

Tools for a Brave New World

Messages ring out nation-wide on the challenges confronting us all with current and forthcoming financial cut-backs. These are quickly followed by the call for new thinking, new structures and new ways of doing things.

In the first of a two-part feature to be concluded in our Autumn edition, this issue of CHEX-POINT highlights some new practice development methods and new structures in health intermediaries that should provide added support in working with communities on health improvement and tackling health inequalities. Included are articles which highlight the importance of economic evidence and community-led research, suggest some useful evaluation tools which can be used by community health initiatives to demonstrate impact and profile the recent changes which have taken place at the Scottish Health Council.

Elsewhere in this issue, we hear about the pioneering work on mental health and well-being being carried out by Edinburgh Tenants Federation, and how community activists have influenced health policy via the Equally Well review.



Inverclyde Association of Mental Health - measuring impact with Social Return on Investment (SROI) (see article on page 4)

Date for your diary: CHEX National Conference 2010

Following the success of last year's national conference, CHEX would once again like to invite community health projects and initiatives, and their local partners to come together to explore the impact of community-led health in our communities.

This year's conference will take place on Tuesday 7 December 2010 at Stirling Management Centre, Stirling and sets out not only to demonstrate the impact that community-led approaches can make to health improvement, but also to explore some of the key challenges facing the sector today, and highlight some innovative responses to these challenges under the theme of **'New Challenges, New Responses'**. Further information and registration details will be announced in the autumn via our CHEX-Point Snippets e-bulletin and our website www.chex.org.uk.

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Community-led Research - Achieving positive change

CHEX has long supported and promoted community-led research through a range of its activities e.g. our recent practice development seminar (Glasgow, May 2010) and our Health Issues in the Community training which supports participants in researching a local issue of importance to them and presenting that information to others in a way of their choosing. In this article, Elspeth Gracey explains the benefits to communities of this approach.

The concept of community-led research is fundamental to understanding that local people, or members of a community of interest, are the experts in their own life circumstances and if they choose to investigate a subject of importance to them they will bring to that research insight and understanding beyond anything that an 'external' researcher might bring.

Let's compare the difference between 'traditional' research and community-led research. In 'traditional' research, the community being researched is frequently only the passive object of the research, often involving somebody from outside of the community deciding what the issue to be researched should be. The researcher then asks questions in, and of, the community or uses third parties to provide statistical or other information relating to the community.

The information thus gathered is then collected into a report or 'paper'. The community is unlikely to have any control over the findings or the use to which they will be put. They are unlikely even to be informed of the research or its findings.

Community-led research, by comparison, always focuses on a problem or issue identified by the community. The issue to be researched, the way the research is carried out and how the research results are used is decided by the community. The purpose of the research is to try and make a difference to the issues or problems that affect people's lives.

CHEX is part of the Scottish Community Development Centre (SCDC) which since 2002 has worked, via the Scottish Community Action Research Fund (SCARF), with a large number of



*Community researchers in
Blarbuie Woodland, Argyll & Bute*

community groups across Scotland, supporting them to develop and carry out research into issues of concern to their community. External evaluations have shown that many groups have successfully evidenced local needs and, through presenting their findings, have achieved positive change in their community.

Additionally, there is evidence that individuals and groups have increased skills and confidence as well as gaining greater support from within their community as a consequence of undertaking their research.

At the recent CHEX seminar on community-led research, participants were set the task of putting themselves in the position of local people seeking to address an issue of importance to them. In one instance, the issue was poor quality housing and, in the other, weak public transport links for a rural community.

During this exercise, there was the buzz of animated discussion and activity in the room providing a glimpse into how willing people are to engage in a participative process and how innately creative groups of people can be when engaged in a shared task.

When we consider how much more energy, verve and creativity would be available in a real case scenario, it's not surprising that community-led research is the powerful tool we know it to be.

For more information on this seminar, contact Elspeth Gracey, CHEX Development Manager at Elspeth@scdc.org.uk

Economic Evidence – Question Time

Participants at the 2009 NHS Health Scotland Conference, 'Healthier Lives, Wealthier Communities?' (*), called for more support to help demystify economic evidence as applied to the community and voluntary health sector.

As a result, a small working group – made up of CHEX, NHS Health Scotland, the University of Glasgow, Community Food and Health (Scotland) and Voluntary Health Scotland – organised a roundtable discussion on 20 April 2010 with the purpose of collecting the questions, which 13 invited representatives from the community and voluntary health sector wanted to ask about economic evidence. These questions will shortly be answered in the form of a question / answer briefing paper, which will be widely disseminated across the sector in late summer.

In summary, the key concerns and benefits raised at the roundtable about economic evidence can be summarised as follows:

Some concerns

- While funders currently are not requesting organisations to collect economic evidence, an overarching concern of participants was that if and when they do, will they value monetary value more highly than social value, and will unfair economic comparisons between organisations be made as a result?
- Participants also questioned if funders would be ready to receive economic evidence from community and voluntary health sector organisations – how will they interpret it and apply it in their decision-making, and will qualitative evidence be given equal weight?
- There is currently limited availability of funded training places and resources to help organisations become more competent and confident at collecting and using economic evidence. The Scottish Government's Social Return on Investment (SROI) Project has been widely accessed and valued (see IAMH article on page 4), but participants knew little of alternative approaches to collecting economic evidence and felt that this was a gap.

Some benefits

- Participants, who were already collecting economic evidence (mainly using SROI) valued the learning generated by the process and saw how it was bringing about improvements in the way their organisation collects and uses information.
- Participants recognised that economic evidence, when used alongside qualitative evidence, can bring a tangible dimension to evaluation that will appeal to some decision-makers.
- Economic evidence, when used appropriately, is not just about monetary value but social value too with the trick being to show the added monetary value from the social value.
- SROI and other models fit in well with outcome focussed planning and demonstrating impact within Single Outcome Agreements.
- If done well, economic evidence can help organisations demonstrate impact on stated outcomes in a tangible and meaningful way.

A huge list of questions was generated at the event, ranging from what we mean by the term economic evidence, to the strengths and weaknesses of each model, as well as what model suits different situations. Answers to these questions are now being tackled by the working group, with valued support from Dr Liz Fenwick, a Health Economist at the University of Glasgow, who has been committed to supporting CHEX and others in this process for a number of years.

For more information about the briefing or for a copy of the roundtable discussion report, please contact Lizanne Conway at NHS Health Scotland (Lizanne.conway@nhs.net).

(*) To find out more about this conference and related case studies and activity, please visit <http://www.healthscotland.com/topics/settings/community-voluntary.aspx#economicEvidence>

Economic Evidence –

Experience of Inverclyde Association for Mental Health

Social Return on Investment (SROI) is a method for measuring and communicating a broad concept of value that incorporates social, environmental and economic impacts. An SROI analysis can serve many purposes and can help with a range of activities: strategic planning, raising the organisation's profile or making a stronger case for future funding. It provides useful information not only to the third sector organisations but also to funders, investors, and policy makers. In this article, Margaret Tait, Manager of Inverclyde Association for Mental Health (IAMH) relates her experience of the SROI process.

Inverclyde Association for Mental Health delivers services through a range of activities in Inverclyde. We have three main core services – Residential, Housing Support and Employment Training.

In 2008, we decided that we wanted to examine our “added value” in relation to our Employment Training service In-work Horticulture and Landscaping Services. We believed that a Social Return on Investment analysis was the most appropriate method of capturing and evidencing the components of our service delivery that service users consider makes a difference to their quality of life, and for us to be able to measure it in financial terms.

We also wanted to use it to inform funders that they should give more consideration in “best value” terms to softer indicators and their impact, and impress and influence commissioners of the longer-term “value for money” gain when procuring our services.

As all social enterprises find themselves in an increasingly competitive market, we needed to develop a reporting mechanism that truly reflected the effects that our services were having in terms of assisting individuals move into training and employment and the wider impact on local communities and national agendas.

In-work Horticulture and Landscaping Services offers people with enduring mental health problems volunteering, certificated training and employment training opportunities, aiding their recovery and bridging the gap of training and employment within their local community.



In-work Horticulture and Landscaping Services, Inverclyde

It is a SQA accredited centre. Encouragement and support is given to participants to gain a SVQ Level 1&2 in Amenity Horticulture. Participants can get a diverse range of experience at both our plant nursery and within our landscaping and ground maintenance business.

We found the SROI experience very worthwhile. We feel it was very important that it was carried out by an accredited SROI practitioner which gave it the credibility we wanted with stakeholders. I would suggest that, for any organisation considering SROI, they should be prepared that key staff – especially managerial and finance – will have to dedicate time to prepare the necessary information required. I would also highlight that organisations must be aware that there is the possibility that the analysis may result in a negative return (ours was a positive return in that, for every pound invested, it is projected that over the next five years returns £5.88).

Finally, although our stake holders have been very impressed by the return, while we remain in a funding culture of short-term investment to resolve long-term social problems, my concern is that the potential long-term gain to the public purse will be ignored.

Margaret Tait, Manager
(inverclyde.assoc@btconnect.com)

Demonstrating the Impact

Community and voluntary organisations are increasingly being asked to evidence the difference they are making. Evaluation Support Scotland (ESS) was set up four years ago to help organisations do just this. ESS works with both funders and third sector organisations to help demonstrate the difference they are making and help them get better at using this evidence to inform the work they do. In this article, ESS Information and Marketing Officer Jennifer Challinor tells us about some of the approaches and tools available.

The curse ‘may you live in interesting times’ has never felt more relevant to the voluntary sector than it does now. With increasing financial pressure on the people who fund community and voluntary organisations comes increased pressure on third sector organisations to prove the difference they are making.

Our experience is that evaluation often works best when you can build it into what you do, rather than adding it on at the end. There is no ‘one way’ to evaluate your work. You can be creative and choose the approach that fits best to your context and what you do.

We know that it can often be confusing to know where to start with evaluation. There can be a lot of jargon and so many toolkits and tools that it can be hard to know what will work for you.

So we have written a number of short plain English Support Guides. These ‘Support Guides’ are available on our website (for free!) and can be used by anyone who wants to learn a bit more about how to evidence the difference they are making.

(N.B. All support guides referenced in this article are available to download from the ‘Resources’ section of the ESS website www.evaluationsupportscotland.org.uk).

The Community Health Initiatives we have worked with have found many of the ‘visual approaches’ and ‘tools’ on our website relevant to their work.

These tools are particularly useful when looking at what are considered ‘soft’ outcomes like self esteem and relationships. They are also appropriate for working with people who do not like completing questionnaires. They’re useful when you want to understand the more complex views of service users.

If you are interested in learning more about using visual approaches, take a look at our support guide “ESS Support Guide 2.3: Visual Approaches”. Our website also has lots of examples of tools that can be used and adapted to your project.

If you are looking at collecting evidence on a programme level, we have developed “ESS Support Guide 1.2: Developing a Logic model”. This guide can help you think through the causal connections between the need you have identified, what you do and how this makes a difference for individuals and communities.

Evaluation Support Scotland provides phone, email, face-to-face support and workshop training for third sector organisations and funders. We support organisations to build evaluation into their work. So if you think we might be able to help your organisation, please contact us.

Jennifer Challinor

Information and Marketing Officer, ESS
(Telephone 0131 243 2774
or e-mail info@evaluationsupportscotland.org.uk)



Edinburgh Tenants - pioneering work on mental health and wellbeing

Edinburgh Tenants Federation (ETF) is the umbrella organisation for tenants and residents groups in Edinburgh. In June 2010, Edinburgh Tenants Federation won the nationally acclaimed Frances Nelson Award for its pioneering work with City of Edinburgh Council to improve services for tenants with mental health difficulties in high rise blocks. This article details the experiences ETF has had in influencing services for this at-risk group.

Following the tragic suicides of two tenants from high rise blocks, Betty Stevenson, the Convenor of ETF, launched a campaign in 2006 for better mental health services for tenants in high rises, and for improved support for concierges and frontline staff.

It took two years for the Council to agree to establishing a Mental Health Awareness Group (MHAG), but ETF wouldn't give up. Bringing partner organisations on board was a first step. Tenants made sure the right experts – with the right level of decision-making authority – from a range of specialist agencies, the NHS and different departments from the Council came on board.

Tenants also made sure that the starting point for discussions was the perspective of the people affected by the tragedy of suicide. Most importantly, tenants asked what can be done to change the ways services are delivered to prevent suicide, to recognise the needs of and support tenants with mental health difficulties and to ensure staff are equipped to deal with the tragedy if it ever happens again.

Now, two years on, the initial questioning by tenants has delivered real results e.g.

- Following a change in processes, concierge staff have an emergency next of kin contact number for every tenant in case of future incidents
- 200 front line Council staff have been trained in Safe Talk (to help identify mental health issues and point tenants to support services)
- Applied Suicide Intervention Skills (ASIST) training has been delivered to selected ETF members and frontline Council staff

(to provide immediate help to tenants displaying suicidal tendencies)

- Breathing Space and Samaritans key fobs issued to every City of Edinburgh Council tenant in high rise blocks.

This work has been outstanding for many reasons, not least because mental health is such a taboo subject. ETF grasped the nettle by insisting this work was necessary, and not giving up until something concrete and positive was done about it. And it's outstanding because it was:

- Driven by tenants from the start
- Focussed on objectives set by tenants
- Delivered in a partnership way with the full participation of tenants
- Responding to a critical need
- Delivering real change for staff and tenants.

The approach ETF took has been recognised by the Cabinet Office as a Customer Service Excellence Good Practice Case Study and by City of Edinburgh Council's Health and Social Care Committee as 'groundbreaking'. But what is more important is that our work has made real changes to the lives of vulnerable tenants, and was led by tenants.

If you would like further information, please contact Edinburgh Tenants Federation, Norton Park, 57 Albion Road, Edinburgh EH7 5QY.

Telephone: 0131 475 2509

Email: info@edinburghtenants.org.uk

Website: www.edinburghtenants.org.uk

Facebook: Edinburgh Tenants Federation



Maureen Jarvis (Vice Convenor ETF) and Betty Stevenson (Convenor ETF) receive the Francis Nelson Award from David Wood (Convenor Tenants Information Service)

Voices of experience heard in ‘Equally Well’ Review

“The exchange of experience between Poverty Alliance activists and Scottish Government policy makers was valuable for both. It gave policymakers an insight into the local impact of their work and provided activists with helpful information about current initiatives and services” (Equally Well Review 2010)

A short life working group on health inequalities – set up as part of the Tackling Poverty Stakeholder Forum run by Poverty Alliance – ran from September 2009 to March 2010 with the aim to ensure that the voices of people with experience of poverty issues were included in the Equally Well Review 2010.

Community activists from Aberdeen, Cassiltoun (Glasgow), Govan (Glasgow), Edinburgh and Inverclyde met together with policy makers responsible for health policy from Scottish Government to discuss the issues of: Early Years and Young People, Exercise and Healthy Diet, Alcohol, Drugs and Violence and Mental Health.

They analysed the Scottish Government Equally Well Strategy from a community perspective and informed the policy makers of how this was being implemented in their areas and what improvements still needed to be made.

“It is clear that we need to involve people with experience of the issues so that we get a deeper understanding of why people make the choices that they do.”

“There is nothing quite like hearing it from the people who eat, breathe and sleep these issues.”
(Policy Makers, Short Life Working Group on health inequalities)

This work culminated in a meeting with Shona Robison, Minister for Public Health who listened to some of the strong messages coming from the activists, particularly around the effects of funding cuts in their communities;

“How can Equally Well be promoted when so much funding is being pulled? People living in poverty are not being treated equally because they are the ones who are worst affected with the cuts in services that they need the most.”
(Community Activist, Edinburgh, Short Live Working Group on Health Inequalities)

The experience of these meetings was positive on both sides whereby activists felt like they were treated with respect and that their views were taken on board and policy makers also had the chance to be listened to by people who are affected by their policies.

This was reflected in some of the recommendations in the report that closely correspond to the issues raised by the activists. Issues included the need to better engage and facilitate the effective participation of vulnerable people and their communities at all levels – the local to the national.

The Stakeholder Forum is part of the wider project Evidence Participation Change which calls for greater participation in national policy making and for spaces to be created where people with experience of the issues of poverty can contribute their knowledge and expertise, and contribute to finding the solutions.

For more information on this project, please visit www.povertyalliance.org

The Scottish Health Council - new structure promotes community engagement

The Scottish Health Council, which was set up in 2005 to improve how the NHS in Scotland involves people in decisions about health services, has introduced significant changes to the way it works.

These changes provide a renewed focus on those activities which will have the greatest impact in developing a person-centred NHS that listens and responds to patients and communities.

The organisation will continue to lead on promoting Patient Focus and Public Involvement in Scotland but has moved away from a regional focus to establish functional teams with national responsibilities.

Under a revised structure, the Scottish Health Council is now focusing on three new functions:

- Community Engagement and Improvement Support, which centres on supporting patient and community organisations to be involved in the planning and delivery of health services, providing proactive and tailored support for NHS Boards and promoting the development of Public Partnership Forums.
- Participation Review, which will support NHS Boards to use the new Participation Standard to improve the way they work with patients and the public. This function also includes the establishment of a specialist, national team that will review and advise NHS Boards on how they involve the public in service change.
- Participation Network, which provides a gateway service for NHS Boards to share good practice and develop new approaches to involving people, and will produce guidance and standards and influence the development of national policy.

Key benefits of this new approach include a greater emphasis on development work to help NHS Boards improve participation, a more consistent approach to reviewing participation activity, and closer links between the Scottish Health Council and NHS Quality Improvement Scotland as they move towards the creation of Healthcare Improvement Scotland in 2011.

The changes, which came into effect in April 2010, follow a scheduled review of the organisation in 2008, which identified that the form of the organisation should more closely follow its functions and that stakeholders would benefit from the creation of specialist posts in national teams.

The changes are also consistent with the 2007 Crerar Report which called for 'proportionate' and independent scrutiny and assessment, and less duplication and overlap between agencies.

Scottish Health Council Director Richard Norris said: "These changes put us in a stronger position to promote the Patient Focus and Public Involvement agenda in Scotland."

"With a revised structure and renewed focus, we are better equipped to develop closer and more effective working arrangements with NHS Boards, Public Partnership Forums and other stakeholders."

"We will also be looking at approaches to participation in other parts of the public sector and internationally to see what the NHS in Scotland might learn or share."

The Scottish Health Council will maintain its distinct identity and network of local offices in each NHS Board area.

More information about the Scottish Health Council can be found at www.scottishhealthcouncil.org



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

**CHEX, Suite 305, Baltic Chambers
50 Wellington Street, Glasgow G2 6HJ
Telephone: 0141 248 1990
Fax: 0141 248 4938
Email: chexadmin@scdc.org.uk
Website: www.chex.org.uk**

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