

## DRAFT TEXT FOR NEWSLETTER

### LEARNING FROM ONE ANOTHER

#### SPECIAL EDITION ON THE NEW SUPPORT UNIT - HEALTHY LIVING CENTRES SURVEY - AND MEETINGS WITH 'EARLY LEAVERS'

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## EDITORIAL

### ***LEARNING FROM ONE ANOTHER- GROWING THE NETWORK FOR HEALTHY LIVING CENTRES IN SCOTLAND***

Welcome to what we hope will be the first of many newsletters for Healthy Living Centres in Scotland. It provides an opportunity to herald the arrival of the new support programme for Scottish HLC's and the findings of the second review into training and support needs of HLC's which has reinforced NETWORKING as the primary priority for almost all of you. With this in mind we have provided you with up to date contact details of Scottish HLC's (see back page) and a pull out table of skills, tools and experiences you might like to exchange with each other (see centre pages).

Although there have been some attempts to network at a geographical level among Healthy Living Centres in Argyll and Clyde, Lanarkshire, Glasgow and Lothian for example, Centres are generally quite isolated from one another and there has been little attempt at a strategic level, up until now, to take an overview of their role and examine how it can best inform and fit into the changing landscape of community health promotion in Scotland. This will be the primary function of the new HLC Strategic Development Manager's post at Health Scotland which will help to develop national and local sustainability strategies for HLC's.

Your first priority is that you learn from one another in terms of 'pinching ideas' and supporting each other with common challenges such as your relationship with the Big Lottery Fund and how you address the major issue of your future beyond the period of BLF funding.

Twelve Scottish HLC's are coming to the end of their BLF funding in 2006 and we give a flavour of the different ways they are thinking about their future on page x (A View from the Edge!).

Healthy Living Centres are very varied in structure, size, location and focus and yet many of the issues you wrestle with are similar. What you have in common is the aim of improving the health and wellbeing of communities that are disadvantaged in some way whether as a result of an isolated, rural location, economic disadvantage or particular needs e.g. an ethnic community such as the one served by the Chinese Healthy Living

Centre in Glasgow, the lesbian, gay, bi-sexual and transgender community in Lothian or the deaf-blind community in Scotland.

Although the work tends to be underpinned by similar values and principles of community participation, commitment to a holistic, social model of health and partnership working, your interpretation of your task and the scale of your operations vary considerably.

There are shop-fronts in urban housing estates (e.g. Barlanark Community Health Shop), healthy eating cafes in Family Centres (Broxburn, West Lothian), buildings specially designed for the purpose of being a Healthy Living Centre (e.g. Radio City in Ayrshire and the East End HLC in Glasgow), a park and outdoor recreation centre in Lewis and complex networks with a range of partners and outreach activities operating at a number of locations (e.g. Dundee HLI, Building Healthy Communities in Dumfries and Galloway, Kintyre HLC and Aberdeen HLN). HLC's work at community, city, regional and national levels. Themes range from mental wellbeing and physical activity to food/diet, parenting and the alleviation of poverty. Health and its contributors are widely and creatively interpreted.

This freedom to adapt the Healthy Living Centre concept to local circumstances and priorities was one of the key strengths of this funding stream and it has resulted in a rich smorgasbord of Centres around Scotland with a range of distinctive characteristics. The number of agencies involved in partnerships associated with Healthy Living Centres is phenomenal and you work in varying degrees of proximity to the NHS and other statutory agencies.

The significance of your work for policy makers and practitioners in related settings is considerable especially in a climate of increasing interest in community-led initiatives such as the Community -led Health Improvement Task group and the community health and community planning partnerships. Indeed one of the expectations of Healthy Living Centre's was that they would inform practice in the NHS, local authorities, voluntary organisations and elsewhere but the mechanism to do so up has been lacking up until now.

The new support programme and Resource Unit at CHEX should finally give a collective voice... as well as arms and legs, to Scottish HLC's and give your work the recognition and legitimacy it deserves.

To find out more please contact xxxxxx

## 1. NEW UNIT - at long last

As you all probably know NHS Health Scotland and CHEX have received 3 year funding from the Big Lottery Fund to set up a ' support programme' for HLCs in Scotland.

A network and practice development worker, Paul Nelis, has already been appointed and starts work in April. Paul, who comes from Scottish Enterprise and has a background .....,) will be based within the Community Health Exchange offices in Glasgow.

Another post - a strategic development manager will be located within NHS Health Scotland and has yet to be appointed. One of the main tasks for the manager will be to help develop national and local sustainability strategies for HLC's

Additional resources will also be provided through the LEAP for Health Unit at the Scottish Community Development Centre to provide training and support on evaluation and planning.

For further information about the Support Programme and how it can help you contact: Janet Muir or Paul Nelis

NOTE: CHEX AND NHS Health Scotland to expand on this section

## 2. SURVEY RESULTS

### **Good and helpful response**

Thanks to all HLCs ( 30 out of 47 of you) that took the time to respond to the recent survey. We know it was a lot to ask especially as some of you remembered doing the original survey in 2003 and thought it was just last week! The original survey was helpful in arguing the case for the support unit - now this update will make sure that the support unit hits the ground running - and hopefully in the right direction! There was an amazing amount of consistency in the issues identified by both surveys with the main difference in 2005 being the increasing urgency of the sustainability issue and the practice and policy context in which HLC's are working being potentially more receptive to the community development approach, with the advent of community health partnerships and the national community -led health improvement task group. Linking HLC's into these new structures to create the elusive 'synergy' that is the goal of all partnerships is one of the key challenges facing us.

### **Challenges**

#### Strategic networking

Making our voice heard is a crucial issue. Lack of strategic connection is one of the main stumbling blocks to future sustainability or to put it the other way round we need to locate what we do within some wide strategic contexts if we are to be supported and understood.

But - how many meetings can one person go to.....so much networking and influencing to do - how do we fit in any of the real work on the ground.

Striking the balance between strategic networking and practical service delivery is one of the challenges.

*'We are well integrated into Community Planning frameworks and CHP frameworks. The challenge is not to become professional meeting goers and to maintain the correct balance of dialogue up, down and across' (Cambuslang and Rutherglen HLC)*

*'Where the project is involved in strategic forums (and there are many) the challenges lies in contributing in a meaningful manner whilst operating a large, multi-disciplinary project with many other responsibilities' (Dundee HLC)*

### Partnership Working

That old thorny subject - how do we bring the right organisations to the table let alone the right people, how do we leave our own agendas behind and work for the partnership, how can we do that unless we develop a shared understanding of what it is we are trying to do and why we are doing it!...all fundamental stuff to the effective working of HLC partnerships.

It's certainly challenging working in partnership but then again it was maybe the HLCs that felt they were working in isolation without many partners that felt the most vulnerable and least certain about their sustainability

### Doing effective community development work

The bottom line is that most of us are taking a community development approach and trying to tackle health inequalities in that outreach, holistic and 'upstream' way which is characteristic of most HLC's. But it takes time, means that we have to work across a range of issues and sometimes even our partners don't seem to understand what we are up to and how it reflects back not just on health status but on general wellbeing..... So there's still a job to be done on clarifying what we mean by a community development approach to health and on establishing the legitimacy of that approach when it comes to how we demonstrate and evaluate what we do.

### And that makes us interesting characters - complex and diverse

Most HLC's have quite complex structures that enable them to 'add value' to the work of their various partners and that reflect the holistic, multi-faceted take on health that they epitomise. They reflect sophisticated, systems thinking in their management structures and processes. However, dealing with the administrative and managerial demands of a range of different organisations can be a bit of a nightmare at times.

*'The North Edinburgh HLC has 12 projects based in 10 different agencies and therefore a flexible approach is needed to the support and management of projects'*

*The variety and diversity of project activity requires a wide range of knowledge and understanding in a number of subject areas which is a challenge and can make you feel a 'Jack of all Trades and master of none'*

### Putting the Value into Evaluation and the search for the Holy Grail !

And here's the rub - how do we tell our story so the real worth and value of what we do comes through?

*'figures that fail to distinguish meaningfully between a beneficiary who attended one class and a volunteer whose life was substantially changed by involvement with the HLC can give evaluation a bad name and put people off participating'*

Demonstrating the health impact of HLC work was seen as a major challenge with many HLC's looking for the 'Holy Grail' of *'a health impact feedback form that is qualitatively meaningful, acceptable to health professionals and easy for the public to fill out'*

How can evaluation of HLC's build on existing research that has demonstrated the links between connection to a community, access to social support, having a sense of autonomy and meaning in your life and health? And how can we do evaluation in more participatory, user-friendly ways rather than it being perceived and experienced as *'a meaningless chore'*.

### Compliance !

And as if these aren't big enough challenges we have to explain ourselves to BLF and increasingly a host of other funders. The problem is that its often these funders that have pushed us towards quantitative forms of evaluation in the first place....

*'They concentrated on the things that were less important and lacked insight into the significant factors'*

### **Training and Support Needs**

The main areas identified were driven by concerns over sustainability, the need to develop strategic understanding and connection, the desire for effective partnership working, and the need for better evaluation and connection with main funders.....however there was also a range of management and practical skill requirements as well.



Here are some of the needs you identified:

#### BLF and funding compliance

- More communication opportunities with BLF including visits to projects and bi-annual information meetings.

#### Community health and its determinants

- a social or holistic model of health
- the rationale behind a partnership and community capacity building approach to health that tackles life circumstances rather than risk factors for disease,
- the strategic/policy context within which HLC's operate

#### Partnership working and legal structures

- How to build and maintain quality and effective partnerships
- How to establish partnerships as companies with charitable status

#### Evaluation

- support with establishing a user-friendly, meaningful evaluation framework that would have legitimacy with a variety of funders and minimise duplication
- share best practice including the use of tools like LEAP, participatory appraisal and meaningful health impact indicators
- signposting to independent evaluators
- advocacy at a national Scottish Executive and BLF level in order to come to a satisfactory resolution of the issue of appropriate evaluation of HLC's activity.

#### Community Development/Engagement

- Sharing best practice on innovative and meaningful ways to engage communities, what participation means in practice, community representation in the partnership

#### Strategic Working

- How to engage with Community Planning and community health partnerships
- How to work with the NHS - NHS structures and processes and *'advice as to how to approach the NHS to provide an input to the HLC'*

### Community and social enterprise

- HLC's were interested in getting advice and resources to conduct feasibility studies into potential areas for development such as food coops, cafes and consultancy.

### Business management and management training

- for HLC managers
- Financial management for HLCs
- Understanding and negotiating contracts and service level agreements

### Working with Volunteers

- How to recruit, select, motivate, train and deploy volunteers
- Opportunities for volunteers in HLC's to network informally and share experiences with each other

### Employment and other legislation

- Being an employer, recruitment etc
- health and safety
- child protection

### Practical skills

- Health Promotion skills such as smoking cessation, food and nutrition, exercise and physical activity
- food hygiene
- first aid.

### **Ways of providing training and support**

HLCs already access a wide range of support from all sorts of places. However there is much that could be done to add to this. Key ways in which the Unit could enhance the support available could be through:

- Developing network learning and connection
- Organising peer support and mentoring - maybe even twinning similar HLCs
- Helping to build a 'resource bank' or hot line of technical expertise
- Helping to run tailored training courses for HLCs out in the regions
- Making sure that other support organisations and their staff know about HLCs and vice versa and making links.

But the principal thing people wanted was the opportunity to network in a range of ways with other Scottish HLC's because between you, you have accumulated a phenomenal amount of expertise! So getting a better handle on the structure and activities of other HLC's through case studies, databases, e-networking, newsletters like this one and over coffee at events was top of the wish list for most of you. With this in mind we have included the following table to enable you to identify whose brains you need to pick to access the skills and experience you might need.

As well as enabling you to learn from each other, a network with something of a shared voice and identity should give you more of an opportunity to engage with things strategically. Almost all of you were keen to be integrated into and have influence on community planning and community health partnerships.

### 3. TALENTS OF OUR NETWORK

Here's a starter for ten for HLC networking. We asked in the survey what skills you had that you could share with others in the network - and what experience you had of different tools and materials. Here is the list that you came up with.....

HLC	Skills and Experience	Tools and Frameworks
Live Life Network, (Renfrewshire)	Facilitating multi-agency groups, mental health first aid, Community development and participatory ways of working, Health on the Website	Health Issues in the Community, LEAP, CORE (tool to evaluate counselling), Modules in Post grad cert in health education
The Annexe (Partick, Glasgow)	Financial management and preparation of accounts, using the arts	Negotiating Service level agreements (GCVS)
Paths for Health	Promotion of walking for health nationally	Design of own monitoring and evaluation framework
Moray HLC	Unique model linking leisure and health	
Mearns HL Network	Social Audit Methods of community engagement Supporting and managing volunteers	Social Audit, LEAP
LGBT (Lothian)	Complementary Therapy Programme Good experience in working with NHS	
Broxburn Family Centre	Running a Healthy café in a Family Centre	
Midlothian Healthy Living Partnership Project (HELPP)	Groupwork, Community Development IT - desk top publishing, photography Event Management	Health Issues in the Community (CHEX) Nutrition and Food Poverty Toolkit
Drumchapel Life	Setting up a new organisation	
Health Connect (Barrhead)	12 projects including Walking for Wellbeing, arts, relaxation, positive thinking in schools, breakfast club etc	Paths to Health Monitoring System
Eoropie Dunes Park, (Isle of	Running an outdoor play & leisure facility for all ages	

Lewis)		
Stepwell In (Inverclyde)	Management skills, Finance Systems, Operational Structures. Year 1 monitoring report was held up as an example of good practice by NOF Specialist staff in Stress Management and Community Food, Transition to independent status(from NHS)	LEAP
Borders Healthy Living Network	Volunteer paperwork Partnership working in localities Monitoring and evaluation paperwork	Volunteer Development Scotland - paperwork for volunteers
North Edinburgh HLC	Strengths and weaknesses of partnership working	
Jannys House (Inverness)	Supporting parents and children	Rickter Scale
Firth and Mossbank Enterprise (Shetland)	Child care and family support	SVQs, Care Commission Standards
Chinese HLC (Glasgow)	Happy to share all skills, lessons and experience regarding provision of culturally appropriate services for the Chinese community	Experience of being mentored
Cambuslang and Rutherglen Community Health Initiative	Experience of merging with Community Health Project Integration into Community Planning and other local structures Change management	LEAP
Dundee Healthy Living Initiative	Training and support plan for community representatives	Health issues in the community (CHEX) LEAP Participatory Appraisal Story Dialogue
Healthy Valleys (Lanarkshire)	Rural experience Marketing	Appreciative Inquiry Healthy Valleys Befriending training pack
Gorbals HLC (Glasgow)	Provision of counselling service and training in mental health & wellbeing	LEAP for Health ABCD

		Big Picture (SCVO) Mental Health First Aid CORE (Counselling indicators)
New Ways (Dalgety Bay)	Involving NHS staff Partnership working (lessons learnt)	Look back - move forward (Shell) Weavers Tri-angle NOF evaluation templates (in house)
Shotts HLC	Food co-ops, Family Planning, a cybercafe and health and leisure	An evaluation resource for Healthy Living Centres (Health Education Authority) An excellent consultant
Bute HLC	Presentation on developing self sustained constituted groups Partnership integration	LEAP - electronic version Own internal monitoring framework used for staff to report back to Coordinator/ Management Group
Aberdeen HL Network	Credit Union development, one-stop referral system for health professionals to get financial support for clients, volunteer mentoring for parents, arts work	LEAP
Kintyre HL Partnership	Rural work with 16 partners and 12 projects including a community garden, a Local Exchange and Trading Scheme & complementary therapy	LEAP - electronic version
South Edinburgh HLI	Our experience of the LEAP model Ways of involving local people, Funding accessed to support new initiatives	Project management approach and LEAP working hand in hand Building Strong Foundations (Resource Pack on Community)

		Involvement) MSc module in Primary Care Team Facilitation Skills
Fife HL and Sensory Awareness Project	Making projects/centres and their activities accessible to people with sensory loss	LEAP
Health and Happiness (Highlands)	Disability awareness Rural issues - how to overcome barriers Adults with learning disability taking control - how to implement it.... Community Development working in practice	
Building Healthy Communities	Partnership Working, managing conflict, community consultation/engagement	Rickter Scale, LEAP, Participatory Appraisal, Story telling, coaching

#### 4. LEARNING FROM OUR ELDERLY - MEETINGS WITH 'EARLY LEAVERS'

We met with all 12 of the HLC projects due to and end (or almost an end!) of their NOF funding in 2006. We highlight here some of the lessons they have to share for others around the network.

##### THE EARLY LEAVERS

Here's the roll call

**Paths to Health** a national project which supports and distribute funds to local communities to encourage walking, with links to the Scottish Executive's Physical Activity strategy. Some of their plans for the future include new focus on work based needs (call centres) and target groups (18-25 year olds) which their own evaluation suggests they could be doing more to reach.

**Healthy Living for DeafBlind People**, a national project which aims to improve deafblind people's access to healthy living resources and opportunities by awareness raising of health and leisure staff and by deploying guide-communicators. Currently a partnership between Sense Scotland and DeafBlind Scotland it hopes to widen the partnership with a view to taking a more strategic view of its future work on health with this very challenging group.

**Building Healthy Communities in Dumfries and Galloway Region & Partnership Council** provides a range of personal and community development opportunities for improved health in 4 of the areas of greatest need in the Health Board area. This HLC is now integrating into the health improvement and public health activities of Dumfries and Galloway Health Board, for example, The Working for Families Project, using skills as a trade-off.

**Highlands Health and Happiness Project** has created user-led action plans in 8 regions in the Highlands for people with learning disabilities and is now helping to implement some of the priority projects identified in each of the regions.

**CHIP(Community Health Improvement Partnership) East Ayrshire** provides a mobile(CHIP Van) advice and support service to people in 18



areas who want to make healthy changes to their lifestyle. It is well integrated into the Leisure Development section of East Ayrshire Council. **Stirling Health and Wellbeing Alliance** - this HLC is integrated to an established local voluntary organisation. The HLC focuses its healthy living resources in some of the areas of greatest need in Stirling. The partnership that put the original bid together has been re-convened with a view to planning for the next phase.

**New Ways In Fife** is about an integrated approach between the NHS and a number of voluntary organisations to health promotion in 3 neighbourhoods in West Fife. The emphasis is on mental and emotional health including parenting support, drugs and addictions work, nutrition and the promotion of volunteering as therapy. The project has tapped into a considerable demand for counselling in this rural area.

**Inverkeithing Community Partnership** concentrates on 4 streets in Inverkeithing with a transient and needy population as reflected in the fact that there are 4 homeless units in the area. Perhaps because of the shifting nature of the local population it has been difficult to build partnerships with the community and others but there are plans to widen the project out to cover the whole of Inverkeithing and develop links with the New Ways HLC.

**The Community Health Shop** provides a range of 30 holistic health services to the Barlanark community in Glasgow from a small shop front.

**The Annexe** in Partick, Glasgow is a community centre with a healthy café and a range of artistic and musical activities targeted at people with learning, mental health and addiction difficulties. It is supported by Partick Community Association and would like closer links with the NHS. The Underground, which comes under the umbrella of the Rock Trust in Edinburgh, provides a drop-in centre for young homeless people with health information and advice, social support and somewhere to get basic needs for food, shelter and safety met.

**'Our Health Matters' North Edinburgh** HLC provides a wide range of activities in 48 different community settings within the North Edinburgh SIP area that complement and address the gaps in existing services in order to improve health and wellbeing. Counselling, fuel poverty work, welfare advice, and support for exercise are among the services on offer and topics include domestic abuse, alcohol and mental health.

### CHANGE AND GROWTH AND ADDITIONAL FUNDING OVER THE LAST FEW YEARS

One of the noticeable things that had happened over the lifetime of many of these HLCs was how they had changed and often grown over the years. Initial roles that staff had thought they would play changed and they had to adapt. Other funders have also piggy backed on the NOF funding and contributed additional funding and additional posts to the overall programme. **Paths for Health** had additional money for staff and resources from the Scottish Executives Physical Activity agenda, **The Annexe in Partick** had additional funding from Lloyds TSB to pay for the janitor of the Annexe Centre, **East Ayrshire** had additional funding from the Social Inclusion Partnership to help buy their van, and from Better Neighbourhood Services to develop services for the elderly. Some of the staff in the **New Ways** project are funded by the Health Service, while some of the staff in the **Underground Project** (The Rock) in Edinburgh have been funded through grants from Tudor Trust, Esme Fairbairn and Lloyds TSB.

### FUTURE CHANGES BUT BUILT ON THE STRENGTH OF NETWORKS AND COMMUNITY CONNECTIONS.

One of the general aspects about plans for the future was that many of the HLCs would be changing from what they had done previously as they moved into the future. What was apparent though was the value being placed on the network and community focused structures that have been built up by many projects during the NOF funding period. **Stirling Wellbeing Alliance, Paths to Health, Dumfries and Galloway BHC** were some of the HLCs that noted the value of their organisational mechanisms and community networks but suggested that they could use these networks and mechanisms to deliver a range of projects that were additional or different to what they had been doing to date. **Paths to Health** identify the new need to take the physical activity agenda more directly to the 18-25 year olds, and to people in work setting such as call centres. **Dumfries and Galloway BHC** are going to be funded through Working for Families (a Scottish Executive fund administered through local authorities and the NHS) to help develop training and employment opportunities through their network of healthy living initiatives. Other new funding comes from Quality of Life - another Scottish Executive fund administered through the local authority.

## EVALUATION

Many of the early leavers were unhappy about the level and nature of the evaluation that had been carried out and felt that their story had not been told as much as they would like. Positive tales to note though came from **Paths to Health** about their own work on developing an Evaluation tool for the projects they supported and from **New Ways HLC** in the support they had received from Partners in Evaluation. The support programme is already working with Dumfries and Galloway BHC to develop an evaluation framework linked to their forward strategy which will build on and reflect their community development ethos.

## LINKS TO HEALTH BOARDS AND GPs.....

The early leavers had had mixed experience on how they had been able to work on the ground or at a strategic level with the health service. However many HLCs reported good and strong links with Public Health Practitioners within LHCCs. **Dumfries and Galloway Building Healthy Communities** is one HLC that is strongly embedded within their Health Board. **New Ways** in Fife also report good experience in working with GPs as did **East Ayrshire CHIP project**. **Health and Happiness** in the Highlands also have good working relationships with the NHS which currently acts as their fund holder.

## LINKS TO COMMUNITY PLANNING...and LOCAL AUTHORITIES

Many of the early leavers acknowledged the need to work more closely within the umbrella of Community Planning. **East Ayrshire** is one good example of an HLC routed within the local authority and with good strategic links into Community Planning.

## ISSUES OF SCALE

**Paths to Health** have done incredibly well as a national body in tapping into the Scottish Executives Physical Activity agenda, but **Deafblind Scotland** noted how difficult it was to become involved with the NHS at a national level and the alternative of separately going around each of the NHS Health Boards was a bit daunting to say the least and did not reflect the national nature of their project. At a more local level **East Ayrshire** noted that building a relationship with the NHS Ayrshire Health Board was difficult because they did not cover all of Ayrshire.

### LINKS WITH HOUSING AND COMMUNITIES SCOTLAND

It was noticeable that some of the more local projects had been able to become involved with housing issues and their work was being seen in the context of the wider action agenda of Communities Scotland. **The Annexe in Partick, and Barlanark HLC** - both in Glasgow - are now receiving some funding support from Communities Scotland.

### MAKING IT LEGAL!

As part of their sustainability strategies some of the HLCs are now considering whether they need to incorporate their partnerships as charitable companies. This will enable them to more easily raise funds in their own right from private and charitable sources. The HLC support programme is already helping **Health and Happiness** in Inverness to go through this process, while **Stepwell In** HLC in Greenock has been participating in a training course organised by their local CVS to help them through a similar process.

### CONNECTION INTO PHYSICAL ACTIVITY AND LEISURE

Many of the projects have linked health and wellbeing to increasing access to physical and leisure activity. **Paths to Health, CHIP (East Ayrshire) and DeafBlind Scotland** are all good examples. Paths to Health funding to implement part of the Scottish Executives Physical Activity Strategy reflects this connection, as does the location of the CHIP project within the Leisure Department of the local authority. The innovative work that Deafblind Scotland have done in awareness training for staff in Health and Leisure Centres is particularly worth noting.

### CONNECTIONS INTO CHILDCARE

Several of the projects have strong connections with childcare. **Dumfries and Galloway BHC** had connections with agencies, for example, SureStart and other local agencies here in the area and **The Annexe** has received funding through the local authority Childcare Strategy.

### LINKS WITH ARTS, DRAMA AND MUSIC

**The Annexe** in Partick have a good track record in incorporating art, music and drama into their programme and have received funding from the Scottish Arts Council for some of their activities. One of the **Health and Happiness** Action Groups in Skye is going to be focusing on drama and theatre to highlight the needs of people with learning difficulties.

### SOCIAL ENTERPRISE

Many of the early leavers were interested in the role of social enterprise might have to play in the future. **New Ways** already operate food coops as part of their programme, while **The Annexe** have had a café operation running in their centre. **Health and Happiness** are thinking of establishing a social enterprise to offer consultancy services to those interested in making information available to people with learning difficulties; and are also in the process of establishing a number of social enterprise ventures around the Highlands.

### COBBLING FUNDING PACKAGES TOGETHER

A quick summary of the early leavers adeptness in attracting funding reveals a wide range of sources:

- Scottish Executive and Local Authorities (Physical Activity, Working for Families, Quality of Life, Better Neighbourhood Services, Childcare Strategy)
- Communities Scotland (The Annexe and Barlanark)
- Social Inclusion Partnership and Community Regeneration Funds (East Ayrshire)
- NHS ( e.g. Dumfries and Galloway, New Ways)
- Scottish Arts Council (the Annexe)
- Charitable Funders - Lloyds TSB, Esme Fairbairn, the Robertson Trust (the Annexe, The Rock)

### DEEP UNDERSTANDING AND EFFECTIVE OUTREACH

One of the most striking things overall about the experience of some of our longest serving HLCs is the extent to which they have built up a deep understanding of how to work with some of the most disadvantaged people and communities in the country and to work to improve their quality of life, health and wellbeing. The ways in which they have been able to reach out from Guide communicators (DeafBlind Scotland) through to CHIP Vans (East Ayrshire) have proved to be innovative and effective.

**It is hoped that improved networking and strategic influence that will come with the NHS Health Scotland and CHEX support programme will highlight and raise the profile and recognition of the value of these important aspects of HLCs work.**

**5. HEALTHY LIVING CENTRE CONTACTS - for all your networking needs!**

Radio City Association Ayrshire	Murray Wilson	01505 685700	
East End Healthy Living Project Glasgow	Lucy Bingham	0141 554 3933	lucy@eehlc.org.uk
Stirling Health and Wellbeing Alliance	Andrew Broadfoot	01786 445760	
Community Health Improvement Partnership East Ayrshire	Linda McCartan	01563 576717	
Building Healthy Communities in Dumfries and Galloway	Thomasena Lochhead	01387 272776  Mobile – 07764316513	tlochhead@nhs.net
The New Ways Project Fife	Mr Chris Clark	01383 820992	Chris.clark@gp20752.fife- hb.scot.nhs.uk
The Inverkeithing Area Project Fife	Sam Gordon	01383 428744	
The Three Towns Resource Centre, Ayrshire	Diane McGrath	01294 466901	diane@healthy3towns.org.uk
The Annexe , Glasgow	Julie Fox	0141 357 6747	<a href="mailto:julie.fox@theannexe.org">julie.fox@theannexe.org</a>
Health all Round, Edinburgh	Catriona Windle	0131 537 7530	info@healthallround.org.uk
Getting Better Together Shotts	Mrs June Vallance	01501 825800	junevallance@gbtshoots.fsnet.co.uk
Firth and Mossbank Enterprise, Shetland	Sian Hemingway	01806 242 404	projectfame@btconnect.com
The Community Health Shop, Barlanark, Glasgow	Irene MacPhail	0141 773 1787	
Health Connect Barrhead	Marie Hedges	0141577 8436	Marie.hedges@eastrenfrewshire.gov.uk
Paths to Health	Kenny Steele	01259218855	Kenny.steele@pathsforall.org.uk
Islay Healthy Living Centre	Carol Muir	01496 810693	Carol.Muir@isalyhealth.scot.nhs.uk
Live Life Network Paisley	Sandra McGuire	0141 887 8451	<a href="mailto:Sandra.mcguire@achb.scot.nhs.uk">Sandra.mcguire@achb.scot.nhs.uk</a>
Tullibody Healthy Living Initiative	Marjory Sutherland	01259 724374	
Wester Hailes Health Partnership	Steve Whitton	0131 537 7315	

Drumchapel L.I.F.E	Mr Kenny MacDonald	0141 9446004	info@drumchapellife.co.uk
The Healthy Cafe Broxburn	Raymond Branton	01506 857158	raymond@broxburnfamilycentre.org
Moray Healthy Living Centre	Michelle Gillibrand	01343 541 677	Gil.strachan@mlc-elgin.co.u
Our Health Matters North Edinburgh HLC	Ms Pat Haikney	0131 625 0045	pathaikney@piltonpartnership.co.uk
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