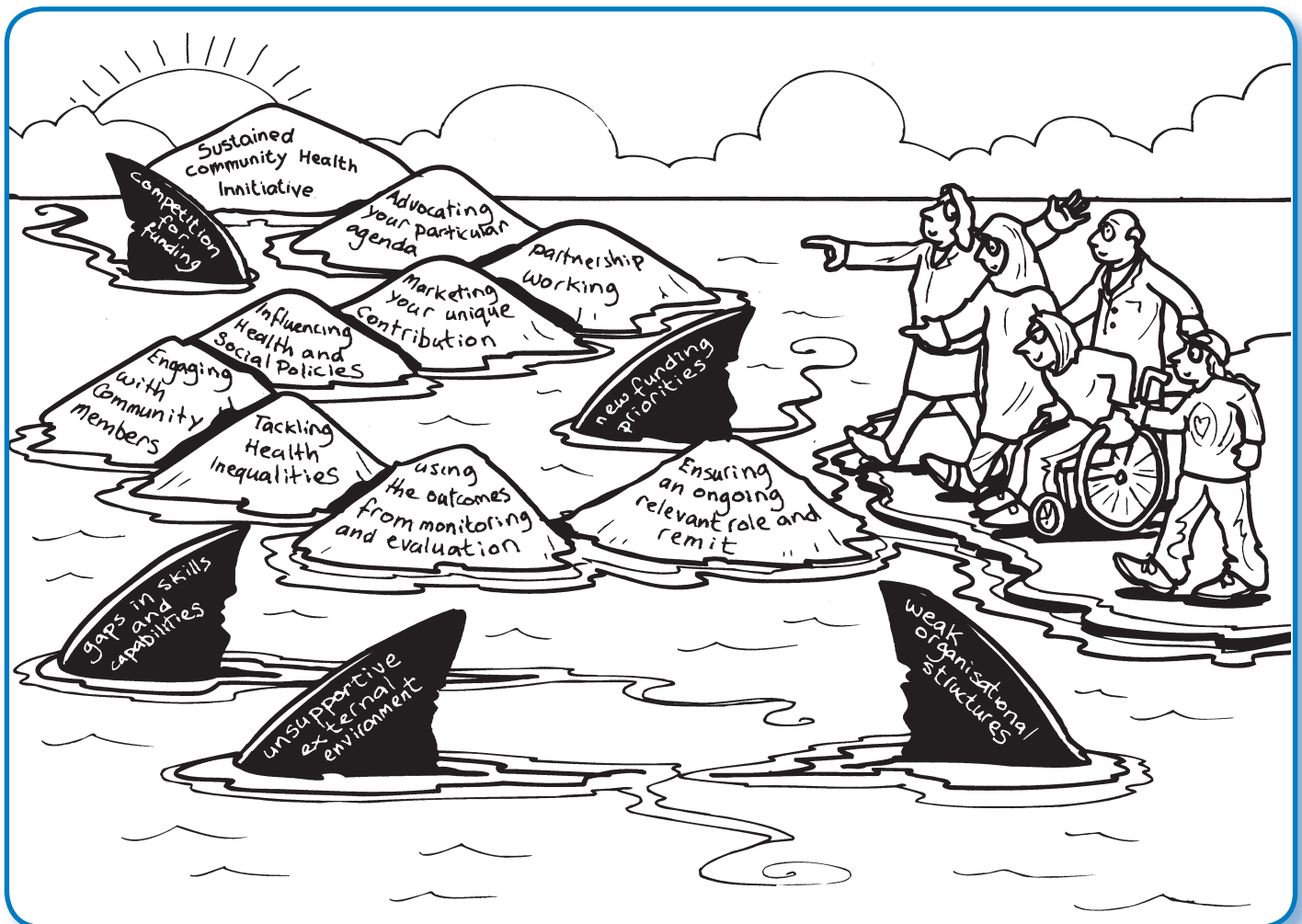


# SOS – Steps on Sustainability

How to keep **Community Health Initiatives (CHIs)** going is a common and ongoing problem, attracting much debate. The expectation to continue services beyond initial resource allocation is stronger than ever. Not surprisingly, funding dominates the debate, but many other aspects such as demonstrating impact, marketing services and negotiating decision-making structures, also influence an organisation's ability to sustain its services. This Briefing addresses these aspects and aims to assist CHIs to take strong steps towards funding/resource options.



Cartoon by Graham Ogilvie

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# Introduction

Community Health Initiatives (CHIs) – Community Health projects, Healthy Living Centres and other community organisations with a health focus – play a significant role in tackling health inequalities in Scotland.

By focussing on health priorities identified by community members and pioneering new approaches to health improvement they generate health benefits for both individuals and the wider community. The evidence (1) shows that through their involvement in CHI's people have stopped smoking, eaten healthier diets, maximised their income, accessed relevant health services and become less isolated and more involved in social networks.

CHIs themselves however, often experience a less than healthy outcome with bruises and fractures that curtail impact, haemorrhage resources and in some cases kill off services! Happily, in Scotland there are few fatalities of this nature, but long-term sustainability remains an ongoing battle for many initiatives, at the forefront of day-to-day thinking, and sapping the energy of even the healthiest CHI.

The Briefing explores the reasons why some CHI effectively manage the effects of internal and external changes; enabling them to develop into either strong independent organisations or embed their lessons and approaches into mainstream services. It addresses both the difficulties and challenges and draws on the experience of initiatives across Scotland. It highlights tools that have helped in gaining recognition for their work and managing the change process.

The guidance has been informed by CHEX seminars, meetings with local community health networks and interviews with individual CHIs. Central to these meetings are the differences in experience and priorities that influence attitudes to sustainability. While some CHIs give weight to the pivotal position of influencing the policy agenda, others stress the importance of working with community development approaches. Some focus on a range of strategies, which have proven successful and many do all three!

Although the Briefing is primarily aimed at CHIs, it will also be of use to health workers involved in community engagement and/or supporting CHIs. A bonus for the CHEX Network would be feedback on your plans for sustainability and if you would like to share lessons and experiences with the wider Network, contact Janet Muir on Janet@scdc.org.uk.

**(1) Kennedy, A. Grove J. (2003) *Insights – Case Studies of Community Development and Health Projects in Scotland*, Health Education Board for Scotland, CHEX & Glasgow Healthy Cities Partnership.**

## Sustainability of Initiative and/or Service

There is pressure on all organisations and services to look towards the sustainability of their work. This is not unique to CHIs and is a fact of life for the majority of community and voluntary organisations and many public sector initiatives. However, CHIs do live within a particularly fragile environment that makes sustainability particularly challenging. While some initiatives are fully incorporated voluntary organisations, others exist within governance/organisational structures that can be quickly eroded if key partners decide to pull out or prioritise a different form of service delivery.

CHIs recognise that progressing as a robust, vital and relevant organisation through fixed term funding arrangements and changing political priorities demands planning, a finger on the pulse of policy developments, funding programmes and an understanding of decision-making within the established power structures. It also requires skills in politicking (with a small p!) necessary to further a particular agenda. They recognise that if they are not plugged into local and national infrastructures, meeting these demands can be a lonely struggle with barriers and pitfalls. A reassuring fact is that many CHIs successfully navigate these pitfalls. They identify mechanisms and processes, which enable them to glean information, exchange learning and continue as key service providers. However, with an eye to rapid change and further challenges, there is a need to ensure that learning is shared between all CHIs across the country and that sustainability is not the preserve of already strong organisations or left to the vagaries of 'flavour of the month' funding priorities.

In exploring the key elements, which shape and pave the way towards sustainability, there are obvious tangible requirements such as delivering on agreed objectives. However, it is the less tangible requirements such as influencing policy and negotiating

decision-making structures than can be more demanding. In this Briefing we address these aspects and seek to equip CHIs with more insights into building capacity and gaining confidence to continue their service.

## Community Health Initiatives

In promoting the work of CHIs, there is often a need to clarify their main characteristics to those who have had limited experience and/or understanding of their work. The main characteristics of CHIs are rooted in operating:

- χ within areas of poverty and deprivation;*
- χ services that are aimed at tackling health inequalities*
- χ on health priorities identified by community members*
- χ with methods that engage community members*
- χ with a value base that promotes personal and collective empowerment, equity, social justice and right to good health for all people;*
- χ within a social model of health;*
- χ with governance that involves community members, in partnership with representatives public, voluntary sector/s and if appropriate the business sector*

The sustainability of CHIs is influenced by their strengths and ability to impact on a number of areas including:

- χ enabling communities (geographical or communities of interest) to focus on health issues that are identified by themselves and based on their own experience;*

- ✗ delivering complementary services to those offered by public sector agencies
- ✗ bringing about health improvement in supporting community members to participate in health activity that positively impacts on their emotional, physical, material and psychological wellbeing, eg. parent support groups, stress management centre and community food shop;
- ✗ providing 'value for money' as a catalyst, which promotes services that are better targeted, more responsive and more accessible
- ✗ pioneering work with other health providers e.g. development of community pharmacy services
- ✗ bringing added value to more generic health services by developing links with communities and harnessing community energy, experience and expertise;
- ✗ reaching out to those who are more excluded, such as people with mental health problems and people from black and minority ethnic communities;
- ✗ influencing economic and social developments such as the employment of experienced volunteers as lay health workers;
- ✗ building on local knowledge and skills to inform the design and implementation of public sector services;

- ✗ creating opportunities whereby community members gain skills, confidence and expertise that translate into other areas of lives such as training and employment opportunities;
- ✗ supporting communities to have an independent voice and ownership of locally controlled assets;
- ✗ promoting positive partnership working between community members and public sector agencies;
- ✗ enhancing accountability between community members and public sector agencies;
- ✗ influencing social capital investment, which contributes to long term sustainability of communities;
- ✗ promoting good practice in proven methods and approaches such as community development, partnership working, networking and participatory action research

It would be valuable to use this check-list to identify the areas that your own CHI is strong in and others areas you might want to develop further.

**The following is a check-list of the key elements, which affect sustainability. It is informed by suggestions from CHIs across the country and poses questions aimed at helping you to develop a sustainability strategy.**



## ‘Doing the Business’

(Ensuring an ongoing relevant role & remit)

No matter the age and stage of a CHI, there is a need to consistently review its role and remit, ensure stated objectives are still relevant and maintain the capacity to manage growth and development. As health priorities of community members constantly change, along with the priorities of public sector agencies, there is a need to have strong organisational structures, which can respond and adapt to changing needs. These structures should facilitate effective decision-making, good communication systems, delivery of work programmes and ensure accountability to funders and the wider community. Condensed within a Business Plan this can look clear and realistic, but transferred into practice can often get muddy and lose direction. Within a world of competing demands, strong funding partners (who may be pulling in different directions) inexperienced staff, weak organisational structure and finite resources, retaining a clear role and remit can begin to unravel very quickly. Saheliya, an Edinburgh community health organisation for black and minority ethnic women focusing on mental health identify the following lessons.

## Saheliya

Saheliya has been in existence for 12 years, originating from a local community project. Major changes have taken place over the years, moving from a fairly ad hoc, reactive service to an established voluntary organisation with well trained professional staff. In conjunction with changes in geographical boundaries, we have refocused our target groups; initially working with women from South Asian countries, but now supporting women from minority ethnic groups worldwide, including Africa, South America, Europe and Asia. Throughout these changes the organisation has faced ongoing funding difficulties, which have impacted on our capacity to deliver required services. Through reviews and evaluation, positive lessons have been learned, especially the need to establish strong internal structures, which enable ongoing attention to role and remit, systems to support to volunteers and priority given to support and supervision of staff.

The use of imaginative tools such as ‘potential risk assessment’ (designed by Saheliya and available from CHEX) was used to address the risks in relation to governance and management, operations, financial, environmental/external factors and law and regulation has greatly assisted in planning and development. This increased our ability and capacity to manage a bumpy change process, and place the organisation in a relatively healthy position with a more secure funding base.

Joette Thomas, a Previous Co-ordinator

## Questions to aid thinking and action

Does your CHI have a business plan, or vision statement that clearly identifies its role and remit, along with structures and processes to carry out its role? Do you use it as a working document to regularly revisit aims, objectives and work activities?

Does your CHI have access to tools to help with assessment of role and remit or development of organisational capacity such as the 'Big Picture' ( framework for organisational development) and 'Potential Risk' assessment?

Does your CHI prioritise development days or review days to assess its path of development and direction?

## Demonstrating the Business'

(Use of outcomes from Monitoring and Evaluating)

Monitoring and evaluation is an ongoing feature in the life of CHIs. Recently however, there is greater emphasis from funders and policy makers on the articulation of impact on health improvement. CHIs want also to assess the nature and extent of their impact and clearly evidence their lasting value. This has helped to move models on to measuring process as well as product and has created a greater acceptance of qualitative evidence. It has helped to counteract the frustration of merely going through the motions of recording and reporting on work programmes. This in turn has enabled CHIs to promote findings and share lessons to a wider cross section of people, in particular those who are genuinely interested and curious about their work and contribution. Cambuslang and Rutherglen Health and Food Project (recently merged with the Healthy Living Centre to become Cambuslang and Rutherglen Healthy Living Initiative) describe their approach to monitoring and evaluation.

## Cambuslang and Rutherglen Health & Food Project

*Right from the start of the Project, monitoring and evaluation was integrated into our planning and development. The model was based on measuring the resources we used (inputs), the activities we undertook (outputs) and outcomes (longer term impact), which has evolved into us now using Learning, Evaluation and Planning ('LEAP'). We use a colour coded time line to visually display our work programme, so, anyone that comes into the Project can see at a glance the activities we're involved in. As well as keeping us on track, it helps with systems of transparency and accountability*

*We keep scrapbooks, which document all the significant developments and events in the life of the Project. Full of photographs, leaflets, snapshots of activities, they are easily accessible to funders, as well as interesting to health practitioners, who are new to community development and good fun for local people, who can look through them and reminisce about past experiences.*

*Lynn Brennan, Project Co-ordinator*

## Questions to aid thinking and action

Do you have access to a range of evaluation/monitoring tools?

Are you aware that the Scottish Community Development Centre is about to offer training and capacity building from the 'Leap Support Unit'?

How has your CHI used the outcomes from monitoring and evaluating to highlight work to policy makers and practitioners?

What are the most relevant arenas to promote the outcomes from your monitoring and evaluation eg. Community Planning Partnerships & Community Health Partnerships?

Who would be useful to help you to promote your outcomes eg. community members, national and local community health networks, academics and researchers?

## 'Narrowing the Gap'

(Tackling Health Inequalities)

As the majority of CHIs operate in areas of poverty and deprivation, it is often assumed that everything they do tackles health inequalities in some way. There is now however, a greater expectation from funders and policy makers to have clear evidence of how CHIs address the particular factors which affect inequalities such as addressing barriers to access, working with targeted groups, translation of written and verbal communication, using appropriate methods for involvement and dealing with financial exclusion. The need to demonstrate this impact has been seized by many CHIs and helped to reinforce understanding of their contribution to addressing inequalities. The Pilton Community Health Project in North Edinburgh describe their use of action/research in tackling health inequalities.

## Pilton Community Health Project

Pilton Community Health Project's work is rooted in the health priorities of the local community. For example, in 1999, an extensive consultation took place to inform the development of Our Health Matters! The North Edinburgh Health Plan. This generated a huge amount of information and the most commonly reported concerns were used to formulate the Plan's seven objectives. The Project has adopted these seven objectives to guide its work.

What emerged from the consultation process was no medical model of health. There was understanding that health is affected by a wide range of factors and concerns about the health inequalities that local people experience. For example the need to: 'address issues relating to food poverty and health eating' and 'ensure local equity of access to health related services and information'. The Project develops its work plan using these headings, and generates specific targets, such as the support, development and evaluation of 'Baby Banter' - an antenatal group work programme. All objectives are established to take forward action on tackling these community concerns and health inequalities.

*Eilidh MacDonald, Project Co-ordinator*

## Questions to aid thinking and action

Has your CHI initiated or participated in action/research eg. Participatory Action Research, Community Profiling, that highlight local health inequalities?

How have you used outcomes from the action/research to tackle health inequalities and to demonstrate to policy makers and funders how you tackle and impact on health inequalities?

Have you fed the outcomes from the action/research into local and national decision-making structures or alerted other health networks to press for action on your findings?

## 'Investing long term'

### (Engaging with Community Members)

Engaging with community members is fundamental to the work of CHIs, although approaches and emphasis vary greatly across the country. For Example: some CHIs focus on developmental approaches in working alongside community members to act on health issues, while others work on behalf of community members to deliver a service. Some work on behalf of funding agencies to access hard to reach community members and others do bits of all three!

The evidence (2) shows that through the process of community engagement, health benefits are gained in a variety of different ways from income maximization and housing improvements to alleviation of stress and enhanced physical activity. Through transferring skills and expertise into other life experiences, community members have also reported (3) greater access to education, training and employment.

*(2) & (3) Jones J. (2000) Private Troubles and Public Issues: A Community Development Approach to Health.*

CHIs interventions on community engagement play a major part in contributing to the long term healthy investment in communities. However, they can be surprisingly weak in emphasising this to funders and policy makers. In common with tackling health inequalities, expectations exist that community engagement permeates all areas of work, which in some cases has resulted in limited attention being paid to highlighting the actual health benefits. The next examples demonstrate the impact that can be achieved, when CHIs apply their distinctive approach in engaging community members. The first is Healthy Castlemilk in Glasgow describing how they have worked with local people in improving housing the physical environment of a high-rise flats and an imaginative way of responding to consultations. And the second is the Scottish Border's Rural Partnership Resource Centre, emphasising the basic questions that underpin their work, greater access to education, training and employment.

## Healthy Castlemilk

*Local people have been instrumental in bringing about physical change to Castlemilk. We have worked with local groups to evidence the effects of dampness in health. Through undertaking a comprehensive Health Needs Assessment they have influenced a major decision on the life span of high-rise flats in the area. Throughout the process, local people put major investment into gathering evidence, organising exhibitions, and attending meetings.*

*More attention and creativity is needed in engaging local people in consultations and taking action. For example: people in Castlemilk were criticised for not participating in the consultation process on the Review of Acute Health Services. The Project, along with other community organisations created a more dynamic way of assisting people to contribute. Laptops were taken in to an empty shop in the shopping centre, and community members took the opportunity to dictate letters directly to the Health Minister. 500 people took advantage of the opportunity and the energy and impetus produced positive results both for the Health Board and the local community.*

*Frank Creighton, Co-ordinator.*

## The Scottish Border's Rural Partnership Resource Centre

*Services are delivered in response to priorities identified by local people, which result in us often working on issues that are not normally picked up by the statutory agencies. We have a strong commitment to community development, which gives real investment to long term sustainability for communities themselves.*

We keep basic questions at the fore front of our work – Q. How do we know our work is in the long-term interest of the community? A. We constantly check it against a sustainability checklist. Q How do we know that our work is valued? A. We continually ask the community we assist.

Roger Hemming, Co-ordinator - Scottish Border's Rural Partnership Resource Centre

## Questions to aid thinking and action

What opportunities has your CHI used to promote the health benefits from community engagement to policy makers and funders eg. use of case studies, 'story dialogue' sessions, invitations to funders and policy makers to shadow CHI workers.

How have you built in measuring the health benefits from community engagement within monitoring and evaluation systems?

Have you explored use of the Draft Standards of Effective Community Engagement' with other local partners (Communities Scotland/ Scottish Community Development Centre)

## 'Raising community health priorities'

(Influencing Health and Social Policies)

With regular overtures from central and local government for community organisations to participate in consultations, along with invitations to feed into decision-making structures, such as Community Health Partnerships, there are many more opportunities for CHIs to participate in influencing the shaping and implementing of policy. However, despite positive encouragement to participate, the experience in practice can be frustrating and problematic with CHIs being involved at certain stages but not kept in the loop for ongoing decision-making. CHIs can find this particularly problematic as their capacity to participate in wider strategic decision-making is limited and they have to be particularly judicious about nature and level of involvement. However, where they have the capacity, confidence and skills the experience is rewarding for all parties concerned and places the CHI in a stronger position to influence and gain recognition. Dundee Healthy Living Initiative highlights some of the benefits.

## Dundee Healthy Living Initiative

Dundee Healthy Living Initiative aims to keep on top of the emerging public health agenda. Key to this is the involvement of local people in influencing the agenda and ensuring that their priorities are reflected at a strategic level. The Initiative has been involved with Community Planning partners for some time and, recently, was invited to join Dundee's Physical Activity Task Group. This has enabled the Initiative and its users to influence the development of mainstream strategies and proposals, which we hope will help roll out and sustain our own activities over the longer term.

Sheila McMahon, Team Leader (Strategic Development), Dundee Healthy Living Initiative

## Questions to aid thinking and action

Does your CHI keep abreast of policy changes with for example tapping into the Scottish Executive website or getting copies of Health Scotland's 'Understanding the Policy Maze – A Guide to Social and Health Policies in Scotland'?

Has your CHI been proactive in finding out about the most effective ways of influencing social and health policy?

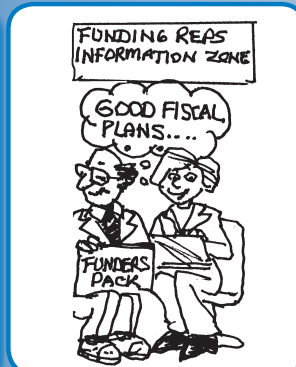
Has your CHI been proactive in becoming involved in your Community Planning Partnership or Community Health Partnership?

## 'Getting Your Message Across'

(Marketing your unique contribution)

The marketing of services can sometimes feel like a daunting task. "The work should speak for itself, why should we have to continually seek out opportunities to promote ourselves". The answer is that more than ever within a world of competing demands on health budgets, there is a need to promote CHIs as credible organisations with a unique role and remit in tackling health inequalities and contribution to health improvement.

# Built To Last!



The famous Scottish trait of 'not wishing to blow your own trumpet' is evident with some CHIs. However, where others have been more pragmatic and have prioritised marketing services, positive results have been experienced. In several communities, CHIs have led the way in devising imaginative methods to promote health messages, their own services and outcomes from their work. Dance, drama, artwork, music, information technology, media are all used to promote messages in different quarters. Whether it's aimed at local people or at local councillors and health board officials, innovative approaches are adopted to convey clear messages.

## Renfrewshire Community Health Initiative

*It's really important for sustainability to devise effective marketing tools - magazines, flyers and publicity leaflets are really important. But, at the end of the day, local people are the best advocates of the service. If they think you're doing a good job, this will usually reach politicians and funders.*

*However, you can't rely solely on 'word of mouth'; you need to aim for real saturation of information to ensure that all the relevant people know about you. Too often information gets put out and gets stuck with a few 'gate keepers'. Therefore a range of media are needed like use of IT and good publications, all your events should be seen as opportunities to 'get your message across'.*

*Charlene Boyle, a Previous Co-ordinator Renfrewshire Community Health Initiative*

## Questions to aid thinking and action

Has your CHI devised a marketing strategy aimed at promoting your service and outcomes?

Has your CHI tapped into the range of skills and expertise in community arts that offer creativity and innovation in getting your message across?

Has your CHI used national and local Health Networks to help promote the work of your Initiative?

## 'Strengthening the stake'

(Partnership Working)

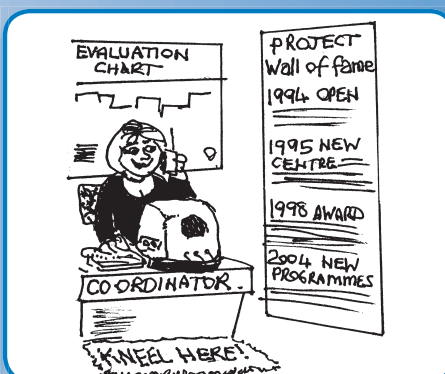
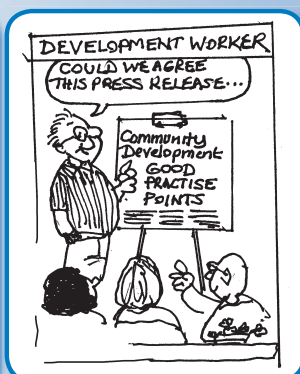
The starting point for many CHIs has been a partnership of public sector agencies in collaboration with community organisations. Therefore it has been necessary from the beginning to forge an environment of good partnership working. CHIs retain a wealth of experience and expertise in establishing common goals, clarifying roles and responsibilities, developing communication channels and building bridges between community organisations and public sector organisations. Coupled with this, they also however, share painful experiences of dealing with poor decision-making, competition, and limited added value from the sum of the parts! Therefore, with the emergence of formal partnerships in all sectors, such as Community Health Partnerships, Community Planning Partnerships and Community Learning and Development Partnerships, CHIs are in a strong position to influence good practice in partnership working.

Being viewed as key partners strengthens the steps to sustainability and makes it difficult for other partners to marginalize and undermine the contribution. It's important that CHI's share their experiences in building trust, honesty and understanding, dealing with issues of power and influence, acknowledging the work of all partners and developing new and creative ideas for innovative ways of working. Lochaber Health for All, a partnership organisation for community health in Highland, highlight their experience.

## Lochaber Health for All

*Lochaber Health for All has a unique partnership role in Highland. It has routes into the community, public sector and also the business sector. We are in a strong catalyst position to create opportunities for community and voluntary organisations to work together with services from the Council and Health Board. Clear steps need to be regularly taken to ensure that management members and funders are fully aware of the outcomes from partnership working. Failure to do this, results in partnership working being seen as duplication, or as reluctance to take the lead in a particular initiative. Therefore, CHIs must consistently spell out their role and responsibilities as well as highlight the added value brought to the overall work of the partnership.*

*Nancy Campbell, Co-ordinator*



## Questions to aid thinking and action

Has your CHI established clear principles for successful partnership working such as agreed vision and objectives, recognising differences among partnership members, building up trust, honesty and understanding and dealing with issues of power and influence?

Does your CHI communicate in partnership working the need to take preparatory time for members to discuss shared values and principles and identify mutual advantage?

Does your CHI have access to an effective framework for target setting in partnership working eg. NHS Health Scotland's 'Partners in Health – A toolkit for building successful partnerships'

## 'Politicking with a small p'

(advocating your particular agenda)

'Politicking with a small p' is something that all CHIs do whether it is advancing an agenda on tackling health inequalities, advocating community development approaches or developing arguments for funding and resources. As with any other organisation, when CHIs don't appear to get their agenda met, tensions and frustrations mount with a need to devise different ways of engaging with the established power base. Unfortunately, to our knowledge, there are no manuals which highlight good practice in 'politicking with a small p', so grappling with the issues, acquiring the necessary confidence, expertise and skills are picked up on the job. In moving into more strategic decision-making arenas such as Community Health Partnerships there is an even greater need for effective politicking. Within the context of positive partnership working, 'politicking with a small p' should be informed with a good understanding of how best to communicate an argument, hone negotiating skills, work with allies, compromise on certain issues and ultimately assess what achieves the best result for your own CHI. Cambuslang and Rutherglen Health and Food Project voice the need for effective 'politicking with a small p'.

## Cambuslang & Rutherglen Health & Food Project

*Working towards sustainability requires many strengths and abilities. There is a long list that we need to keep on top of from retaining a good balance of priorities between strategic and operational work to understanding the skills and knowledge required for effective politicking. Many projects are so focused on the operational delivery of services that learning the know-how of politicking is something that is often not addressed or prioritised. But as we move into strategic arenas we need to be more familiar with the operation of power bases and how best to use our allies in advocating our particular agendas.*

Lynn Brennan, Co-ordinator

## Questions to aid thinking and action

What are the best tools to help clarify the issues in articulating and advocating a particular agenda eg. case studies, findings from participatory appraisals, statistics on health inequalities?

What would help in addressing power imbalances in which marginalized agendas are suppressed by dominant partners eg. building alliances, support from community members, political support from elected representatives?

Has your CHI access to training on 'Negotiating Skills' helping to inform what you must get, what you should get and what you could get out of any negotiation?

## Tackling the Achilles Heel

(The funding/income generation environment)

Public sector health agencies regularly initiate projects to test out approaches and interventions and depending on the results will either integrate services into mainstream delivery or withdraw the service. However, as many CHIs are well passed the testing out stage and are now established organisations with charitable status, (Pilton Community Health Project in Edinburgh has been established for 20 years), there is an ongoing pressure to secure sufficient core funding to plan and deliver services over a substantial period of time. CHIs constantly demonstrate flair and expertise in accessing funding for development projects, with novel, innovative ideas for fund raising or in kind resources such as the Border's Rural Partnership Resource Centre negotiating with farmers to donate use of machinery for an environmental project. Shortfalls in funding are augmented through imaginative ideas such as charging for training and consultancy, or the provision of student placements eg Saheliya's providing a counselling service through well supported student placements.

Fragile, uncertain core funding arrangements undoubtedly undermine CHIs ability to retain staff and plan for the future, but securing funding for all local core services inevitably leads to well-worn paths to the Scottish Executive, Health Boards and Local Authorities. It is likely that in the near future all public sector grants will be dealt with by Community Planning Partners and/or Community Health Partnerships.





As with all time limited funded initiatives; this leaves CHIs dependent on the political priorities that determine funding allocation. While funding programmes tied into government agendas emerge and community and voluntary organisation change and adapt to these new funding programmes, CHIs have to be constantly mindful of responding to health priorities identified by communities themselves. These frequently reflect different priorities from the policy agenda and consequently, securing core funding is made more difficult with a need to seek out other sources, including The Big Lottery and Trust Funds, which again are time-limited and specific to certain interests.

These are recurring themes for the wider community and voluntary sector and the eagerly awaited outcome from the Strategic Funding Review of the Voluntary Sector (Scottish Executive, COSLA and SCVO) is aimed at addressing many of these issues. In particular the need for specific recommendations on the relationship between core funding and project funding.

An approach to enhance sustainability, which has gained currency with some CHIs and practiced by many in the wider voluntary sector, is diversifying into the social economy. In this approach, core costs are met by income generated through the provision of social services aligned to economic development eg. Community transport. While this approach may be totally inappropriate for some CHIs, it is one option to consider. The Scottish Executive has now published, its Social Economy Action Plan, along with introduction of major funding programme Future Builders Scotland. The programme is administered by Communities Scotland, to 2006 and will provide an Investment Fund, Seedcorn Fund and Training Fund. The Cearn Community Development Project in the Western Isles is supporting development into the social economy.

## Cearn Community Development Project, Western Isles

*The Project was started in 1996 as a result of a Community Appraisal funded by the Western Isles Health Board. The project was supported originally by the Health Improvement Fund from the Board, plus Sure start, New Deal, and the Scottish Community Diet Project funding the community pollytunnel project 'Grow our Own'. Funding for the next three years is from a major Community Fund application, HIF funding and in kind staffing support from the Health Promotion Department.*

*The Social Company idea came about from a visit to Shetland which under the direction of Frank Millsop provides employment opportunities for special needs employees.*

*The chance for funding under CHD/Stroke prevention NOF bid came up unexpectedly and a well established women's group in the Cearn created via the Community Development Project seemed a natural group to develop a proposal for the franchise of the new Stornoway Sports Centre, Healthy Eating Care and Creche. Two companies were created as trading arms of the Cearn Women Social Company which is seeking charitable status. All profits for the Trading companies will be channelled to the Mother Company who will have representation from all residents in the Cearn Community with members of the Cearn Community Development represented on its Board. They have yet to establish where profits will be dispersed to, but so far training opportunities and community projects are on the agenda to be discussed.*

*It is anticipated that eight to ten jobs will be created for the trading arm, which will be aimed at young women from the area.*

*Tina McDonald, Health Promotion Officer, Western Isles Health Board*

## Questions to aid thinking and action

Has your Initiative planned and implemented a Funding Strategy?

Has your CHI considered a contractual arrangement with public sector funders eg. Level Service Agreement

Has your CHI considered models of income generation eg. social economy or contracting services to the statutory sector?

Has your Initiative explored consortium bids with a range of partners from the community, voluntary sector, public sector, and business sector?

Has your CHI considered merger or sharing resources with other organisations?

Has your Initiative explored a mixture of resources including 'in kind' eg. secondment from other agencies and income generation eg. provision of consultancy in training and capacity building?

## Conclusion

We have seen a complex range of factors impacting on CHIs ability to ensure long term sustainability. In addition to the effective delivery of services, CHIs must take steps from the start to shape their long term viability. One of the key factors identified by CHIs is having the capacity and ability to manage the change process, to retain control and avoid being done to by external influences. Hopefully, the suggestions shared here by CHIs will help you to develop a Sustainability Strategy, which strengthens your long term viability and ensures your ongoing contribution to tackling health inequalities. In summary the key points are:

### Ensuring an ongoing relevant role and remit

✗ A Business Plan or Strategic Review Documents should contain role and remit with implementation being reviewed at six monthly intervals.

✗ Strong organisational structures, which facilitate effective decision-making, good communication systems, delivery of work programmes and ensures accountability to decision makers and wider community.

### **Using the outcomes from monitoring and evaluating**

✗ Ensure methods for monitoring and evaluating capture real learning eg. use of qualitative methods such as story dialogue.

✗ Promote accessible ways to communicate outcomes to decision-makers and wider community, eg CHI Scrapbook. presentations at strategic meetings, seminars and conferences, articles in health journals and newsletters, use of national and local health network's websites.

### **Tackling Health Inequalities**

✗ Ensure that decision-makers are aware of the different ways your CHI tackles health inequalities eg. contribution to policy documents and good practice debates.

✗ Promote different methods for ensuring measures for tackling health inequalities are rooted in the community's health priorities eg. Participatory Action Research.

### **Engaging with Community Members**

✗ Find effective ways of demonstrating the health benefits from engaging with community members eg. impact on confidence, and skills development; movement from volunteer to paid employment; contribution to service delivery; and promotion of social capital.

✗ Use opportunities to show the benefits of community involvement in enhancing the sustainability of local communities

### **Influencing Health and Social Policies**

✗ Seek out opportunities to influence health and social policies, particularly through community planning structures.

✗ Seek out the support of local and national networks to help influence health and social policies and use of documents such as 'Understanding the Policy Maze, A Guide to Health & Social Policies in Scotland (see ref in next section)

### **Marketing your unique contribution**

✗ Explore a range of methods to promote your Initiative and service eg. drama, music, art and IT

✗ Ensure that all relevant parties in the community, decision-makers and wider health networks get the information you want to circulate. In particular, assess whether you need to go beyond the gate keepers and target individual organisations or people.

### **Partnership Working**

✗ Seek out or lead new partnership arrangements that take forward your contribution to tackling health inequalities or contributing to health improvement.

✗ Acknowledge your own experience of partnership working and find effective ways of transferring knowledge and skills into new partnership arrangements eg. Public Partnership Forums within Community Health Partnerships. .

### **Advocating your particular agenda**

✗ Develop effective negotiating skills, looking at what you must, should and could get from advocating your agenda.

✗ Build effective alliances and articulate clear evidence in advocating your agenda.

### **Securing funding and resources**

✗ Become familiar with impending Strategic Funding Review of the Voluntary Sector

✗ Ensure potential funders are aware of your pivotal role in partnership working with public sector agencies and engaging with community members.

✗ Ensure your CHI has considered contractual arrangements with public sector funders eg. Level Service Agreements.

✗ Ensure your CHI has explored models of income generation eg. social economy or contracting services to the statutory sector.

✗ Ensure your CHI has explored consortium bids with a range of partners from the community, voluntary sector, public sector and business sector.

## Useful Contacts

Below is a list of useful contacts, which may not be directly addressing the sustainability of organisations, but have related information and resources that will help in developing sustainability strategies.

### National

**Audit Commission**, is an independent body responsible for ensuring public funding is used economically, effectively, and efficiently. Useful resource/s – **‘A Project Survival Tool Kit’** [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk) Tel 0131 477 1234, 110 George Street, Edinburgh, EH2 4LH

**Community Development Foundation**, advises government and other bodies on measures to build strong, active communities and promote community development and involvement. Useful resource/s **‘Involving local people in Community Planning’** [www.cdf.org.uk](http://www.cdf.org.uk) Tel 020 7226 5375, 60 Highbury Grove, London N5 2AG

**Community Health Exchange – CHEX** is a national network and resource aimed at promoting and supporting community development approaches to health improvement. Useful resource/s **‘Report on ‘Sustainability of Community Health Projects’ Seminar** [www.chex.org.uk](http://www.chex.org.uk) Tel 0141 248 1990, Suite 329, 50 Baltic Chambers, Glasgow G2

**Communities Scotland** is a Scottish Executive Agency aiming to regenerate disadvantaged communities and deliver better housing. Useful resource **‘Notes on Community Engagement’** [www.communitiesscotland.gov.uk](http://www.communitiesscotland.gov.uk) Tel 0131 313 3700, Rosebery House, (Edinburgh Office), 9 Haymarket Terrace, Edinburgh EH 5YA

**Civic Forum**, is a national organisation to build a culture of active citizenship. Useful resource/s **‘Briefing Papers on Government Proposals’** [www.civicforum.org.uk](http://www.civicforum.org.uk), Tel 0131 557 6767, Unit 16, Jackson’s Entry Edinburgh, EH8 8PJ

**NHS Health Scotland** is the national agency for improving health. Useful resource/s **‘Understanding the Policy Maze: A Guide to Health & Social Policies in Scotland’**, **‘Leap for Health’, a learning, planning and evaluation tool’**; **‘Partners in Health’, a toolkit for building successful partnerships** [www.healthscotland.com](http://www.healthscotland.com), Tel 0131 536 5500, Woodburn House, (Edinburgh Office), Canaan Lane, Edinburgh, EH10 4SG

**Poverty Alliance** is a national organisation aimed at combating poverty. Useful resource/s **‘Toolkit aimed at bringing together people experiencing poverty into government’s debate about tackling poverty’**. [www.povertyalliance.org](http://www.povertyalliance.org), Tel 0141 353 0440, 152 Buchanan Street, Glasgow G1 2LL

**Scottish Arts Council** is the national body responsible for funding, development and advocacy of the arts in Scotland. Useful resource/s **‘Funding sources for the arts in Scotland’** [www.scottisharts.org.uk](http://www.scottisharts.org.uk), Tel 0131 226 6051, 12 Manor Place, Edinburgh EH3 7DD

**Scottish Adult and Learning Partnership**, promotes lifelong learning, active citizenship, equality of opportunity and social inclusion. [www.salp.org.uk](http://www.salp.org.uk), 22 Hill Street, Edinburgh EH2 3JZ

**Scottish Community Diet Project** supports work in low income communities, which improves access to and take-up of a healthy diet. Useful resource/s **‘Guide to Funding Community Food Projects’**, [www.dietproject.org.uk](http://www.dietproject.org.uk), Tel. 0141 226 5261, c/o Scottish Consumer Council, Royal Exchange House, 100 Queen Street, Glasgow G1 3DN.

**Social Firms Scotland** promotes and develops new social firms and helps existing ones to develop their capacity to create further employment for disabled people. [www.socialfirms.org.uk](http://www.socialfirms.org.uk), Tel 0131 225 4178, 54 Manor Place, Edinburgh EH3 7EH

**Scottish Council for Voluntary Sector** is the national organisation for voluntary organisations. Useful resource/s **‘The Directory of Grants and Funds for Scotland 2004’**, **‘The Big Picture’** [www.thebigpic.org.uk](http://www.thebigpic.org.uk) **Equal Strengthening the Social Economy Newsletter** [www.scvo.org.uk](http://www.scvo.org.uk), Tel 0131 556 3882, The Mansfield (Edinburgh Office), Traquair Centre, 15 Mansfield Place, Edinburgh EH3 6BB

**Volunteer Development Scotland**, works strategically and in partnership to promote, support and develop volunteering in Scotland [www.vds.org.uk](http://www.vds.org.uk) Tel. 01786 479593, Stirling Enterprise Park, Stirling FK7 7BP

**Voluntary Health Scotland** is a national network of voluntary organisations aimed at improving health and health care. Useful resource/s **‘VHS Briefings on Government Policy’** [www.vhscotland.org.uk](http://www.vhscotland.org.uk), 11 Waterloo Place, Edinburgh, EH1 3BG. Tel 0131 557 6845



## Local

**Lothian Community Health Projects' Forum** is a network of community health projects to support good practice in community health and advocate for community involvement in shaping and implementing health policies. Useful resource/s **'Right on Target – Monitoring and Evaluating for Community Health Projects'**. Tel. 0131 554 4557, 4 Duncan Place, Edinburgh, EH6 8HW

**West of Scotland Community Health Network** is a network of practitioners in the West of Scotland to support good practice in community health and advocate for community involvement in shaping and implementing health policies. Useful resource/s **'Participatory Action Research'** c/o East End Health Action, [www.eastend.org.uk](http://www.eastend.org.uk), Tel 0141 550 7333, 35 Springfield Road, Dalmarnock, Glasgow G40 3EL;

**Councils for Voluntary Services**, strengthen the contribution of local voluntary organisations and provide a bridge between the sector and key public agencies c/o CVS Scotland, [www.cvsscotland.org.uk](http://www.cvsscotland.org.uk) Tel 0131 556 3882, The Mansfield (Edinburgh Office), Traquair Centre, 15 Mansfield Place, Edinburgh EH3 6BB

**Glasgow Healthy Cities Partnership**, is Glasgow's formal alliance to promote and support health improvement. [www.glasgow.gov.uk/healthycities](http://www.glasgow.gov.uk/healthycities), Tel 0141 287 6989, Glasgow City Council, Exchange House, 229 George Street, Glasgow G1 1QU

**Local Authorities** – Health Improvement Officers, Integration Officers for Community Schools, Community Learning and Development Officers, c/o COSLA, [www.cosla.gov.uk](http://www.cosla.gov.uk), Tel 0131 474 9200, Rosebery House, 9 Haymarket Terrace, Edinburgh EH12 5XZ.

**Health Boards** – Health Promotion Officers, c/o Health Scotland, [www.healthscotland.com](http://www.healthscotland.com), Tel 0131 536 5500, Woodburn House, (Edinburgh Office), Canaan Lane, Edinburgh, EH10 4SG

**Primary Care** – Public Health Practitioners, c/o Health Scotland, (Glasgow Office), [www.phis.org.uk](http://www.phis.org.uk), Tel 0141 300 1010, NHS Scotland, Clifton House, Clifton Place, Glasgow G3 7LS.

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