Publications

'Beyond The Anecdote' – CHEX Briefing on story dialogue as a means of community inquiry and sharing lessons across public and community/ voluntary sectors.

CHEX has produced the above Briefing to assist with the production of qualitative evidence and share lessons across the public and community/ voluntary sectors.

Story Dialogue has proven to be an excellent method in enabling inquiry into different experiences/ways of working, sharing values, lessons and creating the opportunity to validate approaches. Its use by audiences such community/voluntary organisations, Health Boards and other health agencies demonstrates the method's versatility and accessibility as well as its popularity in a range of contexts and disciplines.

The briefing is designed to give people the confidence to try using the method themselves. Ideally it is better to attend a story-dialogue training day or event to see how it works in practice, but it should be possible to use the method from this briefing alone. For hard copies, contact Tom Warrington at CHEX by e-mailing chexadmin@scdc.org.uk. On-line copies are available from the CHEX website at **www.chex.org.uk**

Funding

Big Lottery Fund invest in ideas

The Big Lottery Fund has launched a new £4.6 million scheme to test and develop ideas that could eventually become fully-fledged projects. They may be able to fund your project too, but first they want to help you develop your idea and make sure your project will work.

Maybe you'd like to start up a new activity for groups in your area or turn a local building into a meeting place for the community?

With grants ranging between £500 and £10,000 available, Investing in Ideas could pay for the things that can turn your basic idea into a well-planned project including market research, feasibility studies, business planning, training for your committee, exchange visits in the UK to see how other projects work, community consultation, professional advice, technical reports and scheme design studies

If you'd like to discuss your idea to see if BIG is likely to help you develop it, please phone 0870 240 2391. If you'd like to apply to Investing in Ideas and need a hardcopy of the application materials, call 0845 606 1199.

For downloadable application material or more information on this and forthcoming funding programmes, please visit the website **www.biglotteryfund.org.uk**

Websites of Interest

Fair For All – Disability

Fair For All – Disability is a strategic partnership initiative developed by the Scottish Executive Health Department, and the Disability Rights Commission.

The team consists of health service, voluntary sector and Disability Rights Commission staff who are funded to support NHSScotland until March 2007. The initiative is part of the Scottish Executive Health Department's wider Patient Focus and Public Involvement agenda and the national Equality and Diversity approach known as Fair for All Wider Challenge.

Fair for All Wider Challenge is an approach that aims to recognise and respond sensitively to equality and diversity in the healthcare setting in Scotland by bringing together a number of areas of policy and practice which seek to address equality and diversity issues in the health service and move towards an approach to service planning and delivery that takes accounts of individual service users needs whatever their life circumstances. Other related work already established includes the National Resource Centre for Ethnic Minority Health's work on Ethnicity and Health, the Inclusion Project's work on Lesbian, Gay, Bi-sexual and Transgender Health and the Spiritual Care work being undertaken across NHSScotland.

The Fair For All - Disability initiative aims to encourage health practitioners and managers to strive for best practice that goes beyond compliance with the law and promotes the rights, independence, choice and inclusion of disabled people as health service users and members of the community.

Visit the website at **www.fairforalldisability.org**

Free internet service available

A new free internet service that can help community groups around Scotland when campaigning on local issues is now available. Campaign*ON*.com offers a powerful tool which allows groups or individuals to set up their own fully-fledged web site to promote small-scale local campaigns on any issue. It's free and simple to use, and provides a practical means to communicate with supporters and to lobby decision makers.

More and more campaigners are now using Campaign*ON*.com and they are continuing to innovate and improve their free service. Lobbying campaigns can now target MPs, MEPs, local councils, MSPs, local newspapers and individual decision makers. In addition, all campaigns can now foster debate on the key issues and get feedback by adding a discussion forum to their site.

CampaignON.com allows campaign groups to:

- set up a web site and start campaigning in just a few minutes
- organise letter-writing campaigns to lobby decision makers
- get feedback from supporters

For further information, please visit the central site at **www.CampaignON.com**

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.

chex Point

A quarterly update for the Community Health Exchange
ISSUE 23
Winter 2006

Health Improvement - Community-Led Approaches

As 2006 heralds the consolidation of changes initiated in health improvement in previous years - implementation of Community Health Partnerships, delivery of action from the Kerr Report, restructuring of NHS Health Scotland - community-led approaches continue to weave their contribution and impact at a national and local level. In this first CHEX-POINT of 2006, we tease out examples of work which illustrate how local networks take forward their priorities into national policy making arenas and feature how national and regional networks/agencies take forward government policy on community-led approaches into local communities. To place policy and practice within a national context and provide insights into how the structuring of NHS Health Scotland will impact on community-led approaches, we were pleased to interview Monica Merson, Acting Head of the Healthy Settings Team at NHS Health Scotland.

CHEX: It would be interesting to know about your background – can you tell us a little bit about your job history?

I started my professional career as a nurse, training at the Western General Hospital in Edinburgh where I then worked as a staff nurse for four years and simultaneously did a BSc degree. However I became frustrated working very much at the illness end of the NHS and I wanted to be more effective in preventing ill health Following my BSc, I did a Masters in Public Health in Glasgow which led to a post as a health promotion specialist in Fife Health Promotion Department.

I worked in Fife for seven years; covering a number of remits. Initially working in a hospital setting and primary care, then workplace health and eventually with a community work remit in Dunfermline's Abbeyview area.

I was initially seconded to HEBS as a training and development manager which led to a full-time permanent post. My remit in training development was workplace and NHS, then early years and education. At this time I also gained an M.A. in Management Learning which I thoroughly enjoyed. After 3 years in training and development I moved on to the post of programme manager for education which I held for 3 years. In August of 2005 I was appointed as Acting Head of Healthy Settings, covering Miriam's O'Connor's maternity leave.

CHEX: Currently there are different terminologies associated with health improvement like public health and health promotion. Can you explain what Health Scotland defines as health improvement?

The definitions we are working with are:

- *Health promotion – process of enabling people to increase control over and improve health*
- *Health improvement – collective government ambition to ensure legislative, fiscal, health and social policy geared towards prevention, health protection, equity of health outcomes and positive action to reduce inequalities*

From right to left: Monica Merson, Acting Head of the Healthy Settings Team at NHS Health Scotland and Lizanne Conway, Programme Manager - Community and Voluntary Sector.

The WHO's definition of health is still appropriate for us as we view health in its widest sense.

It's useful to explore terminology when they are working together on a shared agenda as you can make so many assumptions about where people are coming from so reaching a shared understanding is good practice. Exploring terminology can lead to looking at values and expectations which is useful when working in partnership

One of our aims over the next 2 years is to bring the CHP and CPP health improvement planning agendas closer. We need to explore how we can best maximise health improvement planning and implementation; building on examples of good practice, while recognising issues of governance, both staff and financial governance, as well as issues of legislation.

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CHEX: What do you see as the main issues in tackling health inequalities and enhancing health improvement in Scotland?

Within Health Scotland, we are very clear that health improvement is about understanding the complexities of people's lives, the inequalities that impact on health and how best to address these. There are topic-based issues such as mental health, physical activity, tobacco, food, sexual health and alcohol, but, these are set within the wider determinants of health and underpinned by inequalities of life circumstances such as access to education and employment.

The Healthy Settings Team's approach is to effectively interact with new and existing structures, in the NHS, local authority and community and voluntary sectors. A lot can be achieved through capacity building, networks, understanding what works and through supporting groups and communities to make changes. The art to our approach is to translate evidence into effective practice and also to continue to build and inform the evidence base

CHEX: Which leads us on to the community led approach and the implementation of national policies, such as 'Improving Scotland Health The Challenge', places a significant emphasis on the community led approach..How do you see this being supported by Health Scotland and what added value do you think this brings?

I think that the Community-led: Developing Healthy Communities Task Group, has provided a real opportunity to get professionals around the table, and reflect on 'What are we doing?' 'Where do we need to go?' 'How do we best get there?' and 'Who else needs to be with us?' I think the outcomes from the evidence and research sub-group should be woven into every area of work. We need to establish a credible evidence-base with the application of relevant methodologies.

In very practical terms, Lizanne Conway, Programme Manager for the Community and Voluntary Sector is supporting the Community-led: Developing Healthy Communities Task Group, providing the secretariat support and a catalyst role in implementing tasks. Mary Castles, as the Chair, brings a very informed view about the realities of engaging with community led approaches; working within a local authority where there are multiple areas of deprivation and real issues that have to be addressed. We're very committed to the Task Group and the next few months are crucial in pulling together all the work that has been undertaken over the last eighteen months, with a strategic overview and action plan. The action plan will need to be owned by all the partners, but Health Scotland will play a key role in the dissemination and development of recommended areas of action.

CHEX: How would you envisage Health Scotland working to demonstrate an impact on community-led approaches to national and local decision makers?

Essentially through networks, sharing practice building capacity and developing the evidence base. There is an interest in the impact of sustainability and transferability of lessons. There are a lot of established networks within – CHEX, Voluntary Health Scotland, NHS and local government and also Health Scotland's HLC Strategic Development Post. I think we need to have a view on how we ensure that all of this is shared and we need to think of who that target audience is and how to work best with them.

There is a strong response in policy terms that community groups need to be round local planning tables and they need to have a voice that's heard. It's interesting because certainly ten years ago my recollection of community involvement was 'we need to have recognition that communities need to be involved and that was a very strong message'. I think that recognition has been achieved. However, more than ever, we need to demonstrate the health improvement outcomes from consultation and engagement with communities.

CHEX: What was the thinking behind establishing the Healthy Settings Team - composition of staffing resource and the way it operates?

The establishment of the Healthy Settings team asserts that a settings approach continues to be a fundamental aspect of how we work. The creation of the local government programme is significant in recognising that the landscape for planning and delivering for health improvement has changed and that local government are key players in the delivery of health improvement.

The Community and Voluntary Sector Programme is key to ensuring that community approaches to health improvement are fully maximised. Through the NHS programme we recognise the importance that the emerging CHP's have in contributing to planning and delivery of Health Improvement and we continue to develop the Health Promoting Health Service Framework.

The Health in Later Life programme highlights the importance of engaging with a growing aging population and explores how we can help sustain health and build capacity for health improvement

In our team diagram, we've pictured ourselves as four interlocking circles and we aim to convey that we, as a team, are now working within our specific areas but recognise that there are areas of significant overlap.

CHEX: Within the Healthy Settings Team, does each programme have a budget for promoting and supporting its work or is there a joint budget for the whole team?

We're business planning right now for next year, so it is difficult to say exactly where resources will be placed. We are planning around priorities; the priorities that are particularly significant for the Healthy Settings Team are Health Inequalities, CHP's, CPP's and developing infrastructure. As an organisation we also have some long-standing commitments which will also be part of future planning

CHEX: Will the Healthy Settings team be evaluating its impact on health improvement and how will this be done?

Yes, we will, we need to take a long term view of evaluation across the community and voluntary sector and understand what approaches work and why. We are currently discussing how to move this forward.

CHEX: How do you see Health Scotland linking up with other agencies to maximise the impact on health improvement?

We need to articulate what our unique contribution to the health improvement agenda is, where and how are we working with partners and how can we best help them to have an influence in their arena. That may be through providing forums for engagement to explore different organisations contribution to Health Improvement. It may be through the development of networks. Engagement with our partners continues to be a key area for us to develop.

CHEX: What is the most effective way for CHEX, both the staff resource and the network; to work with Health Scotland and other relevant agencies and sustain effective implementation of community led approaches?

I think that is evolving based on having meaningful relationships. I think that already exists, so it's probably the need to continue and develop that. With hopefully more of a focus on reporting inequalities and looking at indicators, sharing that with the network, making sure that we're able to feed the policy arm which you're currently engaged in - CHEX is very well represented around national tables.

(Janet Muir and Tom Warrington conducted this interview on behalf of the CHEX Editorial Board)

'Community Development Works for Equalities'

In the course of 2005 CHEX worked collaboratively with 'Linked Work and Training Trust' and a planning group including projects from the CHEX network, to undertake a practice development seminar called **'CD Works for Equalities'**. Elspeth Gracey, Practice Development Manager with Chex highlights the thinking behind the event and describes the presentations, discussion and outcomes of the seminar.

Whilst recognising the challenges that embedding equalities work into daily practice can bring, the planning group wanted to foster the approach that Community Development has at its core a value system which makes Equalities work a fundamental part of what those of us involved in this work should do. This is not merely adhering to the latest legislation but pro-actively promoting inclusive ways of working and challenging discriminatory practice.

The seminar was held in the Tolbooth, Stirling on 1st December. Akwugo Emejulu of Linked work and Training Trust introduced and Chaired the day. The prestigious key note speakers each contributed complimentary information to kick start the roundtable discussions by delegates. Alastair Pringle of the Patient Focus Public Involvement Team at the Scottish Executive provided an illuminating overview of the inequalities that remain in our communities and the NHS strategy for Equalities. Alison Gilchrist of the Community Development Foundation highlighted the very real challenges involved in applying the principles of community development to equalities work

The rest of the day involved highly participative round table discussions where delegates were encouraged to think about the practicalities of undertaking meaningful equalities work. In the afternoon this was based on case study work.

The buzz in the room throughout the day was testimony to the enthusiasm brought to the event by participants and catalysed by our introductory speakers. Actively sharing examples of good practice provided an ongoing catalyst for participants to address the challenging issues being explored.

One participant already working in an 'equalities' organisation freely admitted that they had previously lacked knowledge around issues relating to disability but as a consequence of getting practical examples of how to undertake work with disabled people, they now felt more confident and would proactively take on this work. One person asked the enlightening question "Are groups 'hard to reach' or are our services not accessible?" Others spoke of implementing monitoring of the profile of service users to reflect the diversity of people we should reach and acting on gaps identified. Sign posting people to more specialist services than we may be able to provide, translating project materials into other languages and formats as well as implementing the 'standards of community engagement' were all highlighted as ways of increasing our inclusivity.

Feedback from the event confirms the usefulness to participants of the seminar. In response to the question "what difference" the seminar had made people said "*Increased knowledge of good equalities work*" "*A desire to improve practices*" "*Not to be afraid to tackle the harder issues of equality*"

When asked what they would like to see happen next some remarks included "*More events like this*" "*Guidelines set in examples*" "*make sure the views raised today are implemented and acted upon*" "*more networking for support of good practice*"

The planning group are currently working on the seminar report and looking at how some of the issues raised might be progressed to support good practice for projects across the country in this very important issue.

If anybody would like further information about this work they could contact either Elspeth at CHEX elspeth@scdc.org.uk 0141 2481990 or Akwugo at Linked Work and Training Trust aemejulu@lwttc.org.uk 01324 489666

Tackling Poverty and Social Exclusion – The People's Voice

Chex, in collaboration with other national agencies, is working to support the work of the Poverty Alliance's (PA) 'Get Heard' initiative in Scotland. As part of the UK process to ensure community members voice their priorities and influence the European National Action Plan on Social Inclusion (NAP), PA has organized a series of events across the country. In this article Lynn Burnett provides an insight into the experience and encourages CHEX Network members to get involved.

A Poverty Alliance 'Get Heard' group in action

Across the UK people with experience of poverty and social exclusion have been making their voices heard. In the largest coordinated effort of its kind to bridge the gap between policy makers and people living lives of struggle, Get heard is and will continue proving that it is only by listening to the experiences of those most affected by policy decisions that those policies can reflect the genuine needs of society's most excluded. And not only is it proving (in a big way) that people at the grassroots level have a wealth of experience and knowledge unmatched by other sectors or levels, it is also proving that people want to speak up and be heard.

Groups throughout the UK created the Get heard Toolkit specifically in response to the UK government's publication of their anti-poverty strategy: the National Action Plan on Social Inclusion (NAP). Along with all other member states of the European Union, the UK Government must publish a NAP every three years (there have been two thus far) and has stated a commitment to listen to people with experience of poverty or social exclusion before putting together the 2006 NAP. More generally, however, the Toolkit was created in response to the fact that people with experience of exclusion should be participating alongside policy makers in the decisions most affecting their lives.

Get heard has been used by grassroots community groups with support and without, to assess and give their views on what policies work for people living in poverty with three basic questions: what is working, what isn't working, and what should be done differently. Participating groups in Scotland include support groups of single parents, teenagers, drug users, people with mental illnesses and/or disabled people, primary school students, elderly people, unemployed people, people struggling to get by, people with no 'labels.' Some community groups have chosen to run Get heard alongside a single event / meeting already in place, while others have developed something new, such as a policy forum series or local strategy group.

There have been 45 workshops in Scotland, 70 workshops in England, and at least 4 in both Northern Ireland and Wales.

Scotland alone has involved approximately 500 people in workshops with hundreds more now aware of the existence of the NAP. The Poverty Alliance, Scotland's anti-poverty network, took the lead in steering Get heard for Scotland by assisting with the organisation and facilitation of workshops, as well as developing a strategy alongside workshop participants, policy makers and voluntary organisations to move Get heard forward as powerfully as possible.

On 7 November 2005 The Poverty Alliance hosted the final Scottish Get heard conference, designed to bring together workshop participants from the previous year to vote on Scotland's priorities. With a diverse group of over 100 people in attendance, participants built—literally—upon the words of Get heard workshops and chose 20 issues and 20 solutions around what isn't working for people across Scotland. Get heard was designed to retain the details of peoples' experiences and therefore although we acknowledge the impossibility of summing up so many diverse experiences, it is important to have focus and lobbying points; as such, the constituency chose 3 key priorities: Benefits (including issues around benefits being too complex and far too low, little knowledge of entitlement, employment, low pay, apprenticeships), Housing (including quality, access, affordability), and Disability (including support, access, attitudes). Underlying all discussion was the feeling that people need to be consulted and where decisions are made contrary to their hopes they need to know why; they need feedback. People need to feel included and inclusion happens when individual diversity and needs are taken into account with the ultimate goal of maximizing the potential of every person.

But the conference and all the workshops up to now have only been part of the process. Leading up to the publication of the 2006 NAP The Poverty Alliance will be working with workshop participants alongside policy makers, civil servants, politicians and the voluntary sector to decide how best Get heard might influence Scottish as well as UK policy making now and in the future. We will lobby particular points that have emerged from the workshops and final conference, and in early March will run conference to engage very directly with Scottish policy makers, civil servants, and politicians on what Get heard can offer anti-poverty policy making in Scotland. At the UK level we will remain focused on influencing the NAP and ensuring that we continue to be heard more and more loudly even beyond the publication of the 2006 NAP.

If you or your organisation / group would like to be more involved but have not yet done so, please contact Lynn as noted below. And although workshops have been completed for the UK process of feeding into the NAP, if you are willing to run a Get heard workshop in early 2006 to feed into the Scottish process please contact Lynn Burnett on 0141 353 0440, as soon as possible.

Email: lynn.burnett@povertyalliance.org

NATIONAL TO LOCAL AND BACK AGAIN

The NHS Health Scotland programme of national and local activity to improve the mental health and well-being of older people in Scotland has entered a new and exciting phase.

The project has been evolving since its inception in 2001. It started as part of a Scottish Executive-driven national programme to improve the mental health and well-being of older people. Health Scotland, in partnership with the Scottish Executive, was given responsibility for taking the project forward by working with older people on the issues they defined as being important to them.

Central to the initiative is the Small Project Awards Scheme (SPAS), under which Health Scotland is funding and supporting dedicated projects designed, developed and delivered by local people for their communities.

The development of the SPAS moved the project's focus from national to local. And now, following an innovative 'showcase' event at which the eight SPAS projects in Scotland were able to present their successes and struggles, the emphasis has returned to national.

Local people are telling Health Scotland and the Scottish Executive 'here's what we've done, and here's how you can help us move forward.'

The showcase was held at the Apex International Hotel in the Grassmarket, Edinburgh on 15 November. It was a day of celebration as the people behind the projects spoke of their notable achievements.

The projects cover a wide range of issues important to the mental health and well-being of older people – men's health, intergenerational relationships, physical and mental activity, active arts, and support for older people from ethnic minority communities and staying active – and are placed in diverse urban, rural and remote locations.

Project leaders described the increased confidence their projects were inspiring among older people. Participants are accessing new friends, new skills and new interests in areas such as complementary therapy, visual arts and drama. They are learning more about their welfare rights and enjoying the benefits of working in partnerships not only with people from their own communities, but also with local councils, voluntary organisations and education institutions.

But the projects are also facing some struggles. It is proving difficult to reach out to many of the older people who would benefit so much from taking part. The ambitions of the project leaders are not always matched by the resources at their disposal. Adequate transport and premises are ongoing problems, particularly in remote and rural locations. And while working with outside agencies is seen very much as a plus, it also brings some challenges, particularly when partner agencies evolve and change their focus.

Health Scotland is considering very carefully the lessons it has learned from the showcase – celebrating the successes, and analysing the struggles to map out a new way forward. The lessons will play a strong part in influencing not only strategic development at national level, but also how Health Scotland continues to work with local partnerships to deliver local initiatives.

For further information, contact Shirley Mitchell, Health Improvement Programme Officer, Health in Later Life at Health Scotland:

email: Shirley.mitchell@health.scot.nhs.uk.

Community Radio Station for health 'broadcasts' its benefits to the nation.

John Davidson, Health Promotion Officer (Special Programmes), Ayrshire and Arran NHS provides insights into the health benefits from operating a community Radio Station. He describes the origins, development process and impressive results.

3TFM was an intense experience that delivered benefits to everyone involved - volunteers, organisations, staff and the local community it served. Although not a direct response to an idea expressed by community members, it certainly fostered real enthusiasm and interest from local people and community projects.

The original idea grew out of the work of Prof. Anthony Everitt who in the process of evaluating Access Radio changed from a sceptic of the value of community radio to an ardent proponent. He observed that a community station could deliver enhanced community spirit, developing transferable skills thus enhancing opportunities and increasing the effectiveness of local services – both statutory and voluntary. We thought there was real potential to exploit these benefits in South West Scotland and set about talking with potentially interested partners.

The key to success was going to be how these interested partners could see the fulfilment of their objectives in the project and, ultimately, how well they worked together. There was also another factor – each individual in the group had to be willing to do something new.

The component parts needed were: someone who 'knew' radio - in our case, the University Campus Ayr who provided the equipment and steered us through many potential pitfalls; Community Learning and Development, who facilitated local community projects getting involved and provided a suitable venue for the studio; someone who could recruit and support the volunteers, the 3 Towns Healthy Living Initiative; and, ourselves, NHS Ayrshire and Arran. This partnership worked with each contributing its own expertise towards an agreed goal – a community radio station which would have as its purpose the promotion of health in its widest sense, individual and community well-being.

When we started, largely because it was "something new", we tended to fall into the trap of spending too much time exploring the concept and what it might mean to differing parts of our mutual organisations. Thus we delayed the recruitment of volunteers. One concern was the perceived risk - our minds at time went into overdrive imagining the pitfalls. The idea of controlling this perceived risk produced a policy of pre-recording programmes in order to vet them before broadcast. This policy increased the workload hugely and began to inhibit a vital factor in radio – the intimate, personal quality of the medium. The disadvantages of such a policy were, fortunately, soon obvious and it was quickly moved to a back burner. There is a place for pre-recording programmes but not on such a dominant scale. Such was the commitment of the volunteers we never regretted its receding.

When recruitment began, the steering group could take more of a background role. It concerned itself with the overview and strategic direction while the volunteers formed the group which would produce the programmes. This group was supported by members of the steering group and a support worker and it was in this group the real action took place – training needs identified and met, programmes discussed and scheduled, jingles and station idents produced. The buzz was electric at times. Much of this activity took place under the roof of the Caley ICT Music Learning Hub in Stevenston. The existence of such a project and the willingness of its staff to be involved contributed greatly to the success of 3TFM. Eventually, it was this volunteer group that would emerge to become the constituted group that now takes forward the station today.

3TFM takes off!

The benefits were many including:

- Contact with 244 local organisations
- Over 50 organisations contributed directly by giving interviews, submitting items for programme content, visiting the station, promoting over the station to their members and constituent groups.
- Staff from haulage firms, local shops, take away outlets, taxi firms and a number of town centre businesses commented, that they were tuning in and enjoying the local content of the programmes
- 42 Community organisations contributed significantly, to the production of programming, including; primary schools, community police, youth organisations, voluntary and not for profit sector, philosophy group, writers workshop, Headway Trust, See Me campaign.
- The station volunteers established and managed the work of the following sub groups; Community Contact and Engagement, Scheduling and Programming, Web Site Development, Marketing, Development and Promotion. These groups effectively undertook all of the day to day work associated with the running of the station and reported back to the full partnership meeting.
- Six primary schools and one secondary school contributed to the wider involvement of the local community.
- 54% of volunteers were recruited from the target area of the three towns, within the worst 20% SIMD data areas
- 89% of volunteers undertook training in broadcast law, ECDL, radio production, audio engineering, jingle creation and web design
- 66% of volunteers indicated a wish to access further training/ education
- 88% of the volunteers indicated that they were very satisfied with their experience of volunteering.
- Increased confidence, meeting new people and undertaking training were identified as positive outcomes by participant volunteers
- 10 young volunteers registered as Millennium Volunteers, 4 of whom have achieved the 200 hour Award of Excellence and 3achieved 100hours volunteering.

Listener feedback confirmed that we were reaching particularly disadvantaged groups and individuals. There was evidence of contact with the homeless, people seeking to improve their mental health, young people self-harming and people coping with bereavement. During our Doctors phone in, we also had enquiries regarding cancer, deep vein thrombosis and cardio - vascular illness. The list gets breathless but it highlights the impact that this initiative made.

Now it's time to do it all again. The 3TFM volunteers have constituted themselves and funding seems likely for the continuation of the project.

For further information about the project contact John Davidson at NHS Ayrshire and Arran. john.davidson@aapct.scot.nhs.uk

Healthy Futures, be part of it.

Healthy Futures is the name for the community engagement strategy of the Glasgow Centre for Population Health (GCPH) which is being carried out in partnership with Gorbals Healthy Living Network.

GCPH is a research and development Centre established to generate new insights and evidence on those issues which drive the patterns of ill-health that characterise Glasgow and the west of Scotland. The Centre's remit provided a challenge *Healthy Futures* hopes to overcome: how do we combine the insights of local people with those of the academics, policy makers and practitioners that organisations such as ours traditionally converse with? Additionally, how do we make this an empowering experience for the local communities that share their thoughts with us? Research, even the most well-meaning, is by its very nature an extractive process, taking the knowledge people have about their own lives and situations and repackaging this as "expert" description and policy recommendation.

Participatory Appraisal (PA) is now well established as an inclusive method of gathering opinions and local expertise that has been used to bring communities closer to the policy making process. The skills provided by PA can empower individuals and communities to be heard, explore issues critically and crucially, provide evidence to support their claims. *Healthy Futures* is currently recruiting peer researchers to be trained in PA to explore issues around health in their own communities. Their findings will feed into the Glasgow Centre for Population Health's development of fresh thinking in identifying potential solutions and actions for health improvement. It will also, through the work of peer researchers, generate thinking and discussion in communities about health and the future of the city and region. If you know of anyone who would find training in PA beneficial and has an area of interest that could contribute to this project, then please get in touch with us. The Centre will cover costs for the training of 24 peer researchers.

Healthy Futures uses a broad definition of health and its influences. Potential research interests need not be solely about services or disease conditions, they can equally be about area, community and wellbeing as they can be about things such as diet and smoking- we are open to new ideas as well as the more well-known ones. We would also like the project to provide as much benefit as possible to the peer researchers through increasing their self-esteem, skills and employability. If training in PA or exploring an issue in their community would provide someone with a big step in the right direction, then this is the kind of person we want on board. The training will take three days followed by fieldwork on the peer researchers own project over approximately two days. (We aim to be flexible about hours.) The peer researchers will be fully supported and will help to disseminate their findings back to the community.

For further information contact either Pete Seaman on 0141 221 9439 or Pauline Mole on 0141 429 0360.