The Social Economy & Health Inequalities

The Social Economy's contribution to addressing health inequalities over the last five year has significantly grown. By adopting new business models, which recognise the need to generate income from profit, and the reinvestment of that profit back into an organisation, the longer term sustainability of the organisations has been strengthened. An increasing number of voluntary organisations are attempting to make the change in transferring their organisations into a Social Firm or Social Enterprise Company. And some Community Health Initiatives are now viewing Social Enterprise Companies as the way forward both as a means of sustaining their organisation and creating employment with hitherto excluded groups. For example the development of Social Enterprise has created employment opportunities for a range of individuals who may have been previously excluded from the traditional labour force in particular people with mental health problems.

Mindful of persistent changes in funding priorities, and uncertainties caused by fixed term funding, those CHIs are exploring the pros and cons of becoming a Social Company. As with any new venture many questions persist. **What are the benefits to the organisation and the wider community? Will this displace the organisation's original objectives? Will this change the nature and ethos of the organisation? What is the culture change that is required to become a Social Enterprise Company? Is a Social Enterprise Company really the answer to sustaining a health organisation?** In this CHEX-POINT, the Editorial Board thought it valuable to raise awareness around these questions, and invited voluntary organisations and community health initiatives to convey their reasons and experience of entering the previously unchartered territory of the social economy.

We begin with an article from Janis Hamilton, Chief Executive (Designate) Renfrewshire Council of Voluntary Services, who highlights the opportunities for Health Improvement. Followed by Pat Bowie's from SENSCOT, who focuses on the particular characteristics of Social Enterprise? Finishing with two articles from Community Initiatives; one from Tina Burgess, on transferring the lessons of the Cearns Women's Social Company in the Western Isles and the other from Lorna Simpson on the potential developments for the Ormlie Community Association, Thurso into the Social Economy.

To keep you up to date with other developments in the community health sector, we also include 'Linked Work and Training Trust', a unique voluntary-sector organisation committed widening participation in higher education and strengthening community development practice in Scotland, feedback on the Approach Youth Health Conference in January; a real celebration of the work that is currently going on in Young People and Health and resume of CHEX's Community Health Partnership Seminar in Glasgow.

An update on Chex support to community health initiatives in community health partnership. For further information on any of these articles contact the Chexpoint Editorial Board by e-mailing Janet Muir at Janet@scdc.org.uk.

'The Social Economy - working to bridge the gap'   *Cartoon by Graham Ogilvie*

Social Economy - Opportunity for Health Improvement?

What are social economy enterprises and why the importance?

Social economy enterprises are not-for-profit voluntary organisations, with primarily social objectives, whose surpluses are re-invested in order to develop the work of the enterprise and/or community it serves.

Social economy enterprises are value driven and involve stakeholders based on voluntary participation, membership and commitment. They are often less restricted than their public and private sector counterparts and can explore a greater degree of flexibility and innovation in project development.

The social economy is important because it:

- Is founded on social values and is not profit driven
- Addresses and responds to new and unmet needs
- Contributes to the overall national economy
- Is becoming increasingly recognised as a major deliverer of public services
- Leads to competition in markets
- Influences policy formulation
- Offers job creation and new forms of employment
- Promotes and harnesses entrepreneurship

Currently there are no direct funds available from the government however indirectly through the Communities Scotland managed "Futurebuilders" initiative, and other grant sources eg. The Big Lottery's "Awards for All" programme, seedcorn and start-up monies are available to grow social economy businesses.

Many current developments are taking place in health and social care. These funding schemes can assist the development of enterprise for existing voluntary or community organisations. They are also available as part of a cocktail funding arrangement to assist new schemes. The community and voluntary sectors often have the knowledge, expertise, relevant experience and innovative ideas to reshape traditional service delivery. There are increasing changes that will allow for greater innovation and benefits in health improvement that could be in prevention services as well as the more traditional treatment options. There are clear challenges to deliver Scottish health services in a more cost effective way.

Promoting alternative procurement practices!

Splitting the purchasing and provision of services has enabled the growth of provision in the social economy sector; there are many examples of this across Scotland. Health care support services such as laundry and cleaning are also growing out with the historic choices of direct provision or the private sector. There are benefits to commissioning services through the community and voluntary sectors: any surplus or profit is reinvested into local services rather than enhancing private sector profits. Also keeping procurement at a local level can enhance or stimulate other local business development and improve communities overall.

Further encouragement from government of innovative procurement practices directed to the public sector is supported by changes in planning to involve communities more imaginatively through Community Planning Partnerships (CPPs) and Community Health Planning Partnerships (CHPPs). This should result in grass root responses to local need. In Renfrewshire for example, these changes are supported by Renfrewshire Council for Voluntary Services, an intermediary body that encourages partnership working and supports effective local networks that bring together relevant stakeholders; allow ideas to flourish; fit with consultation expectations and can work across sectors.

What is happening in Scotland?

The Scottish Council for Voluntary organisations has been monitoring the growth of the social economy; their website provides a lot of useful data and information. Growth has been significant in the last ten years mainly due to public sector funding patterns and the voluntary sector has become more business like. Whilst the government is seeing the benefits of this type of growth in the sector on one hand, the other hand appears to be threatening this growth with increasing legislation, unreasonable and duplicated monitoring and shifts in funding policies.

Opportunities or threats?

There is no doubt that these shifts in government thinking are providing opportunities for the social economy sector to develop and in aspects wider than health, however the threats from the heavy reliance on public sector funding bring insecurity and shifting policy priorities dents the sustainability of organisations. It is important for organisations, commissioners and funders to keep up to date with factual information and the impact of spend or new development will be undermined and the benefits to communities lost with damaging results.

On the big plus side, we all need to ensure that partnership working remains effective and that all partners are aware of quality outputs. Again in my opinion, local councils for voluntary service will be central to the coordination and effective networking of all stakeholders and can assist the public sector to meet the demands placed upon it for active community involvement that will not only improve health but the economic regeneration of many areas too.

Janis McDonald
Chief Executive Officer (Designate)
Renfrewshire Council for Voluntary Service

Ref: www.rcvsweb.co.uk email admin@rcvsweb.co.uk
www.scvo.org.uk

Exploring the Third Sector in Public Services Delivery and Reform: A Discussion Document

Social Enterprise - Steps Towards Sustainability

'Pat Bowie, Social Entrepreneurs Network Scotland (Senscot) introduces the changes in funding arrangements and highlights the role of Senscot'

Why are things changing?

Access to funding is reducing because of a variety of reasons.

✗ Change of focus – government policy is changing encouraging the voluntary sector to provide public service

✗ More people are chasing less money

✗ Funders are merging

✗ Trusts have less to distribute

✗ Criteria changes

The combination of these factors means that how a project is funded may have to be looked into and more creative ways to finance projects will have to be found.

Social enterprise is one way to retain the vision and values of a project and through income generation gives the organisation independence from funding restrictions, flexibility to develop in directions dictated by clients or need, and create a surplus to be re-invested in the organisation or for client and/or community benefit.

What is a social enterprise?

'A social enterprise is a business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community rather than being driven by the need to maximise profits for shareholders and owners.'

Social Enterprise – A Strategy for Success DTI July 2002

This is a simple definition which encompasses the core values common to all social enterprises. 'More-than-profit' reflects the concept more aptly than 'Not-for-profit' as the double benefit of generating surplus to re-invest and creating a community/social benefit make for more than profit.

For profiles of social enterprises, some evolving from the health sector, go to www.senscot.net (Profiles Page) which has a list of searchable social enterprise profiles. (Some suggestions - Gorebridge Health and Regeneration Project, The Green Door Café, Community Mums Project, Crises Ltd, and Infusion Co-operative are all social enterprises that cover health issues.)

SENSCOT

Senscot, Social Entrepreneurs Network Scotland, supports and encourages social enterprise in three ways:

Electronically

Sharing information and inspiration electronically through a weekly bulletin with a circulation of 2,500. (If you would like to receive this free bulletin email simon@senscot.net). The Senscot Website includes Profiles of social enterprises, Tools and Templates to adapt for your organisation and The Directory which is a geographical breakdown of what support is on offer in your area. (www.senscot.net)

Networking

Encouraging and facilitating independent social enterprise networks throughout Scotland. The benefits of joining a social enterprise network are sharing experiences and challenges with like minded individuals and organisations, the chance to link into Local Social Enterprise Partnerships and highlighting issues which can be addressed as a group rather than on an individual basis. Independent Social Enterprise Networks have been set up in Fife, Aberdeen City, Ayrshire, Argyll & Bute, Midlothian and a thematic network has been set up for the cultural sector of social enterprises in Scotland.

Senscot Exchange

Supporting and developing new initiatives such as Scotland UnLtd, Development Trust Association Scotland, Social Enterprise Academy and the Senscot Exchange.

The **Senscot Exchange** offers support to existing and emerging social enterprises by brokering practical help at different levels where and when it is required.

✗ Level 1 - Website based information - The Exchange offers open access to resources online including Tools and Templates and The Directory.

✗ Level 2 – A personal response service will provide information, advice and support.

✗ Level 3 - Active accounts develop when a social enterprises needs more intensive assistance. The core function of the Exchange is to match these `active accounts` with the right help by working with successful practitioners, agencies and consultants.

For more information contact Pat Bowie at pat@senscot.net or on 0131 220 4104

SOCIAL ENTREPRENEURS NETWORK *Scotland*

Social Companies In The Western Isles

'Tina Burgess, Western Isles Health Board highlights the benefits of Social Companies in tackling health inequalities in the Western Isles'

The term community can refer to a specific geographical area or can be a group of people with similar needs or interests. A community can benefit from a range of social company initiatives that will strengthen and build social capital, this is particularly true in a rural setting where groups and communities may be scattered as well as experiencing a range of specific problems associated with rurality.

Within the Western Isles one of our initiatives will be focusing on unemployed men.

The Western Isles has a high level of male unemployment (contrasting with the female population recently reported as having one of the highest levels of part/time workers in Scotland). Job opportunities however are few and far between particularly for the small community of men who are identified as "problem drinkers". Research indicates that employment is an effective means of rehabilitation as it assists a person's re-inclusion into society by removing them from otherwise chaotic lifestyles, thereby reinstating daily routines, building confidence and self-esteem. In line with the ethos that work opportunities should be equal between disadvantaged and non-disadvantaged people this in reality is a major issue for the wider community. Local companies thinking of employing rehabilitating alcohol and drug users require a high degree of commitment at a time when rural businesses are struggling to survive.

An answer could revolve around the creation of well-supervised supportive local Social Companies, to create job opportunities for members of the community who while having alcohol issues, are also recognised as a group of people who have skills that can be utilised in a variety of ways.

Male members of the community in particular who go through the long process of rehabilitation from alcohol find themselves in a vicious circle where present friends are still in the sphere of heavy drinking and the recovering addict is unable to move on and find a different social group to interact with. This results in peer pressure to resume a heavy drinking pattern in order to feel part of the only peer group they know.

Currently a social company exist employing women from the local housing scheme (Cearns)

The Cearns Women's Social Company recently launched its two new trading subsidiaries at the new Lewis Sports Centre (in Gaelic, Ionad Spors Elodeas). N.H.S Western Isles Director of Public Health officially opened a healthy eating café ("Apples and Pears Project Ltd") and a Crèche ("Happy Days Company Ltd") and the companies now employ 4 full time staff and 13 part time staff.

It has been a momentous undertaking for the newly established Social Company and credit is due to the group of women originating as a healthy eating group who have committed time out of busy lives to encourage local communities to take the plunge and develop an organisation that will be able to support the viability of the project long after lottery funding has disappeared. The profits from the Social Company will be injected back into the Community, and new avenues will need to be explored to ensure expansion of employment opportunities.

It has been evident from the beginning that the community, local and national statutory organisations and funding partners are required to work together to achieve the desired results. Realistic funding, including officer time from various agencies plus the generosity of local private companies, ranging from Solicitors and Accountants is critical to the success and the smooth running of the Company.

The future is now to build on the marketing and economic viability of the Company but of paramount importance is the building of the social capacity of the community in sustaining its achievements to date and into the future.

Thanks to initiatives such as the Cearns Women's Social Company this way of working is on the agenda and is creating interest in other areas.

The Western Isles is a close knit and caring community: if social companies are seen to be contributing to a reduction in social inequalities they will be adopted by other groups and other villages or schemes, and the opportunity to create job opportunities will be created and vulnerable individuals will be supported.

The Cearns Women's Social Company has received funding from the following organisations

Western Isles Enterprise (Leader Plus Programme).
Coronary Heart Disease Prevention (Lottery)
Scottish Community Diet Project
Better Neighbourhood Services Fund (Comhairle Nan Eilean Sair).
Sure Start
Health Improvement Fund (W.I. NHS Board)
In kind from Anderson McArthur (Solicitors), CIB Services Stornoway (Accountants)

For more details or information please contact Tina Burgess on 01851 702 717 or email t.burgess@wihb.scot.nhs.uk

Community Energy Creates Renewable Energy

(The Social Economy 'pays off' in Ormlie, Thurso)

The Ormlie Community Association (OCA) has spearheaded a holistic regeneration programme aimed at creating diverse opportunities which address social, economic and environmental issues. As a voluntary organisation operating in a housing estate in Britain's most northerly mainland town, Thurso, OCA is dealing with problems from high unemployment and families on low income, to low car ownership and low home ownership.

Over the last seven years, through the energy of local residents, resourcing of a community office (Manager and Administrator), designation of a social inclusion area and funding from external bodies such as Save the Children in Scotland, significant achievements have been gained in regenerating the area with new facilities and services which are health improving in a number of ways. From young people being instrumental in drawing up plans for the new £206K play area, promoting a skateboarding and a multi-sport area to residents improving their IT skills and making use of recycled computers. A local resident recently talked about the change involvement had brought to her own life.

"*Involvement in the Regeneration Project has changed my life for the better. I'm involved in projects that I thought would never be involved in. It's given me new skills, opened up more employment opportunities and changed the direction of my life*".

One of the major developments was the designation of a Home Zone area in Ormlie (one of four pilot schemes in Scotland). A Home Zone is an area which prioritises pedestrians and cyclists rather than motorists and focuses on opening up the area for social use. Funding was allocated for installing new lighting, road layouts, improved fencing, and environmental features including a drystone 'wavy' dyke, using Caithness flagstone. Children and young people have worked on the Home Zone project with architects and professionals and made designs using model clay for the soft landscaping features. In addition to planning, residents have also been actively involved in the practical work such as planting bulbs – the first flowers to be seen in Ormlie in a public space!

Similar to other Community Organisations, OCA was acutely aware that they could not rely on grant aid and have become actively involved in exploring ways to become more self sustaining. A major potential for revenue has emerged through the development of a renewable energy initiative. And the Association is currently piloting the benefits of small solar/positive ventilation systems in six different houses in the estate, in conjunction with the exploration of a wind/hydrogen scheme. As well as being more environmentally sound, it is intended that the income generated from the initiate will assist the long term sustainability of OCA. At the moment, the Association is seeking funding to appoint a Project Manager to take forward the Renewable Energy Project.

For further information contact: Lorna Simpson OCA's Manager on ormlieca@tiscali.co.uk
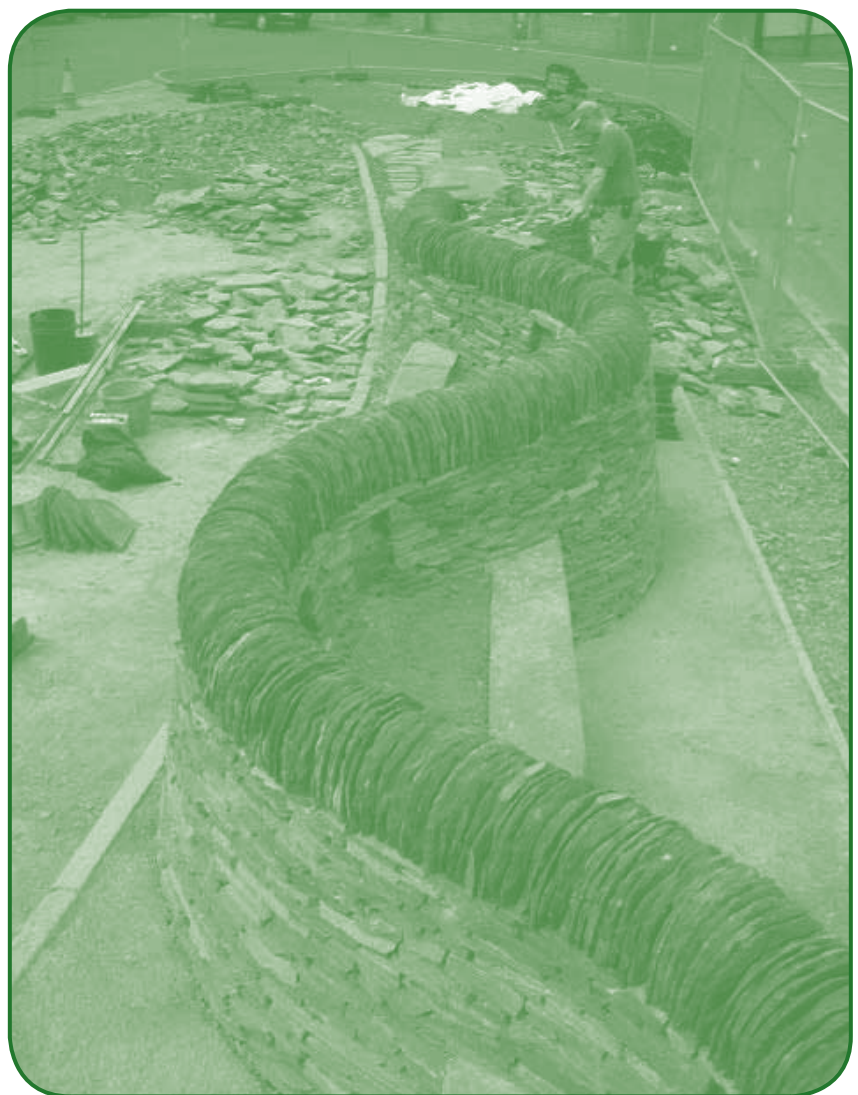
Ormlie's 'Wavy Dyke'

Community Health: Learning Tool For Change

'Akwugo Emejulu, Lecturer, Linked Work and Training Trust, describes the connections between the Bachelor in Community Learning and Development Degree Course and community health.'

Linked Work and Training Trust is a unique voluntary-sector organisation committed to widening participation in higher education and strengthening community development practice in Scotland. The Trust is training key cohorts of community development workers by embedding critical analysis, reflective learning and democratic principles into their work with communities.

In partnership with the University of Glasgow we deliver the Bachelor in Community Learning and Development degree course. The Trust is creating a virtuous circle of learning for students in which their work informs the theory they learn in the classroom and the theory informs and enhances their practice in communities. We are currently running the degree programme designed specifically for the needs of Black and Minority Ethnic community development workers. Over the next three years all aspects of working with communities will be critically analysed: from empowerment to community-based research to the management of resources.

One of the key strengths of this degree course is its adaptability to a number of different contexts and sub-fields under the 'big tent' of community development work. Key themes of inequality, power relations, and citizenship run throughout community development whether one is working with young people, women or people with experiences of poverty. However, what is also interesting is how specific subfields within the community development field constantly arise throughout our group discussions of specific themes.

The subfield of community health and health inequalities specifically seem to best illustrate central issues and dilemmas within community development. Students seem to understand key themes of power and inequality better when using community health as an example because these themes seem to be magnified when they are placed in the context of health.

For example, we recently had a lecture on active citizenship and the individual's changing relationship with the NHS since the 1950s was cited as an example. The health service's on-going transformation from a paternalistic bureaucracy to an institution that actively encourages community participation through Community Health Partnerships seems to demonstrate quite clearly how active citizenship can sometimes be dependent not on communities willingness to engage but on an agency's willingness to be open and accountable to the communities it serves.

Community health also illustrates the 'human face' of sometimes abstract concepts for students. The issue of poverty can be powerfully demonstrated through the lower life expectancy of men living in Springburn or the East End of Glasgow compared to men living in more affluent areas. Institutional discrimination can be better understood and debated when the higher rates of preventable diseases, such as diabetes and coronary heart disease within the South Asian population in Scotland, is discussed.

Community health is a vital learning tool for students because it is often the 'canary in the coalmine' of community development work. Measuring improved health outcomes in communities can inform all types of community development workers about whether they are having a real impact in communities.

Akwugo Emejulu
Lecturer
Linked Work and Training Trust
aemejulu@lwttc.org.uk

Funding:
There are a variety of funding sources of funding available for Scottish organisations interested in sustainable development. Individual projects may typically draw funds from a number of sources. Grants of up to £1000 for constituted groups that wish to pursue an environmental project with wider social or economic benefits. These grants can provide vital support by helping to fund preparatory work for major projects, such as feasibility studies, community capacity building, consultation exercises and publicity. http://www.forward-scotland.org.uk/funding/

An online fundraising information resource for charities, voluntary organisations, community groups, local authorities, social enterprises and other not for profit organisations throughout the UK. http://www.fundinginformation.org/

Lloyds TSB Foundation for Scotland are holding a series of surgeries throughout Scotland for local recognised charities. The surgery is an opportunity to have a one-to-one session with one of their Assessors, and to discuss how to go about putting an application to the Foundation.

To download a list of dates of surgeries please use the following link http://www.fundingthefuture.org.uk/content/downloads/SurgeryTourList.doc

If you wish to attend one of the surgeries detailed, please call **0870 902 1201** to arrange an appointment.

Useful Website:
This site provides an information-rich, free, searchable, on-line resource covering over 200 charity awareness campaigns, religious dates and United Nations events. Campaigns such as National Tree Week, Youth Work Week, Refugee Week, Lung Cancer Awareness Month, Big Garden Birdwatch, Loud Tie Campaign, Arthritis Education Week and Victim Support Week are some examples of the many campaigns that are found on this site. www.countmeincalendar.info

Chex & Community Health Partnerships – Update

Dave Allan, CHEX Training & Development Officer provides an update on CHEX role in supporting local community health networks engage with Community Health Partnerships

Community Health Partnerships were introduced in the White Paper 'Partnership for Care' and are now incorporated into legislation through the NHS Reform (Scotland) Bill. The thinking behind CHPs is the requirement for stronger partnership working between primary care, secondary care, local authorities and community and voluntary sectors: the need to improve the design and integration of specialist and acute services, along with social care provision. It is intended that by working jointly with partners in local authorities and community/voluntary sectors there will be positive changes in clinical services, health improvement and greater impact on health inequalities. CHPs will be included within the overall Community Planning framework and will shape the delivery of Joint Health Improvement Plans. They will also contribute to achieving the Community Planning Partnership's targets with priority on tackling health inequalities.

Over the past year and a half CHEX has been involved in working with local community health initiatives/networks to identify key issues, ideas and opportunities for engagement with the CHPs. At a National Seminar last June several community health initiatives from Glasgow identified a need to engage more directly with their local decision-makers. As a result a local seminar was organised which aimed to provide them with an opportunity to do just that as well as giving them a platform to present their work in the context of health improvement and the CHPs. The seminar was held in February this year with 72 people signing up for the event and more than 60 attending on the morning. There was a fairly even mix of statutory sector, voluntary sector and community sector which lent itself to very productive and informative discussions throughout the event.

The seminar was designed to afford maximum opportunity for the participants to get into detailed discussion about the issues and opportunities that exist for the community and voluntary sectors in relation to the development of the CHPs. Consequently, after a short introductory input from CHEX, participants were broken up into workshop groups. There were 3 workshop sessions – the first allowed people to hear about and then explore a case study example of community involvement in health improvement; the second session concentrated on local partnership working; and the final one concentrated on action planning in a Glasgow context. The plenary session then allowed everyone to hear some key points from the action planning workshops, indicate what they would like to do next and find out about what CHEX (and other networks) can do to support community and voluntary sector engagement with the CHPs.

From the feedback and the summary of the discussions it would appear that Community Health Initiatives are the key players in terms of health improvement at local level. This is not only with regard to service provision but also in supporting people to become more involved in their communities and in influencing decision-making. Voluntary organisations and community groups also play a significant role in service delivery e.g. in relation to Community Care, Services for Older People, Youth Work, etc. There are, however, still some burning issues/questions:

✗ Existing partners are engaged but at what level? We need to pitch things at the right level – often partnership working is about finding the right people to work with.

✗ Will the new structures change existing relationships and will the community agenda be met?

✗ Will existing groups be re-directed into the new structures?

✗ Community Health Initiatives/Voluntary Organisations may need to 're-educate' the new people they're working with about community development approaches (this will take time).

✗ Uncertainty is common right across Scotland.

✗ Can the experience of working with LHCCs be used to take community involvement/engagement forward with Community Health Partnerships? (this may well depend on whether the experience was good or bad!)

✗ There need to be clear 'pathways' from community/voluntary sector to the Community Health Partnership.

✗ Community Health Partnerships should support (but not take over) small projects.

✗ The Community Health Partnerships should be competent and motivated to address the social determinants of health as well as clinical/treatment models.

✗ All partners should be treated equally and the process of establishment should allow enough time for full involvement.

These are some of the actions that CHEX will be taking over the next few months. These include:

✗ Putting together a report of this seminar and distributing it to all participants.

✗ Carrying out a further Scotland-wide investigation into Community Health Initiatives' level of engagement with Community Health Partnerships.

✗ Producing a second Briefing Sheet on Community Health Partnerships for dissemination across the sector.

✗ Continuing to support local work by Community Health Initiatives or Networks to promote/develop community engagement with the Community Health Partnerships

If you are interested in any of this or putting your point across about Community Health Partnerships please get in touch. Contact David Allan (David@scdc.org.uk) or Elspeth Gracey, Elspeth@scdc.og.uk

A CELEBRATION OF WORK ON YOUNG PEOPLE'S HEALTH

'The Approaches: Young People and Health Conference in January turned out to be a real celebration of work in Young People's Health. Practitioners had the opportunity to share practice, listen to inspirational speeches and witness the enthusiasm of the Scottish Youth Theatre. Gary Wilson, Programme Manager for Young People, NHS Health Scotland emphasises some of the main highlights.'

Participants travelled from across Scotland. The geographical spread included Argyll & Clyde, Ayrshire & Arran, Dumfries & Galloway, Fife, Forth Valley, Grampian, Greater Glasgow, Highland, Lanarkshire, Lothian, Orkney, Scottish Borders, Shetland, Tayside and the Western Isles.

Aims

The conference aimed to look at young people's health and well-being in a broad-based, holistic way. Its specific aims were to:

- disseminate research from across the research community to/from the practice field

- network researchers, practitioners, managers and policy makers concerned with young people's health

- share and showcase practice, particularly practice rooted in an evidence base offer opportunities to share information, resources and thinking

- provide a feedback context for policy-makers

- provide an opportunity to listen to experts from Scotland and further afield.

Highlights

Highlights of the conference included an excellent presentation from the Scottish Youth Theatre, commissioned by Health Scotland, and a highly informative series of presentations by speakers who are leading names in policy, research and practice.

Findings

Findings may be drawn from three sources: (i) from the key messages of the speakers, (ii) from statistical surveys of delegates' views, which were compiled, displayed and recorded via electronic keypad technology throughout the conference and (iii) from issues highlighted by participants in workshops and symposia.

Key messages from the speakers:

- International research shows that what works in terms of improving health includes young people having a positive experience of family life

– regardless of the structure of the family. Feeling 'connected' to school has a positive impact. Adult role models and community life can also play a part. It is vital that young people have control and involvement in all processes that affect them.

- Targeting health information on single issue can actually widen the health inequalities gap. Medical evidence that shows that the stress of health inequalities is evident in research, even after allowances have been made for smoking, alcohol and drug use. This has been linked to higher levels of heart disease, diabetes, cancer and Alzheimer's in later life. We need to focus on improving both the socio-economic conditions and the mental health of children, young people and families affected by health inequalities.

- 'Soft' skills used by youth workers to build trust and self esteem can help other professionals to work with young people. Positive responses lead to positive young people. Young people want us to stop blaming them and to start listening.

- Mental health underpins everything. Young people who feel in control of their lives and see hope for the future have better health.

  Young people have the legal right to be consulted in a meaningful way and their views and interests must be taken into account. This brings challenges for staff and it requires resources in terms of time and training.

- We need to work towards a significant culture change, not only in terms of listening to young people and supporting their participation, but in tackling issues such as sexual health, stigma, homophobia and bullying and in formulating policy that is evidence led.

Over 70 presentations across 37 workshops, four symposia and an exhibitors' marketplace provided a vast range of information about current initiatives.

Four symposia took place under the following headings: (i) Moving from models of involvement to empowerment; (ii) Hard-to-reach young people; (iii) Diversity; (iv) Methods of involving young people.

Workshops were themed under five headings: (i) Young people's transitions, (ii) Supporting young people's mental health, (iii) Towards a young-people friendly health service; (iv) Social inclusion and health; (v) Communicating health messages to young people.

Interactive electronic surveys revealed a significant increase in participants' knowledge about health issues and the work of other organisations as a result of attending the Approaches conference.

After hearing the findings of research, current developments in policy and the experiences of colleagues in workshops and symposia, the conference identified the top health priorities for young people in Scotland as:

1. Mental health

2. Access to services/facilities

3. Holistic approaches to health

4. Family issues.

Exclusion was the next most serious issue, followed in order by sexual health, alcohol, lack of physical activity, drugs and smoking.

Using workshop feedback forms, workshop groups were also asked to identify a range of questions for young people, which will be used to inform the planning of a health conference for young people.

In conclusion, the conference highlighted the need to look holistically at young people's health and well-being, to change the socio-economic factors which cause stress and to change our culture, so that professionals can work together and with young people in a shared agenda, creative and determined in targeting hard-to-reach young people and for us all to be more aware, as adults, of the impact we have on children and young people as role models.

For further information contact:
Gary Wilson on 0131 536 5500
gary.wilson@health.scot.nhs.uk