

CHEX IN WITH CDAS

Stewart Murdoch is Head of Communities Department at Dundee City Council, Trustee of the Community Development Foundation and currently Chair of the SCDC Management Committee. Stewart is also the Chair of the Community Development Alliance Scotland (CDAS) and here explains what CDAS is and why and how the CHEX network can link with and use CDAS.

The Community Development Alliance Scotland is a network (as opposed to an organisation). In this regard, it will have many characteristics in common with CHEX. Its purpose is to bring together organisations and national or regional networks which have as part of their mission the promotion of community development.

Some years ago, it was known as the Scottish Community Work Forum and its administrative and policy support was delivered through the Scottish Community Education Council.

Following the "bonfire of the quangos", Community Learning Scotland (the successor body from SCEC) ceased to exist and its functions were transferred to Communities Scotland. For a period, Communities Scotland continued to support. However, it quickly became clear that, as a government agency, Communities Scotland wished to have greater distance between a network that was advocating and lobbying government. With Ministerial support, it was agreed that the Alliance should move to a more autonomous structure. Communities Scotland has provided a grant to the network annually for the last three years which has enabled it to commission administrative and professional support and to develop its own website.

Avante (a social, economic and community development consultancy based in Edinburgh) has, over the last 12 months, undertaken this support and has also reviewed the future arrangements for the Alliance.

A request will be brought to Communities Scotland for continuing support at the current level in order that CDAS can secure policy/development support and the necessary administrative support to allow the network to function.

Membership of CDAS takes two forms. A wide cross-section of organisations use CDAS as a communications network; they might attend events such as the recent seminar on Community Development Manifesto for Scotland held in Edinburgh in January 2007. A small number of national organisations with an interest in community development have taken on the additional role of forming a core group to provide governance for the network and they are responsible for the relationship between CDAS and Communities

Scotland, the organisation of meetings, administration and accountability for funding generated by or provided to the Alliance.

Inevitably, many of those involved in CHEX will already have some involvement with organisations in membership of CDAS.

CDAS's focus is exclusively on community development and it works through its membership to promote discussion and dialogue on topics of interest. It would be entirely appropriate for CDAS and CHEX to collaborate on future events relating to community development and health.

It would also be appropriate for CHEX to use CDAS as a mechanism for disseminating information and as a way of briefing organisations on its own work and issues of concern.

In relation to the conference held in Edinburgh in January, one of the workshops was entitled "Health and Wellbeing". The output from this workshop will be part of the overall conference report. What may be of interest to the CHEX network in particular would be the key areas of concern in relation to community development emerging from that workshop, and these were:

- 1 Community development work needs to be better resourced, particularly at community level (groups and access to support - grass roots development).
- 2 We need to build accountability into local structures (eg community health partnerships) and at national level so that communities feel listened to and able to influence through genuine participation.
- 3 CDAS, in partnership with others, needs to identify and share examples of good practice, highlighting where community planning and CLD are working together - identify different practices and processes.
- 4 CDAS should highlight the need for resources for "healthy" effective communities.
- 5 CDAS should take education role in helping decision-makers to understand how community development contributes to effective decision-making.

Stewart Murdoch
Chair - CDAS

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.



Point

Community Development & Health Improvement: Good Policies, Good Practice?

Community Development (CD) is a phrase which trips off the tongue and is commonly recognized as 'a good thing' as a way of improving the well-being of communities. Whether or not there is a common understanding of the phrase across the agencies charged with providing services to our communities is debatable.

In this issue, we explore the fluid nature of CD, how it is used to drive change at an individual, an organizational and a systems level. The LEAP article on page 4 shows the cyclical nature of interventions, not just a linear process of 'intervention = outputs'. Central to CD is a value base of equality, empowerment and dialogue. These are the founding principles of SCDC and CHEX and the rationale for other communication networks like CDAS, whose article on page 8 raises 5 areas of concern.

Whilst the Community Health Sector is clear about the meaning of partnership and true participation, this understanding is not



Illustration by Graham Ogilvie

always mirrored in the statutory services. CD is about understanding the community and the issues they hold dear rather than an imposed target from an external agenda. Time has to be taken to build confidence and capacity in communities to enable full participation in the decision-making arena.

In this edition, we are trying to promote meaningful dialogue on the subject of CD and are actively seeking examples of good and bad CD which illustrate the levers and barriers to improving practice in health improvement and tackling health inequalities.

We will continue this theme in the next issue where we will be focusing on capacity building with health professionals and communities.

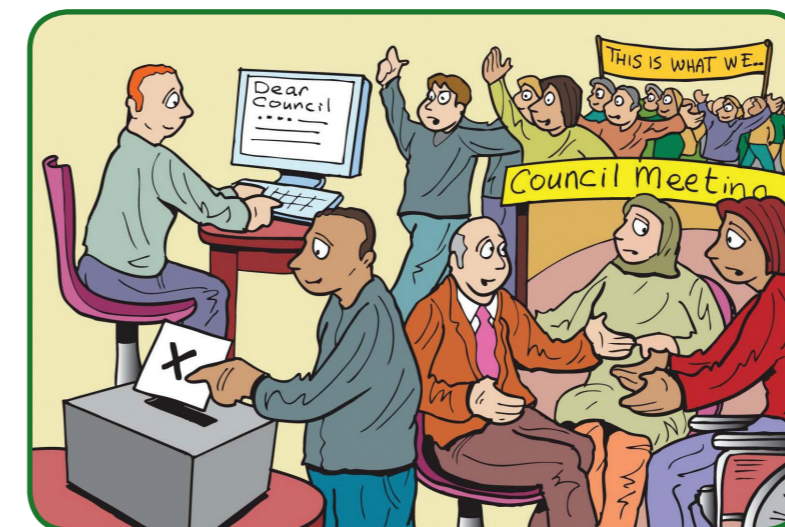


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HOW DID WE GET HERE?

SCDC's work in Community-led Health

The Scottish Community Development Centre (SCDC) is the designated National Development Centre for community development in Scotland. SCDC is an innovative partnership between the Community Development Foundation (a UK non-departmental public body funded by government to support community development) and the University of Glasgow. SCDC currently hosts and manages three publicly funded national projects - Community Health Exchange (CHEX), LEAP Support Unit and the Healthy Living Centre Support Programme. In this article, Stuart Hashagen, Co-Director of the Scottish Community Development Centre (SCDC), gives an historical perspective on the centre's contribution to community health in Scotland.

Whether we call it a sector, an identity, a network or a tradition, most observers would have to agree that Scotland now has a lively, active and influential group of projects and people that are working for and promoting what has come to be called community-led health. For example, CHEX supports information exchange and learning between these people, and helps people focus on common issues, challenges and opportunities. The Scottish Executive has commissioned the Task Group on community-led health improvement, and its recommendations for further supporting community-led health and embedding it into the broader health improvement agenda are being taken forward. There are now a large number of community health initiatives, healthy living centres and other projects working in this way, while many professionals in public health and health promotion are convinced of its value.

Although the merits of involving communities in health improvement have been put forward for many years, it is only recently that the message has become so widely recognised. Until the early 1990s, there was a scattering of projects and committed workers, some in local authorities, some in voluntary organisations, and some in the NHS who were working in 'community health'. But they barely knew of each others' existence, and there was little common understanding of what community development meant, although most claimed to be doing it. Around 1992, the forerunner of Health Scotland, the Health Education Board for Scotland (HEBS), took the sound, if brave, decision to establish a Communities Programme and to commission research into the way community health might best be nurtured and encouraged. The consultants recommended that a 'national development centre' should be established, and this idea was taken to a major conference HEBS event in 1994. Delegates almost unanimously rejected the idea of a 'centre', but instead called for a study of who was doing what, where and how. SCDC undertook this work, and compiled the first directory of community health projects which was published by HEBS in 1995. Many of the projects contacted while compiling the database commented that it would be helpful if further networking could be encouraged.

In response, HEBS established the Community Health Network Project as a demonstration project supported by action research, which ran out of SCDC from 1997 to 1999, when it was replaced with CHEX, which drew on the lessons from the earlier project. At the same time, HEBS were commissioning and encouraging other work to help improve practice and enhance impact, notably the Health Issues in the Community training programme, which responds to the training needs of 'lay' community health workers, and LEAP for Health, a planning and evaluation framework for community health.

From the perspective of SCDC, some of the key questions and lessons that emerge from this potted history are:

- ✘ The importance of adopting a community development approach to developing and designing a national level support service. CHEX works in a different way from other national networks because of this approach
- ✘ The importance of commissioning research and evaluation to inform programmes and practice, and of basing policy guidance on practice experience
- ✘ The importance of managed network support, to attend to administration, organisation, analysis, reporting and organising.
- ✘ The ability to link what is happening in community-led health to parallel developments in community work, regeneration, and community planning, and to help develop common understanding between them.

Therefore, the next 10 years present significant challenges in ensuring community-led approaches bring about improved health for all. We, in collaboration with others, will work towards community-led health being evermore firmly embedded, with sustained funding and broad recognition of the cost-effective impact of such work on people's wellbeing and the quality of life in Scotland's communities.

For more information on the work of SCDC, visit www.scdc.org.uk

To give you a better insight into the work of BCPP, we will profile some examples below.

The Foyle Haven Centre, Londonderry, is a damp drop-in (i.e. allows people who have consumed alcohol that day into the premises) for street and homeless drinkers. It provides a range of support services, for example, a family room, hot meals and welfare advice. Foyle Haven recognised they work with a group of people who rarely access core services for a number of reasons and they felt this project could help them address this issue.

Initially, Foyle Haven's Health Worker and the pharmacist worked with users to identify issues important to them. Many topics have been covered such as sunburn, the importance of eating one meal a day, art classes and a 6 week anger management programme. However, they recognised that to involve the women, they would need to take a different approach. They started with a health day for women. This enabled a relationship and trust to be built with the local pharmacist and a range of other providers.

Foyle Haven's health worker said: *"The partnership between Foyle and the pharmacist has been brilliant ... I can drop into the pharmacist or ring for advice. The users feel comfortable dropping in to talk to the pharmacist to ask questions"*.

The positive change in their self worth and esteem and the building up of their support network has demonstrated how a locally driven project can meet the needs of a vulnerable group.

Springfield Community Association (SCA), Belfast, offers a range of services, including a day care service for elderly people and giving carers respite.

As SCA mainly worked with older people, they frequently use the pharmacy to collect prescriptions and recognised they could work more closely with the pharmacist to develop a better understanding of the pharmacists' role and to construct a training resource pack to help staff access health information for carers and older people who they are in daily contact with.

The pharmacist went to the centre and outlined his role to staff, volunteers and clients and they relayed this knowledge to



Paul McKeever, Pharmacist, makes a new friend at Springfield Community Association

older people and their carers through the centre and other outreach services SCA provide. Group sessions on health issues often experienced by older people and their carers were delivered in a user friendly fashion by the pharmacist. This also included a time for one to one support sessions. The information pack has been invaluable to staff, volunteers, and older people and carers using the centre.

SCA's project leader said *"now we also find that the pharmacist and his staff refer people onto us as they know more about our services"*.

Conclusion

We hope this article has demonstrated to you the role of CDHN and more specifically, the work that is currently ongoing in local areas of NI. CDHN focuses on bringing about change using a community development approach to address local health needs, specifically health inequalities. BCPP is a way of demonstrating how this theory of change can be put into practice.

If you would like further information on CDHN or BCPP projects go to www.cdhn.org. Alternatively you can contact us on 028 3026 4606.

CHEX new Briefing on the Sustainability of Community Health Initiatives

CHEX is about to disseminate a new Briefing on signposting Community Health Initiatives (CHIs) to resources on sustainability. It highlights resources that can help CHIs plan and deal with different factors that affect its long term sustainability such as strategic planning, monitoring and evaluation, addressing health inequalities, working with communities, influencing policy and practice, marketing, partnership working, advocating and funding.

Under each topic heading, a number of questions are asked, followed by signposting to relevant tools such as DVD, case studies, evidence papers, business plans, approaches to evaluation and funding sources.

The Briefing will be disseminated to CHEX Core Network – Community Health Projects, Health Living Centres and community organisations with a health focus and can be downloaded from CHEX website www.chex.org.uk.

Community Development and Health Network in Northern Ireland

In this article, Laura Rooney from the Community Development and Health Network (CDHN) in Northern Ireland (NI) seeks to demonstrate the benefits of using a community development approach to addressing health inequalities. It outlines the work of CDHN and focuses on the work of Building the Community-Pharmacy Partnership (BCPP).

CDHN background

CDHN is a Northern Ireland wide voluntary member based organisation whose purpose is to make a significant contribution to ending health inequalities through campaigning, influencing policy and developing best practice, using a community development approach. At the heart of a community development approach lie values of equality, social justice and collective action.

Northern Ireland and Social model of health

In Northern Ireland, as across the United Kingdom, there have been great health improvements in the last century. However, our health remains a matter of concern, particularly when compared to other countries in Western Europe. CDHN and all major government policies recognise there are many factors impacting on people's health, such as poverty, education, living conditions, housing, and access to social and community networks. A social model of health considers how these wider determinants impact on people's health and demonstrates the importance of taking these into consideration when designing and delivering local health interventions.

Changes

Since the Review of Public Administration announced in November 2005, CDHN has been working with members to ensure that community development and health is kept on the agenda of those commissioning and delivering services, especially health and social services.

CDHN believe that communities, both geographical and of interest and identity, should be central in the designing, planning and delivery of services so as to achieve preventative and radical solutions to local needs.

CDHN seeks to achieve their aims through a number of mechanisms, some of which are listed below:

1. INSCAPE, funded by the Big Lottery, seeks to enable community development and health workers and volunteers to build their skills and knowledge and develop their practice and experience. This is done through a variety of means, including networking events, briefing papers, newsletters, website etc.
2. Skills for Health (funded by the Educational Guidance Service for Adults, EGSA, under

European Peace II) sought to demonstrate how people can improve their essential skills through learning about individual and community health issues.

3. Arts and Health funded by the Arts Council – is a three year arts and health action research programme with socially disadvantaged and vulnerable people.

Building the Community-Pharmacy Partnership (BCPP)

is about: *developing community-pharmacy partnerships to address locally identified needs using a community development approach.* Pharmacists and communities have a vast range of skills, expertise and information that can be used in different ways, settings, and approaches to help support and enable people to address locally defined needs. Both play a vital role in the infrastructure of the local community.

The Northern Ireland Executive Programme funds initially funded CDHN to pilot BCPP and then in March 2004 the programme secured recurrent funding from the Department of Health, Social Services and Public Safety, Pharmaceutical Branch.

To support this innovative way of working the programme commits, through a grants programme, over £300,000 to local initiatives. However, the core to making this work is the developmental aspect of BCPP. CDHN are at the forefront in supporting very diverse groups to work together to design and deliver locally sensitive initiatives that will bring about change in their areas. This involves developing partnerships, facilitating joint working, promoting an understanding of community development and a social model of health, as well as training on facilitation, group work skills, evaluation and finance. It also seeks to ensure projects benefit from other CDHN initiatives including networking, lobbying and campaigning.

BCPP has over 100 live projects. We work with a range of groups from older people to young children; homeless people, to the travelling community to ethnic minority groups on a range of issues using various approaches, such as one to one support, group sessions, peer support, referrals with a focus on developing skills, understanding, confidence and capacity building.

BCPP has been successful in contributing to a range of DHSSPS strategies and policies, including 'Investing for Health Strategy', 'A Strategy for Pharmacy in the Community', and the 'Regional Strategy for Health and Wellbeing: A Healthier Future'. At present BCPP is undergoing an evaluation to determine the change that has been brought about by the programme and to determine the sustainability of this way of working in light of the Review of Public Administration.

Community-led health – Challenges and Solutions

Janet Muir, CHEX Manager, explores some of the challenges in working with community-led approaches and cites solutions both at strategic and operational level.

Community-led health is a term used by different sectors to describe working with communities on health improvement and tackling health inequalities. The nature and extent of involvement varies greatly; from 'one-off' consultations to working with community organizations as partners in decision-making and resource allocation. The Community Health Exchange (CHEX) would advocate that, in order to achieve the maximum health outcomes, community development approaches should be adopted in the following way:

- ✗ Promoting learning, knowledge, skills, confidence and the capacity to act collectively;
- ✗ Taking positive action to address inequalities in power, access and participation;
- ✗ Strengthening organisation, networking and leadership with and between communities;
- ✗ Working for change through increased local democracy, participation and involvement in public affairs.

Taken together, the evidence shows (Ref 1) that these four processes can lead to communities having greater control and influence on positive health, social, economic and environmental outcomes, which result in a better quality of life for all people.

A recurring aspiration of the Scottish Executive (SE) in many of its consultative and policy papers is to 'place communities at the heart of its policies' (Ref 2). Community-led health has demonstrated that it is well placed to assist the effective implementation of these policies. Many examples across the country show that effective engagement and partnership working with communities has led to decision-making in local services and structures being more responsive to need, reaching excluded communities, mobilising community-based expertise and resources and identifying solutions to difficult problems.

However, it is important to recognise that working in this way with communities has created significant challenges for many health professionals, both in the NHS and within the wider public health workforce. While there has been confidence about informing and encouraging people to become involved in pre-determined health improvement priorities, there has been limited expertise in development approaches required to empower people in joint planning and influencing local services. The CHEX Network of Community Health Projects and Healthy Living Centres have reported that, until recently, much of the experience and expertise in these approaches has come from community and voluntary sector/s. However, the work of SE Community-led Supporting and Developing Healthy Communities Task Group has now gone some way in providing leadership and support for more strategic and operational commitment from all sectors.

In Dec. 2006, the Task Group launched a range of support materials which reviewed the evidence-base and highlighted methods/approaches which maximise the benefits from community-led approaches. It also produced a number of recommendations aimed at embedding good practice in community-led health at a local level. A Steering Group has been set up to oversee the implementation of these recommendations and during 2007 will focus on:

- ✗ Further assessment and development of the evidence-base
- ✗ Planning and partnership working in integrated health improvement
- ✗ Capacity building on community-led health
- ✗ Sustainability of community-led activity.

CHEX, together with Voluntary Health Scotland (VHS), have been given a lead role to take forward three of the recommendations related to capacity building and influencing policy.

Reflected in the Task Group's work is the fact that the benefits from community-led health are significantly hindered by a weak funding base i.e. community/voluntary organisations delivering the work receive short term funding and 'project work' is often neither mainstreamed nor supported as autonomous voluntary organisations. Therefore, not only are services lost and learning dissipated, but communities get damaged and grow cynical about future involvement in any further community activity.

We welcomed Mark Ballard's (Green MSP) initiative last November in co-ordinating a cross-party debate on this funding challenge and were heartened by the contributions of all political parties in recognising the value of community-led health in health improvement and tackling health inequalities. Both CHEX and VHS informed the debate with Briefings.

We identified key questions and recommended practical solutions, which would help ensure accountability and transparency of decision-making such as calling upon the Scottish Executive to:

- ✗ Require each Health Board and Local Authority to produce within its strategic planning documentation a clear statement, with strategies and targets as to how it will support community-led and voluntary sector health initiatives.
- ✗ Require from each local Health Board and Local Authority an annual accounting of any funds allocated to those bodies specifically to support community-led and voluntary sector health initiatives.
- ✗ Strongly encourage Health Boards, Local Authorities and other public funded agencies to commit themselves to the National Standards in Community Engagement and Voluntary Sector Compacts.
- ✗ Ensure that the National Task Group recommendations on Community-led are implemented and resourced at a local level.

For further information about the CHEX involvement in the Implementation Group on the Task Group recommendations, contact Janet Muir, Janet@scdc.org.uk.

(Ref 1) *Changing Lives: The impact of Community-based activities on health improvement (Community-led Supporting and Developing Communities Task Group (2006).*

(Ref 2) *'Our National Health A Plan for Action, a Plan for Change, Scottish Executive (2000)*

LEAP for Health – planning, evaluating & learning from community development approaches to health

An evaluation framework, which has helped address some of the challenges involved in conveying the impact of community-led health has been 'Leap for Health'. Jane Dailly, SCDC LEAP Manager highlights the benefits of applying 'L4H' in the monitoring and evaluating community-led health.

A community development approach to health can be described as a process of supporting communities (of need; interest or geography) to define their own health issues; identify the solutions to those issues; and to engage with appropriate services and agencies in order to exert influence and control over decision-making processes that have an impact on their health and wellbeing. It is an approach to improving health and wellbeing that is firmly based on the principles of social justice, inclusion, equality and self-determination.

LEAP for Health describes an approach to planning and evaluation that is explicitly based on the principles and values that underpin a community development approach to health.

Why is this important?

Appropriate Planning and Evaluation

Planning and evaluation are core/integral activities in community development; they are not additional to the community development process. There is no way to apply community development principles and achieve community development outcomes without planning with stakeholders around the needs identified as being important to them and planning action that will directly respond to these issues. Similarly, there is no way to assess progress or even define success unless the perspective of key stakeholders (communities) is understood and central.

This does not mean that planning and evaluation should not be robust – it must be. To know if anything is different as a result of what we do (outcomes); or to learn anything about what works in improving health and wellbeing, then we need to specify the changes we want to make, as part of the planning process, and find a way to measure whether this has happened as part of the evaluation process.

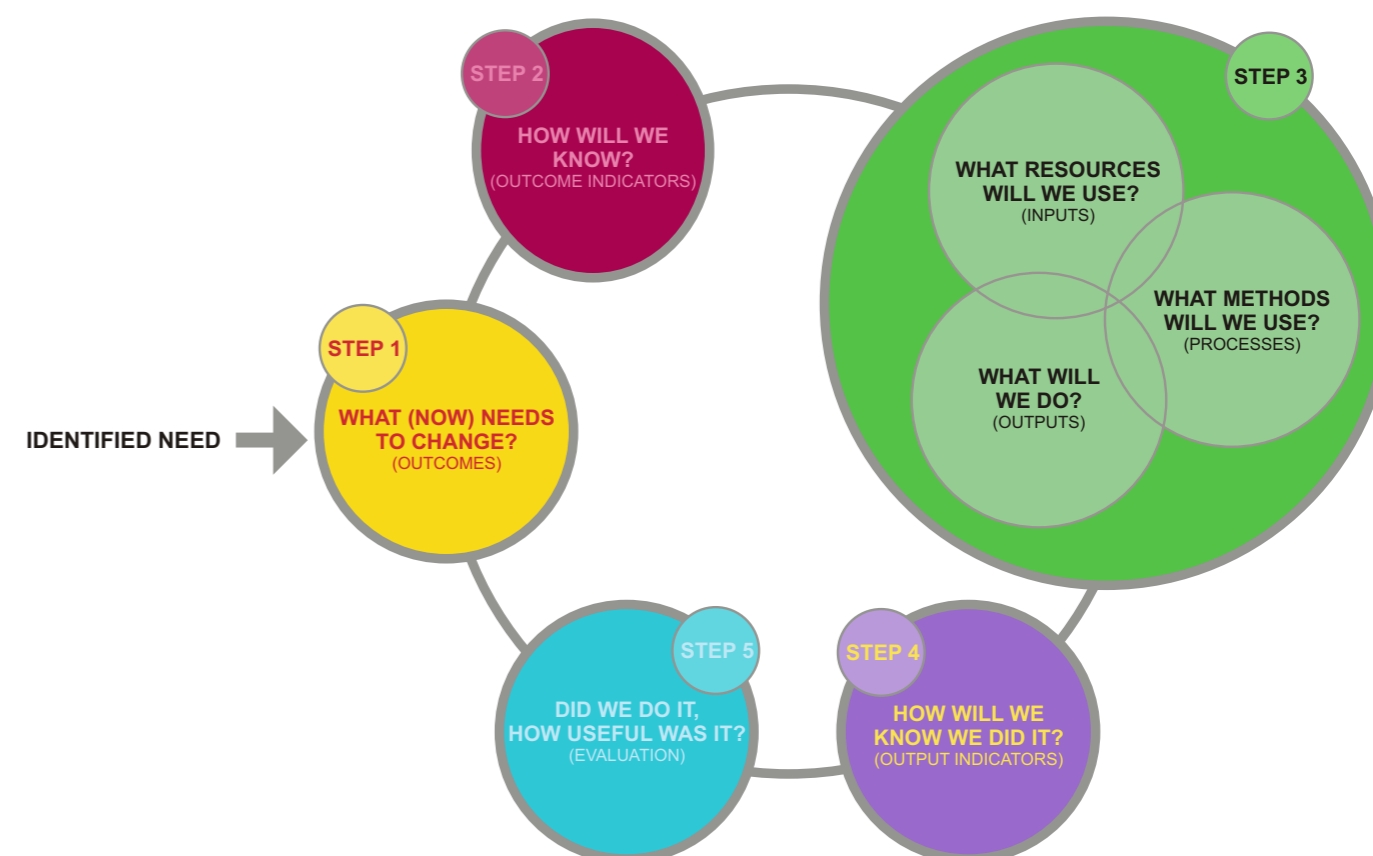
The purpose of the LEAP for Health resource is to act as a "road-map" that supports us to put those principles into practice and undertake appropriate planning and evaluation.

How does LEAP for Health work

LEAP for Health sets out an approach to planning and evaluation that is based on the following 4 principles:

- ✗ Planning should be a need-led process (it should be a process by which we set out to address issues of concern to communities and respond to wider issues of social injustice and inequality).
- ✗ Planning and evaluation should be change/outcome focused (planning should be a process of identifying the specific changes we hope to achieve and evaluation should be a process of assessing progress towards these changes).
- ✗ Planning and evaluation should be participatory processes (planning and evaluation should be collaborative processes, involving all those with a stake in the issues we are trying to address, particularly those intended to benefit from change).
- ✗ Planning and evaluation should learning-based (a primary function of planning and evaluation should be to facilitate learning and improvement. It should be a process of capturing and reflecting on the process of change and applying any learning to future action).

The LEAP process diagram



The LEAP process diagram (above) is the main "tool" of the framework. It sets out key steps and stages in a planning and evaluation cycle that is based on the principles described above. It is a straight forward model based on a series of questions that we need to answer at each stage of planning and evaluation.

This model is common to all LEAP manuals.

In addition to this, LEAP for Health describes: what is meant by a community development approach to health; describes the core purpose of this approach (based on extensive consultation with practitioners and participants) and gives examples of the kind of outcomes that might result from this way of working. This material supports us to use the LEAP model and to plan and evaluate in relation to realistic and appropriate outcomes.

For more information on LEAP, visit <http://leap.scdc.org.uk>