel Scotland

CHEX's parent body, SCDC launched its new website for community groups, Communities Channel



Scotland on the same day as the publication of the Community Empowerment (Scotland) Bill. The Scottish Government has funded the development of the website, which puts communities in the spotlight by connecting people and sharing ideas.

The Communities Channel will share the stories and experience of community groups and organisations in their efforts to improve their communities, and highlight resources that can help groups in their work.

The website will provide [regular news stories](#) on any developments affecting community groups, whether at a national or local level. Please send us the latest updates from your community group and [get in touch](#) if you would like us to spotlight your achievements.

Visit the Communities Channel at

www.communityscot.org.uk

To make the Communities Channel as relevant and up-to-date as possible, we would like you to send us your news and stories. If you would like your community group to feature on Communities Channel Scotland, have any news, or know of any resources and other content that others would find useful, please contact: Andrew@scdc.org.uk or 0141 222 4837.

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

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