

Playing our Part

Increasing participation through community-led health

chex



CHEX-Point Issue 48 Spring 2015

community health exchange

Welcome to CHEX-Point Newsletter Spring 2015.

In this issue we're taking a look back the recent Scottish independence referendum and asking: what are the implications and opportunities for participatory democracy and community-led health?

We've got two feature articles on community-led health organisations, highlighting the principles and practice of the work Plus Perth and Kinross and Wester Hailes Health Agency are carrying out in their local communities.

Next, we're examining some of our recent work with the Scottish Refugee Council in supporting refugee organisations in Glasgow to carry out action research in their local communities.

We open up the pages of CHEX-Point to some of our partners and CHEX Network members, showing some of the work of Scottish Communities for Health and Wellbeing and their recent hosting of a delegation from Northern Ireland, along with a report from the University of Glasgow on six community-led health organisation from Fife.

CHEX is looking for your feedback for our next National Conference taking place in June and to kick start our planning we want to know your ideas around

the event's themes, how we best share practice and the format of the day.

Finally, CHEX News features an update on some of the work we've been doing in the last few months.

We'd like to say a big thanks to everyone who contributed to this issue and we hope you enjoy it!

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Communities at the heart of a healthy democracy

The Scottish independence referendum on September 18th 2014 mobilised community activity and social action across the country. With the Smith Commission's further devolution of powers from Westminster to the Scottish Parliament, and calls for strengthened participatory democracy, there is a growing demand for communities to have more say over their own future. This article captures some of the debate, highlights existing policy drivers and points to the significant opportunities for community-led health organisations to use their extensive experience and expertise to help ensure that decentralisation tackles health inequalities.

A healthy democracy?

The referendum generated a great deal of debate about Scotland's future and there was substantial increase in the level of democratic participation in the build up to the referendum. Grassroots political groups, community events and social media conversations sprung up across the country, with an eventual voter turnout of 84.6%; unprecedented in recent British election history. What is more, many of the groups and campaigns around the referendum had a clear focus on social justice. For those of us working in community development and related fields, this is a positive reminder of the power of community mobilisation in affecting positive social change.

The challenge, of course, is how to build on and learn from these popular movements. The Smith Commission was set up to oversee the transfer of further powers to the Scottish Parliament in the wake of the referendum. Although criticism has been levelled at the commission for not going far enough in its recommendations, they at least go part of the way towards creating the opportunity to build a more socially just society. The recommendations include new powers over welfare, taxes and unemployment, all of which have until now been controlled by Westminster and are crucial to reversing growing social, inequalities and cuts to welfare.

But a largely top-down political process is not enough on its own. To ensure power inequalities are addressed, and also that any transferred powers are used progressively, communities must be part of the process of change. The Christie Commission, the Community Empowerment (Scotland) Bill and the integration of health and social care are all predicated on values such as participation, prevention and partnership. Most recently, the Commission on Strengthening Local Democracy has argued that investment in participation, including community development approaches, is an investment in a healthier democracy more generally.

In line with this policy, the post referendum discussion and decisions need to involve those who were so active in the referendum campaigns and importantly those who were not. CHEX supports many submissions to the Smith Commission that advocated this movement such as the Scottish Council for Voluntary Organisations (SCVO), call to build on the participative culture:

“Lastly, we must build on the participative culture which emerged during the referendum campaign. We cannot ignore the views and interests of Scotland's people. It is imperative that any proposals for devolution are put to a people-led review before they are enacted.”

Community-led health

Opportunities for community-led health have arisen out of these developments. A positive policy environment strengthens our case for increased investment in community-led health. At the same time, communities in Scotland and the services designed to support them are being placed under increased strain as a result of the UK Government's austerity measures. There is, for some, an uncomfortable link between government spending cuts and the growing political interest in community-led approaches i.e. is the approach being used as a panacea for cut-back in services. We would argue that community-led is only part of the picture and not a replacement for the structural measures required to deliver effective public services that reduce inequalities.

A way forward

The spontaneous political activity and campaigning around the referendum was inspiring to those working in community-led health and related fields. Some community-led health organisations in CHEX's network have connected with this activity by hosting information and discussion events with both sides of the debate represented, or by submitting their own responses to the Smith Commission. Importantly, the increased participation has shown us that an appetite exists in Scotland for campaigning around issues of social justice at the level of local communities, including reducing the huge health inequalities prevalent in our society. As CHEX's parent organisation, SCDC, has recently stated, there is also growing policy backing for investment in community development and capacity building support.

Community-led health organisations can further build on these developments by raising awareness of their work which ties in with current concerns about inequality, welfare reform and democratic participation. The challenge for our sector is to show that our skills, experience and community roots have a huge amount to offer in these areas. This could pay dividends both in terms of increasing local activity around health and wellbeing and also in making the case for support and investment from decision makers and funders.

CHEX will continue to promote and advocate at all levels for community-led health. An important part of this work involves informing our network of developments, consulting it on the best way forward and influencing policy and practice accordingly. News of opportunities to contribute to our policy work, and of upcoming events including the CHEX National Conference in early 2015, will be made available on our website at www.chex.org.uk.

This article resumes the key points in CHEX's briefing 'Communities at the heart of a healthy democracy'. You can download the briefing [here](#).



After the 18th

Capturing the momentum of the referendum



CHEX's Robert Cuthbert examines the role of Health Issues in the Community in post-referendum Scotland.

Everyone agrees that the 84.6% turnout for the referendum was unprecedented and phenomenal display of civic engagement, with politicians of every colour eager to maintain this level of interest in politics.

Whilst both "Yes" and "No" campaigns were high profile and passionate, they energised people around a one-off question and with that question now answered what remains is how we build and expand upon this level of civic engagement. Crucially, how do we ensure it is spread more widely across our society?

Equally, if we are to prioritise social justice and tackling inequalities then we have to link the micro to the macro – the local to the national. How can we link the enthusiasm for the big national issues evident in the referendum with local community issues, particularly in areas where people feel disenfranchised, excluded and ignored? How can we promote "active citizenship" across all our communities; enabling people to feel they have a view to be valued, a voice to be heard and that their opinions count - at all levels - just as we saw last September?

For us here at CHEX, our Health Issues in the Communities (HIIC) course can and does make a significant contribution to this idea of active citizenship; building the confidence and skills of individuals and community groups to become engaged with their community and in turn wider societal issues.

Targeted mainly at people facing exclusion and disadvantaged backgrounds, HIIC uses people's own life experiences to consider, reflect and discuss issues such as poverty, discrimination, social justice, health inequalities as well as power and participation. Course participants examine comparative health statistics and consider international, national and local approaches to health and society in general. They carry out research into an issue of local concern and prepare and deliver a presentation on their research to an invited audience.

The result? Course participants report having increased confidence, self-esteem, study skills, willingness to challenge, and willingness to engage. These are the key attributes people need to engage meaningfully in society either at local or national level, particularly for those who have been alienated in the past.

We have numerous examples of people going on from HIIC to undertake further study, get jobs, be active in their communities and, in one case, go on to become a member of the Scottish Youth Parliament. HIIC helps equip local people for the real challenges that they face in developing community responses to health issues and becoming more active citizens.

The referendum's real success was that it helped engage people and communities with the issues that are important to them - whether that was social justice, the economy or health and wellbeing. It's vital that this momentum towards a stronger, more participatory democracy isn't lost.

You can find more information on Health Issues in the Community at www.chex.org.uk/HIIC.

No numbers without stories

Action Research for refugee organisations

CHEX's David Reilly looks at the action research work being carried out with refugee organisations in Glasgow.

We are lucky in Scotland to have benefited from the contribution of refugees who have arrived over successive generations. Today the arrival and integration of new neighbours into our communities can be a traumatic experience. Asylum seekers and refugees face a tangled mass of complicated issues affecting health and wellbeing, including difficult events associated with the flight from their home and the social isolation and stresses brought by the asylum process in Scotland.

Scottish Refugee Council research suggests that in combination with very high prevalence of gender based violence, asylum seeking women indicate "considerably lower self-reported health and wellbeing outcomes than almost any other part of the Scottish population". The Scottish Government's Refugee Integration Strategy targets measurable health outcomes of refugees and asylum seekers to be comparable to the general population.

CHEX works with groups aiming to tackle health inequalities around Scotland. In November we collaborated with the Scottish Refugee Council to hold two 'Gathering and Using Community Evidence for Change' workshops, promoted to Scotland's Refugee Community Organisations.

The Scottish Refugee Council came to CHEX attracted by our practical guidance 'Action Research by, in and for Communities' (ARC) and because of a perception that most Refugee Community Organisations aren't currently able to carry out community research.

What we did

Working together, we designed two interactive workshop sessions, open to all Refugee Community Organisations, for participants to learn both from guidance and from each other's experiences. The aims were to provide



an introduction to the principles of community research, to learn about the planning required before carrying out research and to find out what support is available.

Groups told us that they had been held back by a lack of confidence, with some not knowing if they would be allowed to carry out research at all. Others reported uncertainty at whether their research would be taken seriously by funders and decision makers and their own communities.

The key messages of the ARC guidance is that community-led research should be focused around issues identified by the community, and that the people affected are able to carry out the research and take action themselves. Crucially, you should have no stories without numbers and no numbers without stories.

Participants were interested in finding out about the mental health of people going through the asylum system and about the impact of evictions and housing problems. They were also interested in issues faced by unaccompanied children seeking asylum from Afghanistan and experiences of integration and racism.

During the session we met some Syrian men who were keen to understand what members are interested in before setting up a new group. Using the principles of ARC and community-led research they have gone on to set up a new group to find out what skills are in the community and have organised a skills swap between members to make it easier for new arrivals from Syria to get to know Scotland and integrate into the local community.

You can find out more about ARC [here](#).

PLUS Perth and Kinross

Towards our Vision

“Our vision is for a world of wellbeing where people experiencing mental distress are fairly treated with compassion, understanding and respect, and can follow their hopes and dreams wherever they lead.”

PLUS Perth and Kinross, a member-led organisation works towards this vision on a daily basis. Located in the heart of Perth its members are people who are recovering from mental health issues. By meeting and working together they provide mutual support and are working to improve the conditions of others with similar experiences throughout Perth and Kinross.

PLUS started in 2002 when policy drivers encouraged the setting up service-user involvement groups to influence and improve mental health services. PLUS's ambition was to go beyond this. The organisation wanted to ensure that at all times people brought their own experience, expertise and voice to influence the issues and conditions that cause and affect poor mental health. It wanted to work at national and local levels to campaign, share lessons, offer training, develop projects and provide evidence. And since those fledgling days the membership has grown to almost 300 and PLUS has become an established partner with many organisations and service providers. Members are now co-planners of projects, co-producers of local services, managers of the service as well as providing the integral role of supporting and caring about each other.

The small staff team (equivalent of 3 full-time workers) operate out of different bases in Perth, Blairgowrie and Crieff and provide the underpinning resource that enables members to become involved, stay involved and for many, discover for the first time a real quality of life. The values promote personal and collective empowerment, whereby people recognise and use their contribution to not only improve their own wellbeing, but also improve the lives of others. The methods create positive opportunities for people to realise their own potential.



A good example is ‘Horner’s Plot’ a community garden cultivated with enthusiasm by committed volunteers to create a space for not only growing vegetables and flowers, but also socialising, enjoying tranquillity, having good fun and sharing in a sense of achievement. Another example that stands out is ‘Recovery Community Spirit’, a movement with people recovering from mental illness and substance misuse in Perth City Centre to take the first steps to become involved in community activity. The intention and hope is that these first steps will lead to positive change for the person and for others. The thread running through all methods is the belief that everyone has something to contribute and in many cases that contribution can affect wider change from building community wellbeing to influencing policies and services.

PLUS deliberately refers to its members as co-producers of services. Responses to invitations for involvement in shaping public services are met with clarity about bringing expertise and experience along with the requirement to be viewed as equal partners. The organisation has learned much over the years about paternalism and tokenism and now takes every opportunity to share these lessons with other co-producers across the country. An early Scottish Co-production Network learning exchange profiled the organisation’s approach and attracted real interest from practitioners in NHS, local authorities and third sector organisations.

Sharing its lessons and bringing its voice to national campaigns such as 'see me' and networks such as the Scottish Recovery Network (SRN) has been an ongoing commitment. Members and staff have worked with SRN for many years on initiatives such as the acclaimed DVD 'Recovery, A Journey of Hope' and responding to Scottish Government consultations. Participating in national movements, especially to fight stigma and discrimination, has brought about real satisfaction and although there is still a long way to go, the organisation does experience positive change in attitude towards mental health illness.

The future brings its own challenge in constantly reassessing need, investing in volunteers, building the organisation and movement, but PLUS has faced these challenges for many years and has confidence in its values and the value it brings to mental health improvement. It plans to open a community cafe, develop projects addressing both mental health issues and substance abuse, continue to play an active role in co-producing services and work in partnership to embed social prescribing with GP practices. This direction, strategy and activities play a big part in it working towards its bold Vision to achieve positive change.

For further information contact:
Susan Scott PLUS Development Manager
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www.plusperth.co.uk



Growing Health Community assets

Wester Hailes Health Agency



The Wester Hailes Health Agency (WHHA) continues a now long-standing tradition of working with local people to tackle inequalities. The organisation provides a wide variety of services within the community, and in these times of increasing financial hardship continues to work innovatively through local partnerships to ensure that the voices of local people are reflected in its strategic work with health services and the local authority.

Wester Hailes is a peripheral Edinburgh housing estate of about 9000 residents. There are high levels of social housing, and the scale of the health challenges faced by the community is demonstrated by the nature and extent of health and other inequalities.

Purpose

WHHA Manager Linda Arthur describes their philosophy as a holistic model of health, informed by a community development approach, keeping the emphasis on the active involvement and priorities of local people. This ethos underpins the other key strand of their thinking, partnership working with both statutory agencies and other third sector organisations.

The Agency's community-led health approach facilitates the building of social capital: local

people are supported in making a wide range of connections and links with others and other organisations, which in turn develops their confidence, sense of purpose and self-esteem. In particular, this way of working enables people to contribute to positive change in their community through volunteering and other 'in-kind' activities.

Values and processes

The organisation remains rooted within the community, in particular with its commitment to local people on its Board which provides clear direction for its work, based on local needs and priorities. This sustains the organisation's reputation locally, maintains trust across the community, giving it a unique position from which to speak on local health priorities. The views and concerns of local people are further articulated through a variety of methods and approaches,

including both rapid participatory appraisal and drawing on more traditional research.

Through its focus on social capital, the WHHA and its partners have taken the lead in Edinburgh in the development of timebanking. In 2008, a steering group was established to explore setting-up a local Time Bank. An exploratory visit to an existing Timebank encouraged the steering group to go ahead and appoint two 'time-brokers' to coordinate the project, and the West Edinburgh Time Bank, the first of its kind in Edinburgh.

Tracey Lee, a resident and Board member of the Timebanking project says: 'We've 40 members signed-up with varied skills: gardening, sowing, DIY, painting and decorating, knitting and cooking. Some people come along and say, "Look, I've no skills at all" ... but everyone has something to offer. We use our imaginations with people's interests, hobbies and talents and the social side plays a big part and members feel better connected."

Community gardening and related activities have also been supported by the Agency for nearly five years now, as Stuart Sheriff, a key volunteer, explains: "It started with us tidying-up the back. We then made a memorial garden, through a raised bed, for people who want to remember someone. It's a nice place to chill. In the summer, with the trees, you could almost be anywhere."

Stuart enjoys working with others, discussing and planning what they are going to do next. Different people with varied interests and abilities have become involved, and so new directions have therefore been generated: growing vegetables, then flowers and a wildlife garden.

This area of work continues to stimulate other opportunities: there's now a community orchard, allotments and tree-planting. There's also a walking group Its Good to Walk, which provides opportunities from short walks up to the more strenuous and challenging.

More broadly, the Agency has established a diverse range of projects and partnerships to address health inequalities in its area. Staying true to its longstanding traditions and values, it continues to generate further opportunities for local people and groups to develop social capital. Current national policy drivers focus on asset-based health improvement and the co-production of services and so offer significant opportunities for the WHHA to build on its previous successes in community-led health and the generating of social capital in the local area.

The full version of this case study is available in the European Community Development Network's 'Community Development in Europe' [here](#).



News from the Network!

Here we feature news of the work our network members and partner organisations are carrying out across the country.

Evaluation of the Fife community-led health projects

Reflecting back on 2014, CHEX would like to draw attention to a particularly useful piece of research by the University of Glasgow on six community-led health organisations in Fife.

The research, conducted by the University's Training & Employment Research Unit, was based on case studies of the following projects known to CHEX: A Healthy Voice; Broomhead Flats Community Health Initiative; Collydean Community Connections; HEAL 2; Real Connections; and Women's Health Improvement Research (WHIR).

The report uses [logic models](#) developed by CHEX and SCDC to explore the process, challenges and benefits of community-led approaches to improving health. A particular focus of the research is on community engagement and community capacity building, the latter being seen as essential to supporting people "to realise they can have an influence". Health Issues in the Community (HIIC) is identified as one effective method of building capacity. The research also highlights the importance of agency capacity building, stating that "practitioners found the community-led approach can be 'challenging' and different from approaches they may have typically used in the past."

Download the report [here](#).



Spanning the Irish Sea - Sharing Learning and Working Together for Healthier Communities

Scottish Communities for Health and Wellbeing (SCHW) were delighted to welcome a delegation from the Northern Ireland Healthy Living Centre (HLC) Alliance to Scotland in October 2014. The HLC Alliance representatives were in Scotland as part of a 2 day study tour to share good practice and to discuss how the SCHW and community led health improvement is being sustained in this country. The Irish delegates come from a wide variety of roles, projects and towns within Northern Ireland.

On landing in Scotland the Irish delegates wasted no time and went straight to work by joining a special meeting held in Healthy n Happy Community Development Trust in Glasgow. In attendance were representatives of the Scottish Government, CHEX, local councillor and representatives from Scottish projects including SEAL (Glasgow), Shotts HLC and Healthy Valleys (South Lanarkshire).

Of particular interest to the Irish delegates were the discussions about how SCHW has grown its membership from 26 to 75 community led health organisation in the last 4 years and how the membership has been working with the Scottish Government to tackle health inequalities in Scotland.

As part of the discussions both the SCHW and the Northern Irish HLC Alliance have agreed to work closer together in the future and to investigate future funding opportunities for joint working.

For more information about SCHW please go to: www.schw.co.uk

CHEX conference 2015

save the date

Members of the Community Health Exchange Network have begun working on this year's CHEX conference which we are planning to hold in Edinburgh on Thursday 4th June – save the date in your diary. Full invitations and publicity will follow.

Following a planning meeting held on 15th January with partners and CHEX network members we are planning on theming the conference around 'The Community Led Health contribution to key Scottish policies'.

- Focusing on the Community Led Health organisation's contribution to the realisation on the ground of four key policy areas.
- Suggested policy areas: Health Inequalities, Health and Social Care, Curriculum for Excellence, Food and drink.

Our planned outcomes of the conference are:

We want participants to be able to learn from each other's approaches and successes in community led health. We want to increase our shared knowledge about local practice. We were keen that any outcomes are sustained by arranging for follow on activity, which may include asking attendees if they want new or different types of support from CHEX.

We would be delighted if you would like to have your say on the conference or offer to contribute, no suggestion too big or small. If you have any suggestions please contact David Reilly on 0141 248 1924 or email david.reilly@scdc.org.uk



CHEX News: What we've been up to!

Knowing me, Knowing You learning exchanges

CHEX have published the reports of two learning exchanges between national and local organisations addressing health inequalities.

The learning exchanges were organised by Community Food and Health Scotland, CHEX, Voluntary Health Scotland and the Scottish Government. The aim of the learning exchange programme is to build a bridge between policy making and implementation, by providing civil servants with the experience of visiting organisations delivering improved health outcomes in the communities they serve.

The exchanges enable this to happen by developing participants' skills for engagement, supporting participants to gain a better understanding of their respective roles and challenges, and facilitating the co-creation of practical ideas for improving policy making and implementation.

In feedback from Civil Service participants comments included: "It was of particular use meeting people affected by policy"

Another learning exchange will be taking place on 3rd March 2015. For information contact janeoliver1@nhs.net and download the previous reports [here](#).



Communities Channel Scotland: six months on

To mark the fact that Communities Channel Scotland, a website for community groups, has been up and running for half a year since its launch in June 2014, we thought we'd give an update on activity so far, and let you know how to get profiled on the site if you haven't already.



In the last six months the [Communities Channel](#) has:

- Profiled 46 community organisations (and counting!) from all around Scotland as 'Spotlights'.
- Developed 14 case studies of community groups to help share knowledge about what works.
- Highlighted and linked to 87 useful resources for community groups to help them know their community, grow in strength and show what they are doing to others.
- Produced 40 news stories providing groups with useful updates on funding, events, support and new resources

Communities Channel Scotland provides support to local groups and organisations to grow and connect with each other by [sharing the stories and experience of community groups and organisations](#) in their efforts to improve their communities, and by [highlighting resources that can help groups in their work](#).

Please email andrew.paterson@scdc.org.uk if you would like the Communities Channel to spotlight your achievements or to highlight any news.

Visit the Communities Channel at www.communityscot.org.uk

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

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