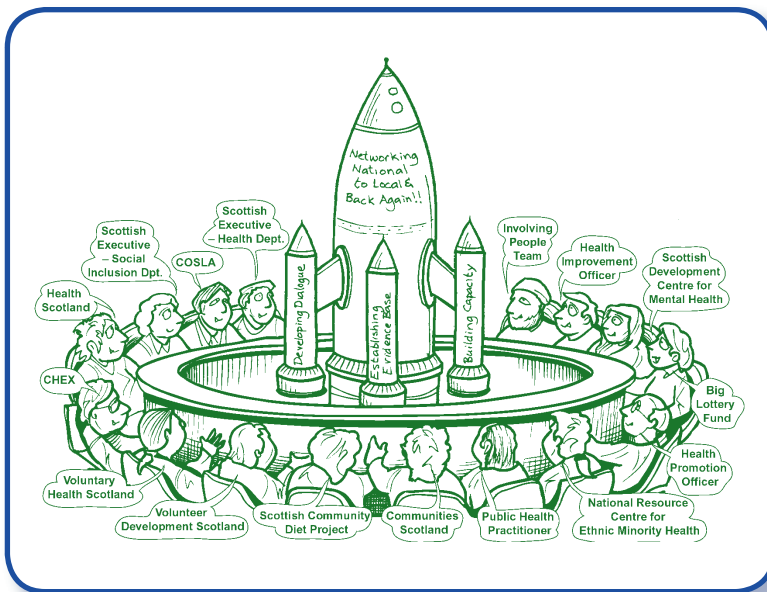


Community-led Health Task Group - 'Lift Off'

Cartoon by Graham Ogilvie



"See it's not Rocket Science!"

Chex-point welcomes the formation of a national task group to take forward community-led health and maximise the health benefits gained from this approach to health improvement. With the implementation of Community Health Partnerships, more than ever, there is an expectation that the NHS local authorities and community and voluntary sectors will work together to implement approaches, which engage community members in health improvement. In this issue we are pleased to invite Mary Castles, the Task Group's new Chair to introduce herself and convey the Group's remit and priorities. CHEX-POINT will keep you up-to-date with the Group's progress and will provide a platform for you to convey issues and comments to Group members.

Central to the Task Group's remit is the promotion of effective community-led approaches, together with highlighting models of good practice which demonstrate impact on health improvement. Chex-point will work in conjunction with the Task Group to profile the diversity of work across Scotland and in this issue; we profile work with older people, lesbian, gay, bisexual and transgender people and the Gypsy/Traveller community.

A Message From The Chair

I was delighted to be asked to Chair the Task Group established to drive forward the "Community - Led - Supporting and Developing Healthy Communities" pillar of The Challenge on behalf of COSLA and also to succeed Sandy Watson in leading on the Health Inequalities portfolio for Solace.

By way of background I have been in local government for 26 years starting as a rent collector with Monklands District Council and working my way through various posts in housing, leaving in 1990 to join Strathclyde Regional Council and then moving to North Lanarkshire at reorganisation as Assistant Chief Executive.

In my current post I am responsible for leading on Community Planning, Community Regeneration and Social Inclusion, Community Safety, Community Engagement and Integrated Children's Services among a few other things! Quite a challenging agenda and all directly related to working to improve health and tackle health inequalities in North Lanarkshire.

The remit of the Task Group is:

To address health inequalities in the context of Closing the Opportunity Gap and the Health Improvement Challenge by:

- ✗ *Developing in collaboration with the Scottish Executive and other partners an approach, strategy and action plan for the 'community-led-supporting & developing healthy communities' pillar of the health improvement challenge.*
- ✗ *Engaging in a capacity building process which enables local, regional and national stakeholders to be involved in the process of informing a strategy.*
- ✗ *Working closely with the Scottish Executive and other partners to support effective action on key elements of the approach within the overall health improvements challenge.*

Cont. page 2

Our proposed priorities are:

- ✕ To create a dialogue with key networks locally and nationally to create a shared vision and ownership for community-led health improvement amongst Community Planning Partnerships, Community Health Partnership and Social Economy.
- ✕ To review the evidence base for community-led and other relevant health improvement action and make recommendation for future action to improve the evidence base.
- ✕ To consider the need for capacity building work to support local and regional ownership.
- ✕ To map current activity which supports development of healthy communities and contributes to the aims and methods of community-led health improvement as a baseline for future development.

We met for the first time on 17th November 2004 to develop and agree a common approach to the work of the group and to identify some common themes which will direct our work programme over the next year.

The day went very well and I was most impressed with the knowledge, understanding and commitment of all members of the group in taking this agenda forward. Everyone felt that it was important to focus on a small number of key activities as part of our remit as we could be driven of course very easily because of the range of initiatives underway across Scotland and the pace of change facing all our organisations.

As we are the community led pillar of The Challenge it will be important for us to engage as far as possible with individuals and groups in our communities who are currently working in this field in order to highlight and promote best practice and to fully develop ownership in the health agenda across sectors.

I am really looking forward to leading the Task Group and hope that I will be able to feature again in CHEX-Point during 2005 on how we are progressing together to improve the health of all communities in Scotland.

For further information on the Task Group's work, contact Janet Muir on Janet@scdc.org.uk.



Abolition of NHS Prescription Charges – New Bill

In January, the Bill to abolish prescription charges in Scotland will be presented to the Scottish Parliament. The aim of the Bill is to provide free access to all people who require drugs, medicines, medical appliances and pharmaceutical services regardless of their medical condition or their ability to pay.

Abolition of the current charging scheme removes the need to grant exemptions to sufferers of designated chronic conditions. The Bill will ensure greater fairness by enabling all who require drugs, medicines or appliances to cope with their conditions by obtaining free prescriptions.

The abolition of prescription charges will bring Scotland in line with Wales where the decision to phase out the charges by 2007 has already been taken. Between 1980 and 2004 the charge per prescription has increased from 70p to £6.40, an increase of over 900%. Prior to the 1980s, prescription charges were increased by minimal amounts. Thereafter a change in the charging policy meant that prescriptions were annually up-rated, resulting in a steep increase in cost.

Since the list of chronic conditions was established, a number of conditions not covered have become much

more prevalent, including conditions such as Arthritis, Asthma, Cancer, Crohn's Disease, Chronic Leukaemia, Glaucoma, Hepatitis C, HIV/Aids, Multiple Sclerosis, Psoriasis, Schizophrenia and Ulcerative Colitis. These often require multiple prescription items to treat and some can be life threatening and lifelong. Other anomalies exist, Cancer sufferers receiving chemotherapy are usually required to take several drugs to stop the treatment making them ill. If they are treated in hospital, these drugs are free. When they are released from hospital into the care of their family and the community, they are required to pay for the drugs.

Five separate UK studies have looked at the effect of charging for prescription medicines. All five established that increases in charges were associated with decreases in the consumption of the drug prescribed. Overall the studies suggested that each 10% increase in prescription charges resulted in a 3% decrease in consumption.

To join the campaign or for more details contact: Dundee Anti Poverty Forum, Brooksbank, Pitairlie Road, Dundee. Tel: 01382 432 461.

Minority Ethnic Carers Of Older People Project

(MECOPP)

Suzanne Munday, Co-ordinator with MECOPP highlights the commitment and practice given to ensuring that users influence the organisation's service development.

MECOPP (Minority Ethnic Carers of Older People Project) opened the doors to its Carers Centre in June 2001. The Centre offered, and still offers, a range of services to support carers in their caring role. These include a multi lingual advice and information service, advocacy and casework support, education and learning opportunities and individual and group support. A domiciliary Care at Home service is also available to provide direct practical support.

The Carers Centre evolved as a practical response to the difficulties experienced by Minority Ethnic older people and their carers in accessing mainstream services. Research (Netto 1996) demonstrates that problems of language and communication and the inability of providers to respond adequately and appropriately to the specific cultural requirements of this group significantly impact on the health and quality of life experienced. Lower levels of access to appropriate housing, welfare benefits, social work, health and voluntary sector services have led some commentators to describe the position of Minority Ethnic older people as one of 'triple jeopardy' – a term used to describe the cumulative effect of ageing, ethnicity and little, if any, service provision.

The services provided by MECOPP aim to redress the balance by providing culturally appropriate support designed to meet the specific needs of Minority Ethnic older people and their carers. As a user led organisation, the design and delivery of our service is informed and shaped by the expressed needs and preferences of our beneficiaries.

Our commitment to user involvement can be traced back to the original research study which led to the setting up of the organisation. Much time and effort was invested to secure the commitment and participation of Minority Ethnic older people, their carers and community representatives in the management of the research project. Additionally, the process sought to invest in the communities by providing training and employment opportunities as field workers and interpreters. On completion, the results of the research were fed back to all participants with the recommendations of the report informing the next stage of the work.

This willingness of MECOPP to invest considerable time, effort and resources into supporting and encouraging user involvement has paid considerable dividends as the organisation has developed. MECOPP has seen a growing confidence in its users not only to participate internally in the management of the organisation but also to contribute externally to wider discussions and debate.

MECOPP currently has 70% user representation on the Board of Directors but also uses other mechanisms to ensure the views of as many of its users are sought. One example of this is a 'user panel' which meets as part of the regular monthly carer support group meetings. As the support group regularly attracts up to 70 participants, this allows the views of a wider audience to be canvassed. A two way flow of information is established with information being fed up to the Board via the user representatives and similarly information flowing back to the group. The user panel enables individuals to be involved at a level they are comfortable with but also provides a springboard for greater involvement. For example, the panel can function as a 'training ground' for those who wish to become more involved but who would like more experience.

MECOPP has also established strong open relationships with its users which allow them to directly voice their opinions either to individual workers or collectively at events/meetings. Views expressed in this way are treated as seriously as those they may arise from a more formal consultation process.

This year MECOPP is developing an evaluation and monitoring course aimed at our users to develop their capacity to constructively comment on the performance and future development of the organisation. Our aim is to ensure that the organisation and what it provides remains relevant and appropriate to the needs of our users.

For further information, contact: Suzanne Munday on suzanne@mecopp.org.uk.



'INCLUSION IN PRACTICE'

LGBT Centre for Health & Wellbeing



Brian Houston, Publications & Communications Officer with LGBT Centre for Health & Wellbeing, highlights inclusive approaches in working with LGBT people.

The LGBT Centre for Health & Wellbeing, Howe St, Edinburgh has the remit of working with lesbian, gay, bisexual & transgender (LGBT) individuals living in Edinburgh and the Lothians. Our staff team and volunteers are committed to using the Community Development approach to consult and work in partnership with LGBT community members and groups to ensure that the services, resources and information provided by the Centre meet the identified needs of the LGBT community.

Currently, a part of the Centre's work is managing the Edinburgh demonstration aspect of the national INCLUSION project, which is exploring the need for the NHS to identify and respond to the range of health inequalities affecting LGBT people in Scotland. This focuses on the link between the homophobia, heterosexism and social exclusion experienced by many LGBT individuals and resulting health inequalities. LGBT community members have been shown to be disproportionately affected by health issues including poor mental health, sexual health and substance misuse amongst others.

A vital part of the project, in addition to training health professionals and working with GP practices to review policies, paperwork and environment to be more inclusive of the LGBT community, is to engage with LGBT service users to ensure that the service provided by the GP practices meets the identified needs of LGBT patients.



Supportive Environment at the LGBT centre

A range of methods have been used to involve community members in the INCLUSION project - posters, flyers, articles in the gay press, emails through the Centre's mailing list and other 'scene' based activity, have resulted in a small number of responses.

Our most successful approach came from an invitation from the Lothian Gay & Lesbian Switchboard to have a stall at their spring fundraising Ball, which is attended by over 800 people. Our masterstroke was to put posters on the back of every toilet door and

above urinals and hand driers. This in addition to staff being at the Ball to provide more information, allowed people to make an informed choice before getting involved.

This combination of methods allowed us to make contact with 12 community members who are patients at the 2 GP practices involved in the demonstration project. Those who became involved in the focus group have provided case studies which reflect their past experience of NHS services, the issues they would find difficult to discuss with health professionals and their concerns regarding their health as they get older. Continuing work will involve patients acting as 'secret shoppers' during their next visits to their GP practices to gauge how training has impacted on the environment of the practice and on interaction with health professionals, in addition LGBT proofing paperwork.

So our top tip is don't underestimate the effectiveness of publicising in toilets - in particular on the back of toilet doors. It allows people the chance to read the information and to find out more about you organisation and the work you do.

For further information contact: Brian Houston on brian@lgbthealth.org.uk.

Clear Voices: A Good Practice Guide to Involving Older People and Carers in Strategic Planning and Service Development

By Judy Scott with Reba Bhaduri OBE and Caroline Sutcliffe PSSRU, University of Manchester.

This booklet represents a synthesis of best practice on the involvement of older people and carers in the strategic planning processes which inform the provision of health and social care. It is derived from the views of older people and carers on the practicalities of involvement and from research findings and relevant literature.

The guide aims to help Local Implementation Teams and representative older people and carers to work together, although the principals on which it is based have a wider applicability.

It provides a framework for older people and carers to work together with officers to agree a joint vision for the future, to audit current practice regarding lay involvement in decision-making, and to identify the barriers to progress and decide together how to move forward.

The guide draws on the research study – "Implementing the National Service Framework for Older People: Looking at older people and carer involvement". **Further details on this are available at the PSSRU website: www.pssru.ac.uk.**

"GOOD HEALTH" from around the World

KINGSLINK CARNIVAL

John Bennett, local health worker depicts the lively scene created at last year's Kinglink Carnival. The Kingsway area in Glasgow has become home for many cultures in the city and the Carnival provides a great focus for people getting together, enjoying each other's entertainment and celebrating the fun of diversity.

Last autumn the people living in Glasgow's Kingsway, Plein Street and Lincoln flats turned out to enjoy their International Carnival and Festival.

The event, a community led affair, featured the combined talents, skills and traditions of all the cultures thriving in the area, and considering we are host to 20 communities from all round the world (including Yoker and 'the Drum'), that's some mix!

Over 3,000 folk had great fun at events celebrating diversity (and shared pleasures) like:

The Community Parade storming round the area, banging, dancing, whistling and dressed in a huge range of fancy dress, traditional and ethnic costumes. They were led on to the festival site by the horse, pipe and drums of the Clan Wallace, stars of 'Braveheart'.

The fun continued with sports, coaching and other fun activities such as the Bouncy village and youth activity presentations. The really talented strutted their stuff at the open Karaoke stage, showing off some really healthy dance moves (This year the groovy grannies lost out, but will return neat year with – we hope – the 'Can-Can and Belly Dance' routines!).

The international food village was the usual spectacular success with samples (big and yummy) featuring about a dozen cooking styles from the world. This colourful 'Munchfest' was delivered by the tireless food team, many dressed in wonderful national costumes. Just imagine being handed a super hot and healthy veggie curry by a young volunteer in full Afghan

dress, in Scotstoun! That is truly 'Kool for Katz!'

The Information Food Village featured presentations from about 20 local agencies and colleges, who seemed well-content with the uptake of information, goodies and requests for further contact (e.g. The LHCC Oral Health Team gave out enough dental care kits to polish up a 'Cunarder').

All through this, the Main Live Stage provided song, dance and music from a wide range of traditions and rounded off the day with a spectacular finale from Clan Wallace and their wild Scottish dancers (entirely different from the 'White Heather Club'), I should like to stress that this entire programme was assembled by a local volunteer who would be too shy to accept any fulsome praise (okay, Walter MacAusland, enjoy your new adventures – we really will miss you).

All this was backed up by the tireless, and often unseen work, of the local volunteers, stewards, police, wardens, our café team and the environmental 'Teeny Greenies', all of whom ensured a safe and happy experience.

You want people to experience healthy activity, food, culture and shared community entertainment? Do a festival! Show everyone how good you can be! For further information contact, John Bennett on Bennett.cok@taskcali.co.uk.



"Fun for all!"

Mental Health and Well-being in Later Life

Community Connections

NHS Health Scotland is leading on a programme of national and local activity to improve the mental health and well-being of Scotland's older population. The programme, which has arisen from listening to the voices of older people across Scotland, ultimately aims to improve their mental health and well-being.

This three-year development programme has four main interlocking strands:

- X 1. Research, dissemination and supporting the knowledge transfer or evidence and good practice*
- X 2. Health in Later Life Regional Interest Groups*
- X 3. A small projects award scheme to support local projects and initiatives*
- X 4. Resource development*

The experience of mental health in later life is influenced by many factors including personal beliefs and social attitudes, culture, class geographical location, family status, as well as physical and mental health. It is becoming increasingly clear that the older people of Scotland have a voice and want to be heard.

The Mental Health and Well-being in Later Life Small Projects Awards Scheme (SPAS) is one strand of the overall programme and focuses specifically on older people's involvement, tackling health inequalities, and partnership working and will enable local groups or local initiatives to support the development of Mental Health and Well-being on Later Life.

The SPAS has now passed its second stage having already received 61 applications at stage one. Nine were successful at stage two application. Topic areas covered in the final nine projects range from older men to carer's health issues to building intergenerational relationships.

The Lamancha and District Community Association in Peeblesshire is a voluntary association working in a dispersed rural area. Their aim is to make the Peeblesshire community a more inclusive and sustainable place to live and work. In partnership with the local nursing home, Whim Hall, the Association organise community events between young people and the nursing home residents focusing on sharing skills and creative involvement. The community association already promotes mental health and well-being for older people by recognising their skills and knowledge, supporting their participation, and respecting their opinions.

Pete Ritchie, Chairperson for the Lamancha and District Community Association, said of SPAS, "It gives us an opportunity to work with Whim Hall Nursing home and its residents to encourage partnership work and to actively integrate otherwise partially isolated older people into the community. We have four main projects, all of which promote the interaction between young people and older people in creative and inclusive activities."

Another voluntary organisation that has a place on the award scheme is Cumbernauld Action for Care of the Elderly (CACE). The organisation provides a number of services for older people and their carers. All of which take on a holistic approach to health, giving opportunities for talking, creativity, building self-esteem and physical activity.

CACE now aim to promote positive mental health and well-being in older men through involvement in a programme of health, education and recreational activities. Working in partnership with North Lanarkshire Council, Community Mental Health Team and the Health Promotion Department Cumbernauld and Kilsyth LHCC, CACE are attempting to tackle the existing problem of the lack of suitable opportunities for men to engage in social activities in the area.

Project Manager for Cumbernauld Action for Care of the Elderly, Annie Miller said, "The ethos of CACE is to improve the quality of life for older people, and in particular, older men. Over the past four years we have worked in partnership with the Community Psychiatric Nurses and LHCC. The project encourages older men who are suffering from mild to moderate mental health problems to engage in services. We are confident of the success of the project when we see the interaction between the service users and their constant support of each other."

Shirley Mitchell, Programme Officer, Health in Later Life at Health Scotland, said, "Having received so many applications for funding through the Small Projects Awards Scheme we are encouraged by the diversity of topics and also the geographical range of the project bases. It all amounts to a dynamic and exciting package that will focus attention on the importance of promoting good mental health and well-being among older people, and which will ensure that older people's voices are heard and acted on."

For more information, please contact: Shirley Mitchell, Programme Officer for Health in Later Life at NHS Health Scotland. Telephone 0131 535 5500 or email shirley.mitchell@health.scot.nhs.uk



DEMONSTRATING THE IMPACT

Social Accounting & Audit for a Community Organisation

Jane Gibbon, Senior Lecturer, Newcastle Business School describes the social accounting process, which enables an organization to manage its operations well and show to others the benefits and achievements.

What is it?

At the core of community organisations is the aim to achieve some form of social, community or environmental benefit. The financial sustainability of the organisation underpins these aims and is important but secondary to these primary aims. The social accounting process allows an organisation to manage their operations and reflect their objectives and values combined with sound financial management. A social account also communicates to those associated with or affected by the organisation whether it is living up to its values and achieving its objectives and if these are both appropriate and relevant. Jesmond Swimming Project (JSP) a not-for-profit community sports organisation (swimming pool, gym and community room) decided to undertake social accounting and audit to demonstrate the impact they have on the local and wider community and show over time that they are making a difference whilst focusing on areas that need to be improved. The social account also allows JSP to demonstrate the effects that they know are happening but they have not been able to capture the evidence to support this until now.

Social accounting is a framework that allows an organisation to use and build on existing information and current reporting in order to develop a process of accounting for the social performance through reporting this performance. Also by developing action plans to improve the social performance through the understanding of impacts on the community and accountability with those associated with or affected by the organisation (stakeholders). Social accounting and social auditing are ongoing and embedded within the organization allowing evaluation of activities to be undertaken as part of the annual (or whatever the time scale chosen) review process.

Why do it?

A social account provides an organisation with the framework to report on both qualitative and quantitative information needed to tell them how well they are performing, what people think about what they do and how they do it. For example at JSP they have a successful programme of outreach work providing chair exercise for the elderly and need to provide feedback to the funding body whilst looking for further subsidies. The social accounting process has helped demonstrate to funders that the organization is committed to evaluating their performance and that they are interested in bringing stakeholder's current views and wishes into the planning process.

Social Accounts that are audited independently can demonstrate what the organisation has done but also what it intends to do to improve, for JSP this is an important method of accountability to the stakeholders and the local/

wider community. Publishing the social accounts allows the true nature of what the organisation has been doing be visible to all stakeholders (whether it be benefiting, working with, financing or partnering the organisation).

What could a set of social accounts include?

Most social accounts would include most or all of the following:

- ✗ Reporting on performance against stated objectives
- ✗ An assessment of the impact on the community
- ✗ The views of stakeholders on objectives and values of the organisation
- ✗ Reporting on environmental performance
- ✗ Reporting on implementation of equal opportunities
- ✗ Reporting on compliance with statutory and voluntary quality/procedural standards

This type of data can be incorporated into the annual review process, funding bids, the organizational strategic process or Investors in People (IIP). This will also allow better focus and clarity of the organisation's aims and objectives and aligning them better with current and planned activities.

Where would you start?

Social accounts make use of information that an organisation already gathers, currently reports on and/or consultation already carried out. It is an approach that allows the organisation a framework to review all that is currently produced and then be able to identify if there are any gaps in the existing documentation and how this could be captured. JSP started by using a scoping exercise to identify all the stakeholders and then focusing only on customers and staff for the first social account. The views of these stakeholders have then been gathered as to whether the organization is achieving the current objectives, we have also been gathering the information we already hold internally for example IIP reports, customer comments, national benchmarks for safety and advice given to other community pools/facilities. By starting with data gathering and identifying all the current information that could be used, whether it is held in different departments or computers, and by bringing this together the first steps towards social accounting have been taken.

Where do you go?

Community Business Scotland: 0131 229 7257
www.cbs-network.org.uk

Social audit network:
<http://www.socialauditnetwork.org.uk/>

Jane Gibbon is finance director for Jesmond Swimming Project and Senior Lecturer, Newcastle Business School, Northumbria University jane.gibbon@unn.ac.uk.



Promoting the Health and Well-being of Gypsy/Travellers in Highland



Working with the Gypsy/Traveller community to assess health needs

Jim Holden, Development Office, describes the promotion of health and wellbeing with the Gypsy/Traveller community in Highland.

Gypsy/Travellers in Scotland are working with the National Resource Centre for Ethnic Minority Health (NRCEMH), to build community capacity and address the major inequalities of health suffered by Gypsy/Travellers.

The priority for this work, based on their community's poor health, was highlighted by Gypsy/Travellers in their evidence to the Scottish Parliament's Equal Opportunities Committee's first Report in June 2001. The NRCEMH, part of Health Scotland, responded to the Committee's Report by funding an assessment of the Health Needs of Gypsy/Travellers in Scotland, working closely with the community to plan the assessment and using methods which build the capacity of the community, under the banner 'Equally Healthy'.

Research on the Health of Gypsy/Travellers in England, published by Sheffield University in October 2004, provided the first detailed analysis of the health inequalities suffered by Gypsy/Travellers and the conclusions were stark- Gypsy/Travellers' health was between 2 and 5 times worse than the general population

of the UK, particularly in terms of anxiety, respiratory illness, chest pain and arthritis. Gypsy/Traveller children also suffered from greater numbers of deaths in the very early stages of life and as infants. Overall, the Study showed that the Gypsy/Traveller community in England has worse health even than the most socially deprived or excluded groups. These health inequalities were exacerbated by difficulties of access to health care and evidence of discrimination on the part of health service providers. Recent studies on Gypsy/Traveller health in Newark and Leeds have mirrored the Sheffield findings, as has one in Inverness, suggesting that Scottish Gypsy/Travellers suffer the same health inequalities - a view supported by the Sheffield researchers.

The first 'Equally Healthy' sessions were held in the Lochaber area early in 2004, supported by Highland Gypsy/Traveller Health & Wellbeing Initiative, Lochaber Health for All and Voluntary Action Lochaber. Gypsy/Travellers were involved in the planning and delivery of these sessions and from this pilot, a series of 'Equally Healthy' sessions have been planned for 2005 throughout Scotland. The sessions use a range of participatory health evaluation methods to build up a picture of Gypsy/Traveller's health and the factors which impact upon it and

key to the process is the training and employment of Gypsy/Traveller sessional workers. It is hoped that the role of these workers will develop to encompass per support for specific health improvement initiatives such as smoking cessation.

Sara Sims, NRCEMH's Project Co-ordinator, said "Gypsy/Travellers in Lochaber are working with us to identify their own health needs and how these should be tackled - we believe that this kind of 'grass roots' planning will result in much better take up of services, which will be designed and delivered with input from the community they are serving. We are looking forward to running Equally Healthy sessions throughout Scotland in 2005 and we are also planning a 'Smokers Day' in early 2005, in partnership with ASH Scotland, to begin to look at the impact of smoking on Gypsy/Travellers' health."

Lizzie Johnston, a Traveller from Perthshire said "working together is certainly the best way to make sure Gypsy/Travellers get the health services they need".

For further information, contact Jim Holden on jim.holden@highland.gov.uk.

Older People Shaping Policy & Practice - Joseph Rowntree Foundation's Findings

Since 2000, the Joseph Rowntree Foundation has been supporting a programme of research about the lives of older people.

The programme was developed by and with older people themselves, working in a steering group with officers, researchers and policy advisers. Rather than focussing on the views of professional researchers and service planners, the programme examined the priorities which older people themselves defined as important for "living well in later life".

A summary of their findings from 18 completed projects has been produced and can be found at: <http://www.jrf.org.uk/knowledge/findings/foundations/044.asp> while a copy of the full report can be purchased from: **York Publishing Services Ltd., 64 Hallfield Road, Layerthorpe, York, YO31 7ZQ. Tel: 01904 430 033**

Cost: £14.95 (+£2.00 postage)



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

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CHEX, part of the Community Development Foundation, operates within the Scottish Community Development Centre and is funded by NHS Health Scotland to network information, ideas and good practice on community development and health.

