

HEALTHY COMMUNITIES

MEETING THE SHARED CHALLENGE

MAKING IT HAPPEN

Case studies of community-led health improvement in action



Prepared as part of the Meeting the Shared Challenge programme

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Introduction

'Healthy Communities: Meeting the Shared Challenge' was a Scottish Government funded programme running from 2008 to 2010 that aimed to encourage and support community-led approaches to health improvement throughout Scotland. The programme was a partnership between NHS Health Scotland and the Scottish Community Development Centre (SCDC).

The 'Meeting the Shared Challenge' team worked in every area of Scotland with NHS and local authority staff, community and voluntary organisations and other partners to build the capacity of local organisations to deliver effective community-led approaches.

As part of that work, they offered to work with local partners to develop case studies of community-led approaches in action. Guidance was produced on how to prepare case studies that might be used for a variety of purposes, including:

- Demonstrating how the community-led approach works
- Building understanding and the capacity to develop good practice
- Showing the social connections and capital gained from community members coming together and the direct and indirect health benefits that result
- Showing examples of constructive partnership working between community groups, voluntary organisations and public sector agencies
- Strengthening the evidence base
- Identifying lessons and messages that are new to policy makers and practitioners
- Convincing the 'unconvinced' of the approach (in particular local decision makers)
- Having a national impact.

Case studies were prepared in several areas of Scotland. We have selected seven that we think may be of wider interest and presented them here using a common format. Some of the information presented is only valid up to 2009, but it has been updated where possible.

These case studies are not intended to include every type of community-led health improvement activity, nor do they claim to be the very best of the practice that can be found. They are snapshots from a very wide range of activity. They represent different types of area, urban and rural, more and less disadvantaged.

The Healthy Valleys example shows the wide range of activities that a community-led initiative focused primarily on health can generate. The CAMGLEN Community Radio experience shows how such an initiative can provide the basis for further innovative initiatives within its community.

But these examples are not only about initiatives set up with the explicit aim of improving health. Bowmar Women and Girls Group only ever set out to run a local exercise and social group and found that they have enhanced people's health in a variety of ways.

The two Girvan examples show how people involved in two of the many possible spheres of voluntary and community activity have come to realise and value the potential to improve health in what they do. Both of these groups have used a logic model prepared for the 'Meeting the Shared Challenge' programme to express how they expect to realise this potential. The local versions are presented here as worked on by each group, with minor presentational changes.

In Perth and Kinross, health services have engaged with older people not just to consult them on services, nor only to support a community group, but to work jointly to identify issues and find ways of solving them and achieving outcomes.

Finally, the Eyemouth First Responders project shows how a local group can find an effective way of contributing to health treatment and care that meets local needs.

The evidence of long term changes in the health of these communities is not available yet. But these projects are all working on factors that influence health. Some are principally changing the lives of their volunteers, others of a wider community, though in every case there is an element of both. Direct impacts on health and the behaviours that affect health, and impacts on social and economic circumstances that determine health can all be found, along with convincing evidence of changes to personal confidence and wellbeing and increases in the social capital that allows communities to support people to live healthier lives.

Acknowledgements

We would like to thank all the case study organisations who gave us their time to contribute to the Healthy Communities: Meeting the Shared Programme and for allowing us to feature their work in this document.



Bowmar Women and Girls Group

Setting

The Bowmar area of Alloa South and East has persistently suffered from relatively high levels of deprivation, both compared to other areas in Clackmannanshire and by overall Scottish standards. It suffers from low demand housing and anti-social behaviour. It has been a key multi-agency priority area for some considerable time - for example it had Social Inclusion Partnership status for six years.

Bowmar

- One of the 5% most deprived areas in Scotland on several of the different measures used in the Scottish Index of Multiple Deprivation (SIMD): income, employment, education and crime
- 30% of the population are 'income deprived'
- 31% are 'employment deprived'
- 42% of 20-24 year olds are regarded as in the workless client group
- 24% of 16-19 year olds claim Job Seekers Allowance

The (former) Alloa Mar ward containing the area was in the 5% most deprived in Scotland on health measures (2006). The mortality rate in Clackmannanshire (all causes, all ages) is significantly higher than the Scotland average.

Teenage pregnancies rates have been consistently higher than the national average (62.9 per 1,000 in Clackmannanshire compared with 57.9 in Scotland). Teenagers have a higher than national average use of smoking, drinking & drugs. (All data from Clackmannanshire Single Outcome Agreement 2009-12).

Background

An International Women's Day event entitled 'Be All You Can Be' was held in Alloa South and East in March 2007, delivered by the Council for Voluntary Services Clackmannanshire (CVSC). One outcome was that women and girls from the area expressed a need and a desire for a weekly event that would bring together a variety of physical activities and other activities aimed at improving general health and wellbeing.

Although various forms of exercise classes were available in Alloa, none were in Bowmar. The costs involved in attending were prohibitive for most of the women. They also wanted to try out various classes on an informal basis and 'have a blether' with other females in the community.

How people were brought together

As a result of the success of the Women's Day event, CVSC set up a partnership to run a 6 week pilot programme. This included taster sessions on a health and wellbeing theme, for women and girls aged twelve and over. Activities included:

- line dancing
- boxercise

- hip hop dancing
- belly dancing
- healthy eating workshops
- relaxation and confidence building sessions
- smoking cessation
- aromatherapy
- beauty sessions
- arts and crafts
- calligraphy.

The partnership consisted of CVSC, the Council's Culture and Community Services and a local group that runs a 'community orchard'. It supported the pilot both financially and in kind. Various services contributed to group activities, including a food development worker and a community mental health worker.

Posters were circulated to advertise the first week, and word of mouth spread like wildfire. The pilot proved to be a huge success with over 95 people signing up over six weeks. 74% of them were from regeneration areas.

A committee was elected from the group members and training on setting up and developing a group was provided. Fundraising activities then began in earnest to ensure the long term sustainability of the Women and Girls Group (WAGG).

The level of membership has settled after three years and currently averages 25-30 people at each session. Most of the members come from Bowmar, and there is a real sense of community amongst them. Members comment that it has brought different people and families and the local community together. Age ranges from 10 to 72.

Group members include people from 'hard to reach' groups including:

- travellers
- people with learning difficulties
- young people
- older people
- people with disabilities
- people with mental health issues.

This diversity was accomplished by the group's decision to welcome all females from across Clackmannanshire and not limit the membership to their own local area. It has fostered a high level of peer support as the women have got to know each other and their personal stories.

Activities

WAGG members currently meet twice a week to exercise, rehearse for their next show, and learn new skills and crafts.

- They run a regular keep fit session for older members and a children's dance class.

- They have provided classes in sewing, crochet, cake decoration and pottery, as well as more technical sessions on stage sound and lighting and prop making.
- They have recently begun providing crèche facilities so that mothers can have some 'time out' and enjoy the classes and activities provided.
- Committee members have learned computer skills, basic accounting, fundraising and governance skills.

How WAGG members 'describe it in a few words':

"Fun." "Brilliant." "Great." "Happy." "Fabulous."

"Fun and friendship for all ages." "Welcoming."

"Good for mixing with other people."

As confidence has increased, the group has taken on more challenges, including:

- volunteering with other groups
- starting a weight watchers club
- running fundraising events
- writing and performing a Christmas show for the community, which has now become an annual event.



MEETING THE SHARED CHALLENGE

Involving partners

Although the group decided to charge a nominal fee for the activities provided, funding was needed to pay for the exercise classes, refreshments and materials for activities. Funding now comes from a variety of sources including the Coalfields Regeneration Fund and the Big Lottery Fund. The latter pays for inter-generational work and the crèche. The Fairer Scotland fund provided core funding and smaller grants are applied for as and when the need arises. The women also run various fundraising events to make up any shortfalls.

WAGG members work with other local groups such as the local drama group and Homestart – who loan them toys and games for the crèche. In addition they have been singing at care homes, making articles to sell at the children's' summer gala and taking part in a local crafts incentive called Imagine Alloa.

WAGG members have been involved in local consultations about the area. The Bowmar Masterplan consultation gathered information from local residents about improvements they would like to see in the area.

A workshop was held called 'Dreaming' using the analogy of a bedroom scene. It incorporated a duvet cover with photos of the area attached to stimulate thought and discussion on how the area could be improved to meet the needs of its inhabitants.

However members are still disappointed that they do not get recognition from statutory services for the work that they do and *"get left out of things"*.

Addressing health improvement and inequalities

Women attending WAGG completed questionnaires that show the impact on their lives:

- increased levels of confidence at all ages
- improved levels of physical, mental and emotional health through healthier eating, regular exercise and the opportunity to share and discuss problems

Experiences of WAGG members

"I am eating better and exercising and have stopped smoking 60 a day."

"I am disabled and I now have a weekly exercise class which helps my health and has made me more confident."

"I have lost weight and am happier in general."

- younger members feeling happier and more energetic, because they had something to go to that they enjoyed, rather than hanging around on the streets
- younger members also developing an awareness of healthy eating and the importance of exercise.
- changes in personal and family lifestyle such as weight loss, stopping smoking and drinking much less.

WAGG never set out to achieve any other outcomes besides having a local exercise and social group. It was not set up as a health improvement intervention. But it was recognised at an early stage that the group had the potential to contribute to local and national policy and strategy. They have compiled this table to show how they contribute to NHS targets.

WAGG Impact On NHS Targets			
WAGG Objectives	National	Regional	Local
<p>To provide regular exercise classes in the community</p> <p>To encourage healthy eating and lifestyles</p> <p>To foster individual and community skills and confidence</p>	<p>Healthy communities</p> <p>Effective and meaningful community engagement</p> <p>Access to hard to reach groups</p> <p>HIPM</p> <p>Obesity</p> <p>Smoking</p> <p>Alcohol</p> <p>Inequalities</p>	<p>HEAT</p> <p>Mental Health</p> <p>Child and maternal health</p> <p>Health improvement</p> <p>Anticipatory care</p> <p>Partnership working & community planning</p> <p>Health protection</p> <p>Best value</p> <p>Equality & diversity</p>	<p>CHP & Community Planning</p> <p>Promoting community led health</p> <p>Reducing health inequalities</p> <p>Community cohesion</p> <p>Anticipatory care</p>

They also contribute to other local Single Outcome Agreement targets:

- “our communities are more cohesive and inclusive
- people are better skilled, trained and ready for learning and employment
- vulnerable people and families are supported
- substance misuse and its effects are reduced”.

There is evidence that they have:

- enhanced social conditions: there is improved social cohesion, increased levels of access to formal and informal support and greater social capital
- enhanced service provision: both by delivery of services by and for the community and improved communication of community needs to service providers. the council now wishes to use them as a model for other groups.
- affected health behaviour change in individuals and families
- addressed health inequalities: giving women from a ‘deprived’ area access to services which meet their needs.

One member commented:

“WAGG are breaking cycles of deprivation and changing local attitudes to health, education and lifestyle.”

Community development and community leadership

WAGG has from its inception been very much a community led initiative. The partnership's role was to help the group set up and to provide support. But it was the women and older girls who set the pace and made decisions affecting the group. They were responsible for planning the group sessions. They identified the factors that impacted on their wellbeing and identified and implemented the solutions. This approach led to the group taking ownership of their direction and activities and created a learning and supportive environment for the members, as well as becoming a competent and empowered group.

From the pilot stage onwards time for discussion was built into the weekly sessions. At first this was facilitated, but later it became an organic part of activities. Women bring issues that arise in conversation to the attention of the development group.

The development group received weekly training in running and developing a group, including marketing and learning to write fundraising applications. This was all done using participatory methods where everyone had the opportunity to be involved as much or as little as they liked. For example each of the development group members were given the opportunity to chair a meeting or take and write up the notes.

Members share their particular expertise: several group members eventually led craft workshops, and one took over one of the exercise classes.



Activities are very much geared towards building confidence and skills within the group. Processes used include:

- participatory planning
- green-mapping
- training sessions
- stress-busting sessions
- conflict management
- discussion groups
- focus groups
- exercise classes
- cook and taste sessions
- arts and crafts classes.

Experiences of WAGG members:

“I feel better in myself.”

“It’s made me happy as I was very depressed.”

“I get out more and have made lots of new friends, both old and young.”

“It’s made me more brave.”

That emphasis has obviously been successful: when the group were asked in the questionnaire what had changed in their lives as a result of attending WAGG sessions, almost all mentioned a growth in confidence.

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CAMGLEN Community Radio

Setting

Cambuslang and Rutherglen have a population of 57,000. The area experiences significant levels of poverty and inequality. Of the 56 data zones in South Lanarkshire which fall into the worst 15% in Scotland on the 2006 SIMD, 21 are in Cambuslang and Rutherglen.

Cambuslang & Rutherglen

There is a higher rate of people deprived of employment than the national average, with 23% of children living in households where no adults work.

There are comparatively high numbers of people living with limiting long term illness.

Incidences of cancer and coronary heart disease are significantly higher than the national average, as are the numbers of hospital admissions related to alcohol and drug misuse.

(Source: Cambuslang & Rutherglen Community Health Initiative)

Background

Camglen Radio is a community radio station, run by a committee of local people and supported by Cambuslang and Rutherglen Community Health Initiative (C&R CHI).

In summer 2006, approximately ten local people responded to an invitation to take action to develop a local radio station. This led to the formation of a core group of community members and the recruitment of a Development Worker at the CHI to support their work.



How people were brought together

The process of finding out what was of importance to local people was undertaken in many ways:

- at community events and gala days,
- via media advertising (the local commercial newspaper and a community newspaper)
- in-depth consultation through focus groups.

Community Health Initiative staff consulted with a wide group of local people and agencies. The consultation identified a desire and need for a community radio station. Isolation was identified as a priority health concern. Lack of training, both formal and informal was also identified as a gap by the local community.

Training was provided to enable new volunteers to become involved in the radio as presenters, studio workers, technicians etc. SVQ rated qualifications were achieved by 10

volunteers. A youth group was developed with direct support from the development worker and volunteers.

Additional methods are put in place for volunteers with additional support needs. Buddies are identified and trained to work with those volunteers needing support. In addition, steps have been taken to accommodate volunteers with visual impairments in the form of specialist software. All facilities are wheelchair accessible.

C&R CHI provided support in the form of training and development, transport, expenses etc from the outset. Although this support continues, the group is now partially independent, having a constituted committee and bank account. The work is guided by this Camglan committee, which consists of ten local people who meet on a monthly basis.

Activities

Camglan radio broadcasts twice yearly for 28 days each time on restricted service licences (RSLs). The broadcasts run for 24 hours, 7 days a week, during this time. Live shows are broadcast at peak times between 8am – 1am.

Camglan radio volunteers assume full responsibility for all activities at the station during these times, with approximately 70 volunteers actively involved in broadcasting.

Volunteers are also at the core of the huge amount of work that takes place between broadcasts:

- training pupils from all the local schools
- running radio youth clubs
- providing studio hire facilities
- programming future broadcasts
- training other volunteers
- training community groups
- assisting in marketing the station
- managing station finances
- applying for funding
- maintaining station equipment and resources.

Generally the most active volunteers at the station are the ones who are either unemployed and/or on benefits, or have limited part time work. Volunteers now have the opportunity to apply for, and gain paid sessional worker positions at the station to assist in service delivery. This has been made possible because the station has generated income from the delivery of training to schools and community groups, and through small pieces of grant funding.

For more information, look at:

- Camglen Radio's website <http://www.camglenradio.org>
- A video showing 'a day in the life of a Camglen volunteer' <http://www.youtube.com/watch?v=liGlfZYjuBQ>
- A video of the work involving local schools, on Learning and Teaching Scotland's website <http://www.ltscotland.org.uk/video//localradiostationencouragesyoungtalent.asp>

Involving partners

Opportunities for training, use of premises, funding, and other support have come from partner agencies and statutory organisations including:

- the local regeneration organisation 'Changing Places'
- the Cambuslang Learning and Media Project (CLAMP)
- the local CVS 'Create'
- West Whitlawburn Housing Co-Operative
- the Guidance Education and Learning Group of South Lanarkshire Council.

External agencies are consulted and work in partnership with Camglen. For example script writing training was delivered by partner agency Create's Media project.

During the life of Camglen staff at all levels within the CHI have been involved in providing support. Initial funding was sourced from C & R CHI's core budget.

Further funding was secured from Awards For All, Changing Places and South Lanarkshire Council. Currently the station has funding in place until March 2011 which has allowed the recruitment of a full time project worker and assisted the delivery of accredited training courses for local people. Fairer Scotland funding contributed to equipment costs.

The station has started to generate its own income through submitting tenders for Service Level Agreements and delivery of services, which now make up approximately 10-15% of the revenue required to finance station operations.

There was broad and very positive political support from all elected members both locally and nationally. Their continued support is invaluable to Camglen Radio. The local Area Committee supported Camglen from the initial stages. Their support has gone a long way to raise the profile of Camglen in the area (although reservations over control of what was broadcast on air were voiced).



Addressing health improvement and inequalities

The following impacts have been identified:

People are more involved, more skilled more confident and less stigmatised

- Presenters have the opportunity to plan and develop their own show.

“After the last broadcast, I have so much more confidence because I didn’t think I would be able to do a live broadcast. But I did, and really enjoyed it!”

“I have learned so much from working with Camglen Radio over the last month. Last time I was answering the phone and this time I’ve ended up with my own show!”

Personal development leads to employment

- Members of the committee have become empowered through the knowledge and skills they have attained, and some have progressed into sessional employment.

Enhanced learning opportunities for local children

“If you’re enjoying it learning is easier”
Primary 7 radio presenter

A sense of responsibility in young people

“If you are presenting you have to write your own scripts and look after all the equipment you need to be responsible for it”

Skills for life

“The children at our school not only increase in confidence through the effective contributions they make but they also develop as responsible citizens”

School teacher

“As well as the technical skills they learn there are transferable skills which are invaluable and stay with them”

Head Teacher

Increased opportunities for partner organisations to connect with community

- The station is used regularly as an audio notice board for community groups and statutory services to promote their services and opportunities for local people.

“Thanks to our interview on Camglen Radio we have received more phone calls from people booking Fire Safety Visits”

Structures and networks that promote dialogue and information exchange

- There is a paid advertising service for local private businesses.
- Local bands and drama groups use the radio as a platform to promote their work.

People have increased access to information

“I found out that I can get some free fruit and veg from the Fruit Barra by listening to Camglen Radio.”

Community development and community leadership

C&R CHI based the work on a community consultation which clearly showed that local people were looking for opportunities to address isolation and seeking training and employment opportunities in an informal setting. They knew that something which was available locally was needed and that community radio was a local aspiration.

The initiative was tailored to meeting the of local people needs and available on their doorstep. This ensured that they would be well disposed to become involved, with high levels of commitment. Support was put in place to ensure that the needs of volunteers and trainees continued to be met as the individuals developed and changed through the course of their contact with Camglen radio.

A service now exists which meets the needs of local people as well as local partner agencies and organisations and continues to provide developmental opportunities for local people in which they have a strong sense of ownership.

Community groups have ownership of activities. They support individual and community well-being, contributing to the regeneration of the local area. A range of activities support and ensure local involvement.

The likely outcome is that Camglen Radio will become a fully autonomous organisation continuing to meet the needs of those involved with it and providing the population of Cambuslang and Rutherglen with a sustainable new organisation.

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Eyemouth and District First Responders

Setting

Eyemouth is a small seaside town five miles north of the border in the Scottish Borders, and is home to approximately 3,500 people. The population contains a preponderance of managerial and technical workers, allied to a strong base of skilled workers. The level of economic activity is close to the Scottish average. The Eyemouth and District South ward, containing most of the town, had 23% of its population aged 65 or over, more than the Borders average of 19% (2001 census).

Background

In 1997 the out of hours service was reorganised by Borders Health Board, leaving the town of Eyemouth and many other small communities dependent on NHS 24 after hours on weekdays and at the weekends.

Eyemouth is not remote, but during busy periods the ambulance service may not be able to have a defibrillator on scene within the first four to eight minutes of a cardiac emergency.

How people were brought together

Many people in the town felt strongly about this issue and 200 turned up to a public meeting in 2006 with Borders Health Board. Mr F organised that public meeting and a subsequent campaign to get a defibrillator located in the town.

Around the same time he came across First Responders, an initiative set up by the Scottish Ambulance Service. He approached Ms E, a community learning and development worker based at the local community centre. Together they organised a meeting to inform people about the idea and to let them know what would be involved.

Several people signed up to form a working group, which subsequently became a board when the organisation was formally constituted. The group is wholly managed and run by volunteers.

Mr F describes the process as 'serendipitous', though he went through his fair share of 'dead ends'. He advises:

'In the early stages don't try to plan ahead. Expose yourself to as many different ideas as possible, let the situation develop, people are ready to do the right thing'.

The Scottish Ambulance Service delivered the first training course to 12 volunteers in January 2008. The volunteers learnt new skills:

- cardiopulmonary resuscitation and breathing difficulties
- use of the defibrillator
- oxygen therapy
- use of airway adjuncts.

At the end of a two day course each candidate was tested by a training officer from the Scottish Ambulance Service. Not everyone passes, as candidates have to pass both practical and written tests to a satisfactory standard. The Scottish Ambulance Service also requires that all responders must undergo a Disclosure Scotland check. On passing they are awarded a certificate that is valid for three years.

First Responders was officially launched in October 2008 at a ceremony attended by the local MP and Provost, though it had been operational since July.

Activities

First Responders provide a volunteer emergency first response for individuals waiting for an ambulance to arrive in Eyemouth and its district.

Volunteers attempt to cover evenings and weekends (the GP surgery covers weekdays). The ambulance service calls them out when an ambulance is on its way. Their role is to provide emergency first aid in the case of chest pains, choking, severe difficulty in breathing, strokes and unconsciousness, to treat the casualty where required and to wait with them until the ambulance arrives.

In Eyemouth there are now 5-6 regular volunteer First Responders, with 4 more waiting to be trained. In Ayton there are 3-4 regulars, and St Abbs has 1.

The responders themselves come from a wide range of age and life experience. There are individuals with a wide variety of expertise and knowledge, which is shared in monthly training sessions:

- diving emergencies
- first aid
- communications
- teaching
- mental health
- humour.

The management committee meet once a month and the responders also meet once a month to ensure they can support each other and keep their skills up to date.

First Responders has been successful in attracting a range of community members, several of whom have not volunteered before. No volunteer has been turned away, since there is a range of ways in which they can get involved, including:

- First Responder
- Committee member
- Publicity
- Fundraising.

The volunteers include a former paramedic who had recently moved to the village. He became an informal technical advisor to the group:

'We wouldn't have had a group without his experience and knowledge'

(another group member)

His wife also plays a key role as secretary to the group.

Other group members include:

- J, who says he came out of curiosity, and provides invaluable links with other people in the village
- T, who also works in the voluntary sector and has helped draft funding applications, successfully raising money for the association.
- The treasurer, who keeps an eagle eye on any monies collected and spent.
- D and B, who are respected members of the community, with invaluable expertise and energy in promoting First Responders and in fund raising.

However the real struggle is to get enough volunteers involved. The group would like to be able to cover every evening as well as weekends, and to spread the load more evenly. Members of the group are constantly trying to recruit. They have now started a new open evening once a month in an attempt to get more volunteers involved. Training equipment is on hand at these evenings so that potential responders can practise their skills and discuss any topics that may arise. They also advertise in the local paper.

Involving partners

The community learning and development worker has played a key role in helping the group to:

- set up
- get constituted
- organise meetings
- liaise with the Town Council and get funding for equipment.

She has also provided advice on:

- fund raising
- charitable status
- community consultation and involvement
- recruitment of volunteers.

The group now receives support from individual local and town councillors, although there was some initial resistance when it was first set up, arising from the misapprehension that it was aiming to provide a replacement for ambulances.

The Scottish Ambulance Service has provided expert advice and training. Their contact person has been “excellent at public meetings” (group member), because he is able to answer lots of practical questions. He has experience of other First Responders groups, also supported by the Scottish Ambulance Service, so he could give advice on things like what the rate of use was likely to be made of the service.

Addressing health improvement and inequalities

Eyemouth and the surrounding villages now have an extra resource to help with some emergency medical conditions. This is a very real issue in a remote community, as a defibrillator available within the first few minutes of a cardiac event can make a significant difference to the outcome. People know that there will be someone there in their time of need. The group has also brought resources into the community in the shape of the defibrillator and other equipment.

The service started well – there were six calls on First Responders in the first four months, and they responded effectively each time.

Community development and community leadership

The existence of the group has built confidence among community members that they are a community able to identify their own needs and to act on them:

“Things can be done by us”
(community member)

The Responders appreciate the sense they get of being of real use to the community. Individual volunteers have benefited hugely.

“I got a great sense of achievement from doing something I didn’t think I would be able to do. I also found companionship through getting involved.”

“The group has kept me active – it keeps the brain cells going”

All the volunteers are developing skills, which will be useful in the workplace, both through being part of developing and managing the initiative themselves, which requires secretarial and I.T skills, and through the training received.

These skills are being shared. One volunteer has already taught her 4 year old son the recovery position.

The project is intergenerational. The group already involves people of all ages. It is examining the possibility of developing a First Responders group particularly for young people. It has also provided an opportunity for 'incomers' to get to know the community better and for everyone to make connections with others, including other community groups.

Members of the group have discussed broadening what they do, once they are well established and have enough volunteers. They would like to deliver educational talks in the community, perhaps get more people trained up in the use of the defibrillator. They would also like to be able to run some social and team events.

Other local areas are interested in the idea and the First Responders have been working with them to recruit volunteers and get enough to form a training group.

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Girvan Youth Trust

Setting

Girvan is in Carrick, South Ayrshire, and has a population of about 9,000 people. Originally a fishing port, it is now a seaside resort with many beaches and places of interest. Three of the five data zones in the southern half of the town are in the 15% most deprived areas in Scotland overall, according to the 2009 SIMD, and four of them when looking purely at the health 'domain'.

Background

Established in 1999, Girvan Youth Trust (GYT) evolved from a small voluntary organisation called Oasis, formed by young people to address their needs and to improve the quality of life of young people and their families in the Girvan area.

How people were brought together

The new organisation engaged with young people and helped to identify and highlight issues such as the impact of a lack of facilities and services available for local youth. The Trust has worked hard over the past 10 years to involve young people as well as key stakeholders

The need for the establishment of a dedicated centre for local young people aged 12-18 years of age has been identified in surveys over as many as 17 years. After successfully securing funding from the RANK foundation, in December 2008, the long term goal of the Trust was finally realised with the opening of the 'Z1' Youth Bar and multi functional facility.

The Trust produced a Business Development Plan and a Marketing Strategy which enabled it to gain the recognition and endorsement of local businesses, national funders and partnership agencies. It has a continuing engagement with approximately 500 young people and youth service providers, which determines its future direction.

Activities

The 21st century 'Z1' Youth Bar provides:

- a contemporary non-alcohol pub environment
- a function and entertainment venue
- an internet suite
- an arts and crafts studio.

It challenges the perception of young peoples' social dependency on alcohol.

With an investment of almost £1million, the Youth Trust employs eight full time staff and five trainee placements. It has a core volunteer base of 50 local people. The long term aim of the project is to allow young people to use the centre seven days and evenings per week.

The centre is a network hub for GYT, local groups and statutory agencies to engage with and support local young people in their choices towards leading a more positive and healthy lifestyle.



Training is provided in DJ, computer, art and bar management skills. A weekly 'Drop In' health clinic, run by the NHS, provides a safe, confidential service for young people to access health information and resources.

GYT has now expanded its services to include:

- adventure centre for education
- duke of edinburgh and john muir award schemes
- one to one support
- awareness workshops
- eurodesk
- police and parent mediation work
- detached street work
- primary and secondary school initiatives.

The Adventure Centre for Education (ACE) was successfully created in 2005. It is an outdoor activity initiative. Two full time qualified instructors provide experiential training to local primary school pupils and teenagers, developing and enhancing such skills as:

- confidence building
- self esteem
- team work
- motivation.

ACE has also become the main trading arm of GYT.

The Z1 Youth Bar and the ACE have resulted in Girvan Youth Trust working with more than 500 local young people aged 12-25 years and approximately 500 primary school pupils.

A Youth employment and training initiative provides ongoing four-monthly placements and opportunities leading to formal qualifications in Food Hygiene, First Aid and mixology.

Involving partners

GYT works very closely with statutory and voluntary services in the area including:

- nhs
- south ayrshire council
- strathclyde
- police
- south ayrshire youth strategy partnership
- scvo
- local youth organisations.

The Trust has been supported by local businesses and main employers including William Grants & Sons, Nestle and ASDA.

GYT also works in partnership with NHS Ayrshire & Arran and the Community Learning and Development service of South Ayrshire Council, to provide the young persons health and information point.

Addressing health improvement and inequalities

The Trust has used the logic model for community-led health improvement that was devised for the 'Meeting the Shared Challenge' programme. This has helped it to express its own understanding of:

- the *Inputs* that go in to making its work possible
- the *Processes*, methods and activities that allow it to:
 - engage communities
 - support the capacity of communities to respond to their own issues and priorities
 - support the capacity of agencies to collaborate with each other and with communities in order to respond to community need
- the *Intermediate Outcomes* that it seeks to achieve, involving building awareness, engagement and capacity both in the community and amongst other agencies
- *End Outcomes* listing both particular activities that help directly to change people's circumstances, and the broader outcomes that these are expected to contribute towards, including improvements in:
 - social conditions
 - physical and material circumstances
 - service provision
 - health behaviourand reductions in health inequalities.



The group's version of the logic model is reproduced below.

Activities that help people directly to achieve end outcomes include the healthier life style options offered by the opening of the Z1 Youth Bar, the weekly youth health clinic held there, and the training provided.

"I have went through some of the best and some of the worst times of my life over the past few years but Oasis and Girvan Youth Trust were always there in good times and bad"

Recipient of Duke of Edinburgh Gold Award (age 18).

The broader end outcomes pursued include:

- promoting positive lifestyles amongst young people
- raising self esteem and confidence
- providing greater vision
- providing opportunities - more choices and more chances
- decreasing crime and anti social behaviour
- promoting healthy drinking
- raising aspiration through volunteering at local level
- raising and developing skills leading to employability
- increased awareness of health issues, promoting positive mental and physical health.

Health inequalities are addressed by ensuring the Inclusion of all and breaking down barriers. Positive efforts are made to involve groups such as homeless people or young people with learning disabilities, and the centre is designed to be accessible e.g. in its lighting and signage. More broadly, the adoption of the social model of health means that actions are built on inclusion and building capacity.

Community development and community leadership

Local youth work is now community owned and youth driven. The ultimate aim is to provide a dedicated youth facility in which young people can socialise and develop their personal and collective skills in a youth friendly and safe environment.

A keystone of the ongoing success of the Trust has been the recruitment and structured training of its core base of adult and youth volunteers. This growth in community capacity has enabled the Trust to achieve its long term aims.

Girvan Youth Trust has listened to local people for many years and has acted upon their needs. It has provided a facility which local young people want to use. The number of people coming to Z1 increases on a weekly basis.

The work of Girvan Youth Trust and Z1 Youth Bar has been highlighted by other youth projects and national agencies as being a good example of best practice in grass roots youth work.

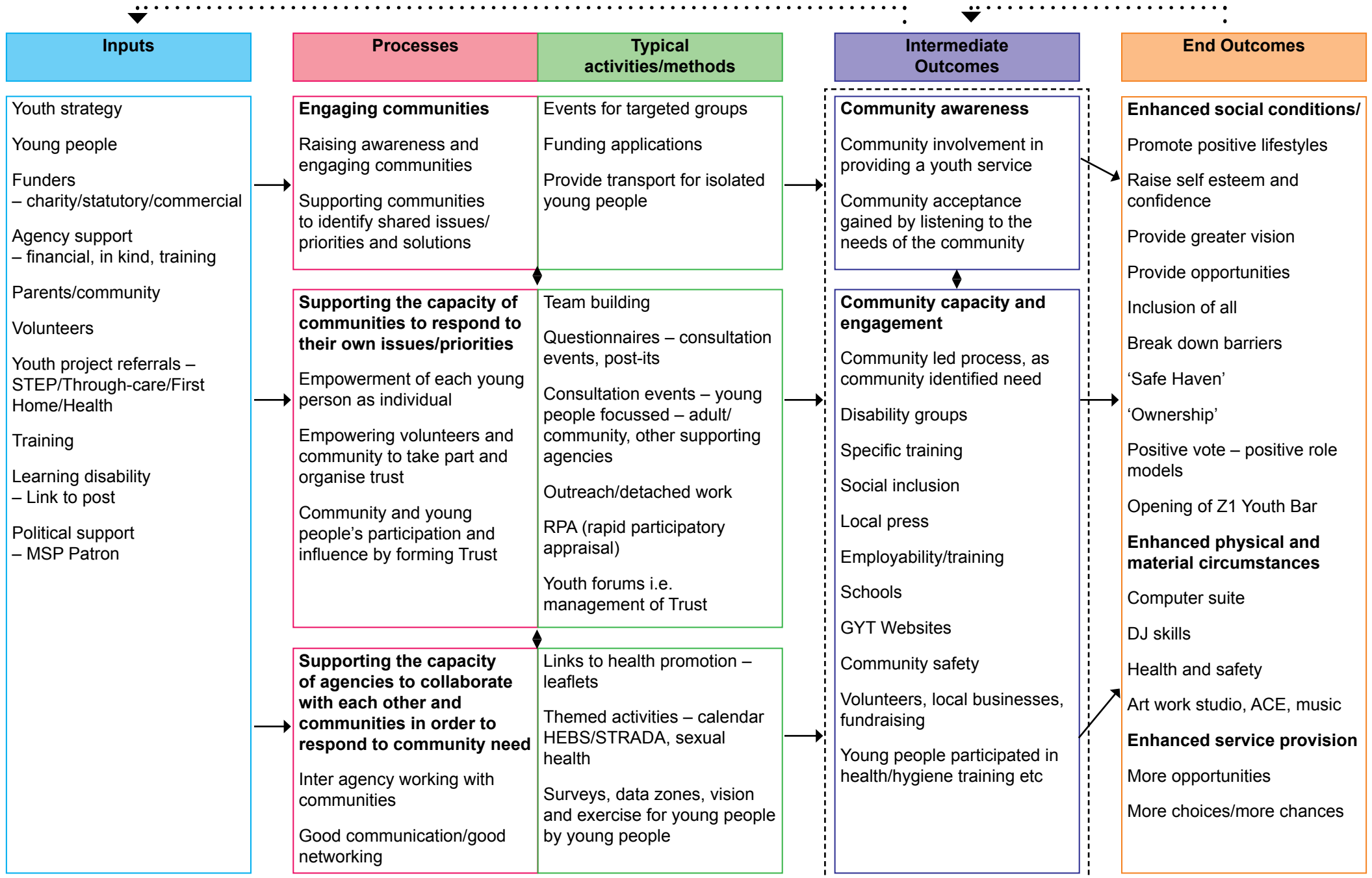
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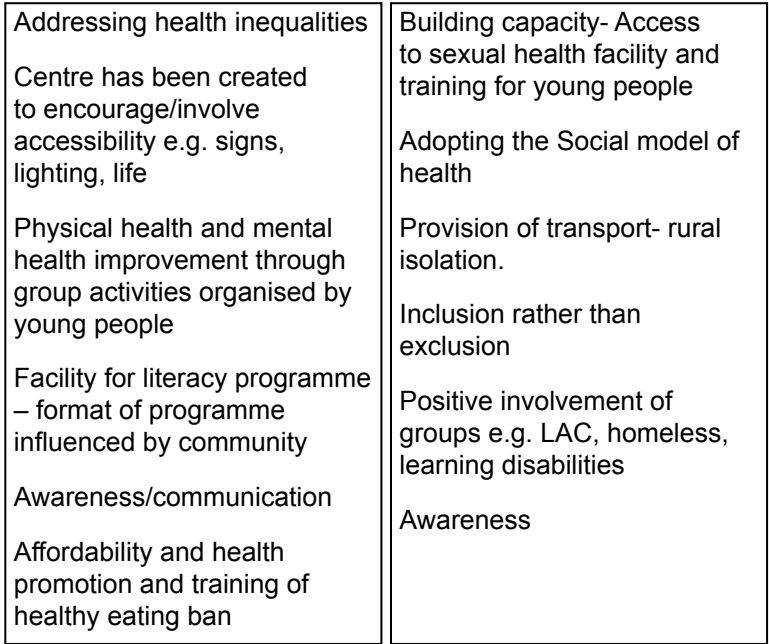
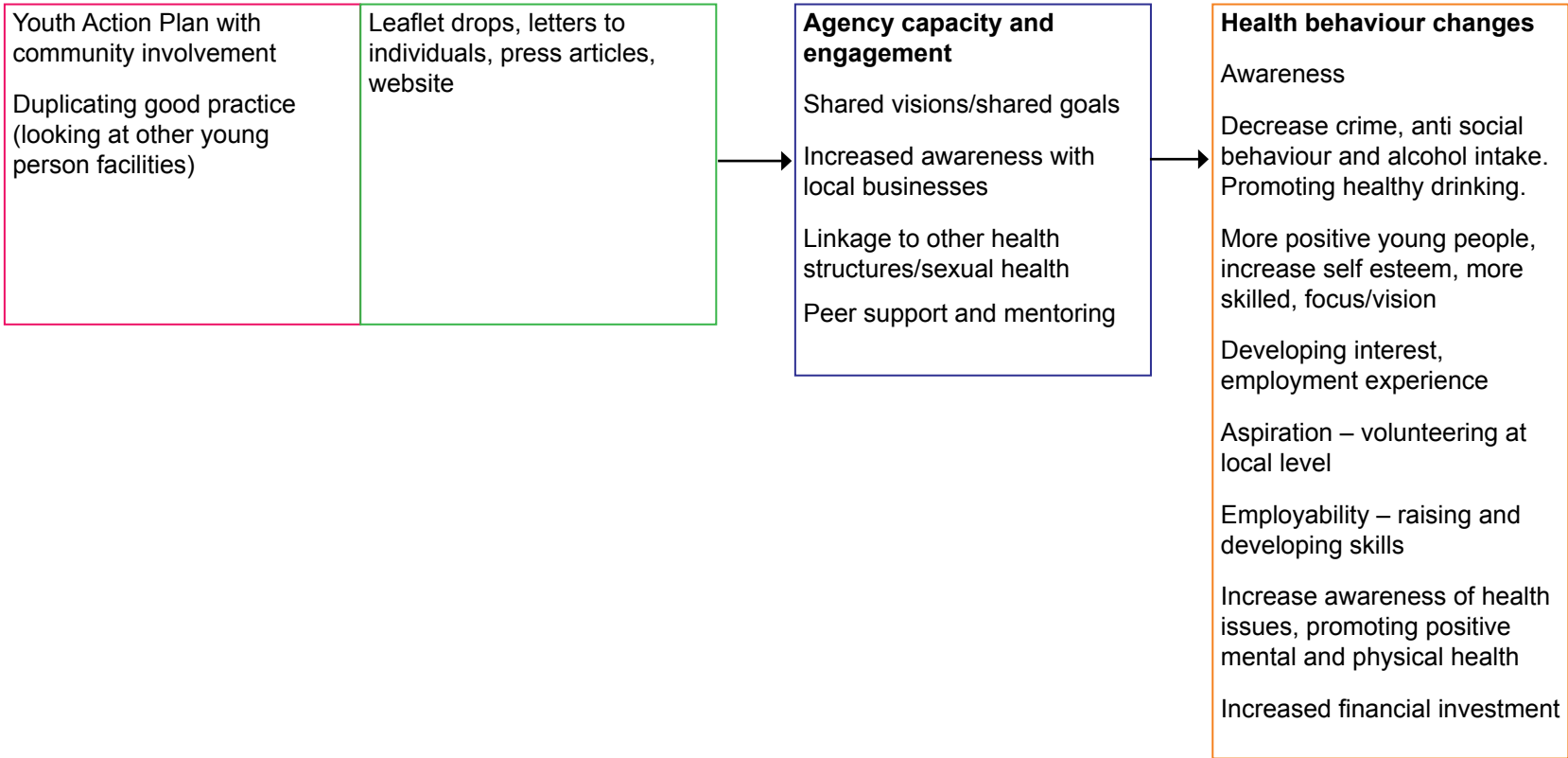
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Girvan Youth Trust's Logic Model





Healthy Valleys Initiative

Setting

The Healthy Valleys Initiative operates in rural South Lanarkshire. This is a widely diverse setting where agricultural and former mining communities exist side by side. There are 50 centres of population in the initiative area, but 50% of them have populations of less than 500 people. Though large parts of the area might appear to be relatively prosperous on the surface, the decline of both mining and agriculture have led to hidden disadvantage. This is exacerbated by isolation from services, lack of job opportunities, poor local transport links and diminished local provision of the services which would be considered standard in most urban areas. For example some villages have no shops of any kind. There are six data zones in the worst 15% in Scotland (2006 SIMD).

Healthy Valleys area

- 13.1% of people are income deprived (2005)
- 13.5% of people of working age are without employment (2006)

There are:

- high claimant rates for Job Seekers allowance, Disability Living allowance and Income Support
- higher than national average rates of pregnant women who are smokers
- worse than national average rates of low birth weight babies
- higher than national average rates of people prescribed drugs for anxiety, depression or psychosis. (Source: Healthy Valleys Initiative)

Background

Healthy Valleys is a community-led Healthy Living Centre covering the area of rural South Lanarkshire. It is governed by a Board of local voluntary directors, including five people who were part of the original steering group who successfully bid for the lottery money to establish the organisation. The Board also includes advisors from NHS Lanarkshire and South Lanarkshire Council.

How people were brought together

Healthy Valleys' initial task was to identify the issues of importance to local people. They used existing links within the communities, adopting highly participative consultation processes. These confirmed that local issues included:

- high levels of unemployment
- lack of adequate child care provision
- poor access to healthy affordable food
- poor transport links.

All of these contributed to the high levels of stress experienced by residents.

Consultation processes have been honed over the life of the organisation. Volunteers are encouraged to provide feedback and ideas for increasingly more tailored ways of doing things, and for keeping the information gathered as up to date and relevant as possible.

One technique used is providing community lunches for 'drop-in consultation sessions' where local people came to tell Healthy Valleys' staff about their issues and concerns.

The consultation processes also provided the chance for Healthy Valleys' staff to suggest that local people might like to take part in a variety of volunteer opportunities. This led to early recruiting of local volunteers who were eager and willing to be involved in the positive changes they wanted to see in their local community.

Activities

In response to the needs that were identified, Healthy Valleys provides a range of services and activities including

- managing stress programmes
- sexual health and information services for young people
- physical activity sessions
- mental health and emotional well being support programmes (targeting those with addictions, post natal depression and other long term conditions).
- a wide range of community food initiatives
- a volunteer and community development programme.

Healthy Valleys provides a continuum of support for people of all ages. This can be seen by the example of their food initiatives:

- Healthy Weaning initiative
- Ready Steady Get Cooking – in primary schools
- Cooking for Teenagers (including work on positive images and awareness of eating disorders, as part of an integrated programme of work with young people)
- Feeding the Family: offered to parents, carers and grandparents
- 'Cooking for Dads'
- Food Markets – (which are now run by a standalone group, with its own constitution and office bearers operating in two villages)
- Cooking for one (aimed at older people and people in assisted accommodation, and soon to be offered to homeless people)

Healthy Valleys staff also organise one off events where food is used as a way of engaging people in other activities. For example, at a Healthy Baby and Toddler Fayre food tasting sessions and demonstrations are used to attract people into dialogue about healthy eating for babies and toddlers. These events also provide opportunities for recruitment of volunteers and signposting to other services.

Healthy Valleys' staff and volunteers are highly adaptable in tailoring their services according to the needs of any group of participants. For example, in their cooking classes they always ask what participants' expectations are and try to ensure that these guide the choice of recipes.

Healthy Valleys has the capacity to respond to individual needs in a highly flexible approach. The initial investment of time identifying needs and interests pays dividend

An ESOL student was referred to Healthy Valleys by a Community Learning and Development worker. He had approached many organisations for volunteering opportunities, but his lack of English was seen as an insurmountable barrier. Healthy Valleys' staff met him and his daughter, who translated for him. They found him a volunteer opportunity with the community food market.

He has found a rewarding and enjoyable placement and has been able to improve his language skills, increase his social network and gain a sense of achievement by being part of a valued community service. The community has gained a highly motivated volunteer and the opportunity to see at firsthand what someone from a minority ethnic background has to offer.

Based on the aspirations of the trained food initiative volunteers, Healthy Valleys is now looking at the feasibility of developing a catering company, potentially including a Community Café and a cooking academy. A feasibility study has shown a need and demand for such a facility and the next step is to identify suitable premises and funding.

Involving partners

All of Healthy Valleys' activities are dependent on good partnership working and contribute to both local and national policy and planning priorities. Strong links exist with a wide range of local partners, including:

- integrated children services
- social work
- home school partnership
- primary schools
- nhs lanarkshire public health team, including health visitors, community midwives, health promotion
- wrvs (contracted to provide transport)
- a range of community groups e.g. baby and toddler groups.

New areas of activity continue to identify new partners. Relationships are developing with, for example, a Youth Group at Carstairs and with local housing agencies.

Community Food and Health Scotland have played a pivotal role, supporting new food initiatives through their small grant scheme and providing continuous support through information services, networking and training opportunities.

Addressing health improvement and inequalities

Key aspects of the approach that contribute to health improvement include:

Targeting disadvantage

Work is targeted on the most disadvantaged communities and on the most disadvantaged and vulnerable people within them, for example homeless people and people from minority ethnic backgrounds.

'Healthy Weaning Initiative' participants

"Peace of mind that I am feeding my children the best I possibly can."

"I have learnt a lot about the contents of food and what they consist of and their nutritional value, so my baby will benefit for a lifetime."

"I no longer use jars. My baby is fuller and contented with the variety. I enjoy making things for him."

"Currently a non-cooker! Demonstrations and information provided has encouraged and given me confidence to learn cooking."

Well founded needs assessment

The identification of need is well founded because of the participatory nature of consultations and needs assessments. This leads to high response rates to the organisation's activities.

Healthy Valleys also has excellent monitoring and evaluation processes, using a tailor made database which records who participates in what, where and how often. Analysis of this information has led them to seek to increase their contact with people with physical disabilities and with the male population.

Building personal capacity

Individuals progress from being a recipient of services to being providers themselves. There is an ongoing process of awakening the potential in people, who then have the confidence to go on to do other things.

Local people who originally came to courses as participants have gone on to train and acquire all the skills necessary to deliver these courses themselves for their fellow community members. This encourages others to follow the same path, which has led some to further education and employment.

'Feeding the Family' participants

"I wasn't sure how to prepare healthy meals for my family until now."

"I have been cooking more with my children since starting and they have really enjoyed it."

"I learnt about ingredients that we used and that I don't usually buy but now my shopping list has changed."

"The recipes are very easy and so much tastier than the quicker bought versions."

"Cooking from scratch is easier than and not as burdensome as I previously thought."

"I feel better as a mother for cooking healthier for my family."

"I have learnt that using fresh ingredients are so much better for you."

"I learned how to mix with people I don't know because I became really confident."

"I've enjoyed it so much I have enquired into going to college and getting my food hygiene certificate."

Local people delivering services

Local people are involved in delivery, and local residents are more comfortable with delivery by 'people like themselves'. Local people delivering services will also 'go the extra mile' to ensure that people know what is on and that they enjoy being part of it.

One point of contact

Healthy Valleys' work can guide people from one activity to many others, regardless of what provides the first point of contact. For example being a volunteer in a food initiative can lead to:

- accessing stress management sessions
- involvement in physical activity groups
- further training in first aid
- Reiki, or other skills.

‘Ready Steady Get Cooking’ participants

“It was good to learn how to make different foods.” P7 Child

“I liked learning about sugar and salts” P7 Child

“I like all the cooking and taking home samples”

“My son has never eaten vegetables in his life but thanks to the course he now eats what I put on his plate, also I have requested more recipes for him and I to cook at home.”

Social networking

Evaluation has shown that one of the benefits that people most frequently refer to from being involved in Healthy Valley’s initiatives is increased social networking.

Community development and community leadership

The approach works because of a commitment to key aspects of community engagement and development.

Access

There is a prevailing climate of strong local attachment in some villages which has to be taken into account in all aspects of Healthy Valleys’ delivery. This is in part driven by the poor transport links. Healthy Valleys refers to having a ‘Hub and Spoke’ model for their organisation but the ‘spokes’ are seen as the most essential part of what is delivered.

Activities are provided as close to home as is possible, or transport is provided. Healthy Valleys routinely provide child care to allow people to participate.

Volunteer development

Great value is placed on the role of volunteers within the organisation and they contribute to the work at every level. ‘Volunteer recognition and development days’ generate feedback and new ideas so that activities can be continuously improved.

The personal development process which volunteers undergo means that there is a constant process of recruiting and training going on as new people take advantage of the opportunities offered, and having stayed for a while move on to either further education, training or employment.

“Previously I sat at home and watched the world go by my window, since being involved with Healthy Valleys now I am never in when previously I never used to be across the door”

Volunteers working in and with communities

Local volunteers contribute to many of the essential tasks in both the delivery and planning of work. This has increased response rates and extended the reach of consultations into parts of the community that might have been missed by an outside agency. As a result new activities are well founded and based on locally credible evidence.

Getting people involved in change

Volunteers are trained in Participatory Appraisal. This is an effective way of gaining local information. It also encourages continued participation: people who initially come to provide their views, stay to be become involved in achieving change.

Putting people in control

Healthy Valleys' way of working ensures that people not only receive advice and information but are encouraged to take control of local initiatives. They gain confidence, self esteem, and general well being through the development of new skills. The community gains new services and a sense of increased control. One initiative - the food markets - is now under the full control of a newly formed community organisation.

A model for sustainability

Healthy Valleys is exploring the potential to develop a social enterprise model for some activities, which would support greater sustainability of its work by reducing its high level of grant dependency.

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‘Make It Happen’ – Girvan’s community garden

Setting

Girvan is in Carrick, South Ayrshire, and has a population of about 9,000 people. Originally a fishing port, it is now a seaside resort with many beaches and places of interest. Three of the five data zones in the southern half of the town are in the 15% most deprived areas in Scotland overall, according to the 2009 SIMD, and four of them when looking purely at the health ‘domain’.

Background

‘Make it Happen’ started life as a group of women who took a community arts course at the local learning centre in Girvan. Working with their Ayr College tutor and local community workers they identified a series of local needs they wanted to address in order to put their learning into action - hence the active choice of name.

They had the idea of creating a community garden. Since they were interested in regeneration and local heritage, they selected a site in the town which was an old walled garden and former council plant nursery. Support was offered by partners to help to visualise what the community garden could become. Assistance was offered to obtain some basic ‘start-up’ resources and to make a start on longer term plans to secure the necessary funding.

How people were brought together

After a wide ranging consultation on what should be done with the garden in November 2007, the group expanded into a larger group of supporters and volunteers. The small core group were able to depend on these to turn out for a succession of volunteer events.

After several events and several full skips of rubble and garden debris, the garden site was cleared and its full potential was visible. Training was offered in using garden design software and further consultations took place on the way ahead.

During 2008 the group were pleased to be selected as regional finalists for the Primetime Lottery programme. This gave them experience of dealing with the media and being interviewed and filmed. While this was very interesting it did not distract them from the real task of developing the garden.

The group continued to explore the potential benefits of the garden as a training venue and friendly location for all sections of the community to come together and volunteer. The council granted them a 10 year lease on the land. Further training resources enabled local young people and volunteers to gain qualifications in health and safety, LANTRA mini-digger courses and dry-stane dyking.

As smaller sums of grant funding continued to come in and work in the garden continued, the group explored the elusive larger grants that would allow them to establish the garden fully. In April 2009 the group formed Girvan Community Garden (GCG), a company limited by guarantee, and in July 2009 this was awarded charitable status.

The group undertook an exhibition and consultation session, including a questionnaire, to which they received over 120 responses (of which 99% were positive). They have given talks to groups before and since inception, including:

- girvan elderly forum
- boyle court sheltered housing
- flower club, women's health group
- living with leisure
- girvan horticultural society.

A monthly page in the weekly Carrick Gazette featuring activities in the garden ('Down To Earth') has been produced since January 2009.

During 2009 the company applied for a larger grant to the then European Union LEADER programme for rural areas. They sought a one-year pilot program, called 'Women's Growing Project', offering training and employment possibilities based in the garden, which would involve employing a part-time volunteer and trainee co-ordinator, and buying training from providers. They obtained match funding from Awards for All and South Ayrshire Council's Rural Grant Fund.

Things are not always easy. Issues that the group has had to deal with include:

- Overwork and over extension by volunteer leaders of the project
- Lack of sufficient people to complete every task efficiently, e.g. keeping website up to date, newsletter, publicity.
- Communications issues with agencies: discovering garden was in line for redevelopment by leisure and sport, after receiving full support from community development staff at the same council
- Need for funding for project management and ongoing costs, e.g. office, phones

This application was successful. But the start of the program was put back to February 2010, due to the possible redevelopment of the garden and surrounding sites into a leisure complex. This cost the company several months' work in getting the garden ready over the winter months for a start in spring.

The larger structures are now in place: a greenhouse, cabin etc. A grant has been approved by the South Ayrshire Waste and Environment Trust for purchase and erection of a disabled accessible compost toilet, and rainwater collection system.

Activities

The garden is run on organic lines to be as sustainable as possible. The benefits of organic food growing without pesticides are being promoted, as are local sourcing of food

and waste re-use. Two volunteers attended a 'Can Cook Will Cook' course run by South Ayrshire Council to attain skills in cooking for health. These will be applied to cooking with fresh produce from the garden.

The group of regular volunteers in the garden is growing, often as a result of personal contact with other volunteers. The group has a strong ethos of community and volunteer development, particularly for socially isolated people. Basic health and safety training is given, and several volunteers have been on further training courses.

The development of the garden's infrastructure, which includes facilities for disabled volunteers, will enable the group to work with other groups in the town such as the children at Invergarven Special School. The 'Muddy Boots', an enthusiastic group from Ayr College, all with further educational support needs, work in the garden regularly. They are developing an African keyhole garden, on a programme devised by their tutor.

An approach by Ayrshire and Arran Health Board has meant that the group's long-held dream of having a Green Gym in the garden is now coming to reality. The Green Gym launches in May 2010 for a 29 session programme running till November 2010.

The group applied to Beechgrove Garden (Scottish Television) and have been accepted to feature in the company's programmes during 2010. This boost to the group's profile will bring a long phase of garden development to an end, offering input from a professional designer. This will enable a co-ordinated effort to complete the garden for a filming date in July 2010.

The inclusion of high quality facilities for volunteers and the community for working and relaxation will boost the garden's appeal. Facilities include a performance area, where a wide variety of activities can take place, including demonstrations, barbeques, musical events, etc.

Involving partners

Make It Happen and GCG's main partner since inception has been South Ayrshire Council's Regeneration Team (now Community Development). Without their continuing help and input progress would be much slower than it has been. Ayr Volunteer Centre have been extremely helpful in supplying potential volunteers, and the materials necessary for recruitment and employment. They also put volunteers through disclosure checks when necessary.

GCG has close working links with a community group, United Beats Collective, which provided a yurt and manpower to allow the group to put on children's activities during the summer holidays during 2009 and 2010.

The group work with local schools and Beavers and Cubs, who provided native trees and hedgerow plants for the wildlife garden, and will be working with Scottish Natural Heritage on the best way to increase wildlife in the garden.

During April 2009 the group was supported by Carillion plc, who help local community

groups in areas where they are working. They provided a digger, manpower and materials to create a new raised bed.

The national volunteering organisation BTCV trained a volunteer under its Sustaining Local Communities Mentorship scheme in 2009, and will be offering training in Green Gym leadership for two or more volunteers.

Ayrshire and Arran Health Board have provided funds for BTCV to run a 42 session program in Girvan: 29 sessions for adults in the community garden, and the remaining sessions with a local youth group and the local Academy at other locations in Girvan.

GCG is also contributing to the Future Jobs Fund program for young people. A trainee garden worker is being employed for six months, and another job with Make It Happen will provide administrative help for the garden.

The group attends meetings of the SAC Community Development partners group, which includes representatives from health, education, voluntary groups.

Addressing health improvement and inequalities

The health promoting potential of the garden was always part of the 'shared vision' for everyone involved. The group has used the logic model for community-led health improvement that was devised for the Meeting the Shared Challenge programme (like Girvan Youth Trust – see that case study for more details). Their version is reproduced below.

The Intermediate Outcomes of increased community awareness of issues and needs, and capacity to be involved with issues and initiatives lead on to End Outcomes for the people involved, contributing to improving their health and well being and to tackling health inequalities. They also enable them to be a force for changes in the wider community.

The garden group are backing a recent South Ayrshire Council initiative to provide allotments in Girvan. They hope that a sufficient number of their volunteers and participants will eventually be able to join in. They will also be involved with garden developments at the local sheltered housing complex.

The group expects to begin to quantify its end outcomes more clearly during the coming year. It expects these to be demonstrable particularly through:

- growing into a social enterprise, employing staff to develop the project
- pathways of referral to the garden from employability projects
- positive outcomes, including improved mental health, in the individuals involved
- health behaviour changes in the community.

Community development and community leadership

As well as being a popular choice of project in consultations, the venture has adopted a very welcoming and inclusive approach which genuinely integrates people and provides a positive social experience.

The benefits of its community-led approach are seen to include:

- taking the community with them, generating plenty of plenty of goodwill. people may not always agree with what is decided but their voice is heard and issues are discussed in open meetings
- local people taking on health issues and moulding them to community needs
- empowerment, through volunteering for garden and committee work.
- social contacts with peers
- training for employment by working with a peer group
- local activists attaining experience in fundraising and in working with professionals
- practical benefits to the wider community, e.g. the offer of plants.

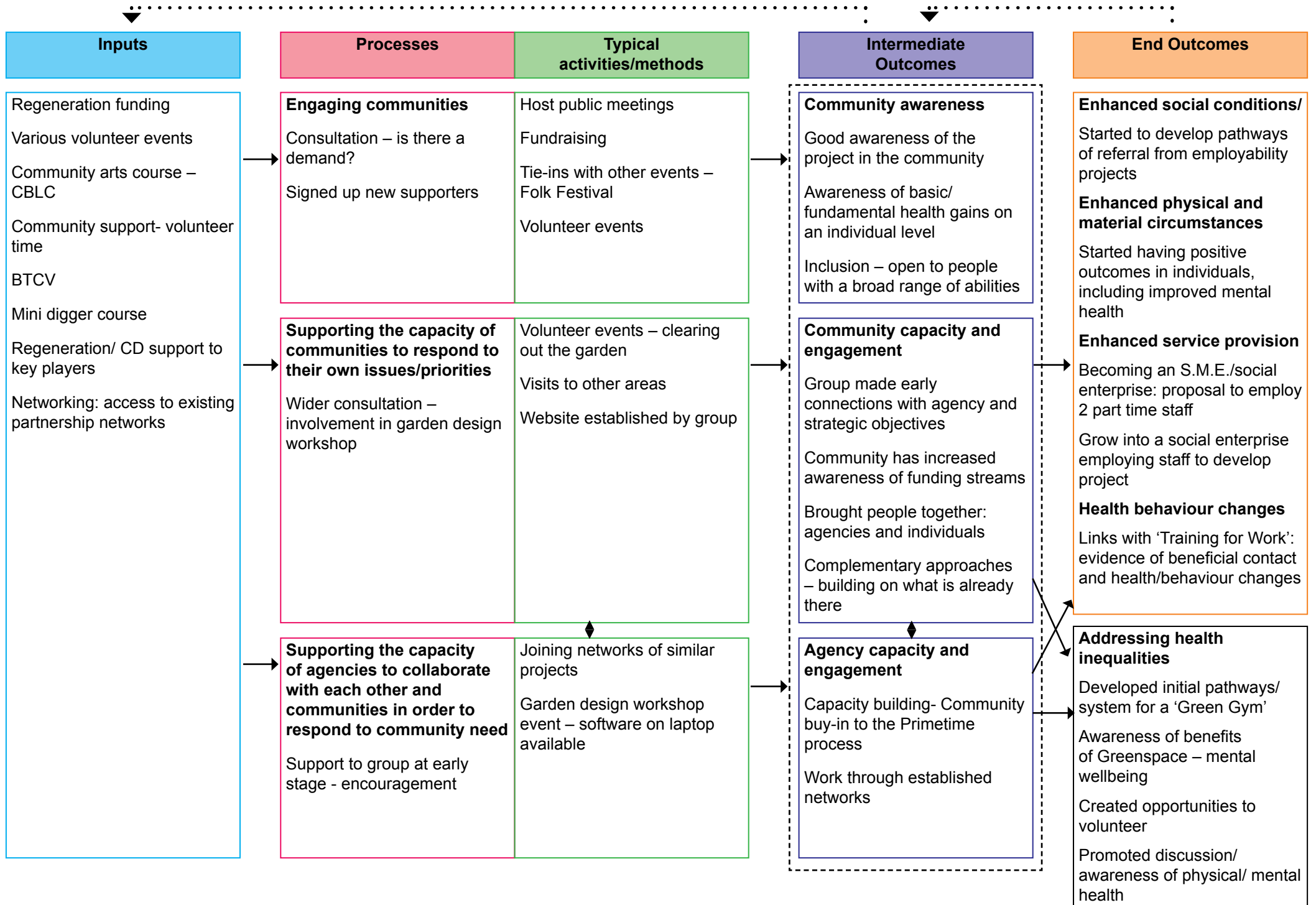
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Make It Happen's Logic Model



Perth and Kinross Healthy Communities Collaborative

Setting

Perth and Kinross is a relatively prosperous, mainly rural area, with some significant pockets of deprivation. It has the highest projected population growth rate in Scotland (22.2%), with a significant rise forecast in the older population. It is predicted that there will be a 130% increase in the over 80 age group by 2031.

The Healthy Communities Collaborative (HCC) works in five areas: Crieff, Blairgowrie, Aberfeldy, the Carse of Gowrie and some parts of the city of Perth.

Background

The HCC is aimed at older people in Perth and Kinross. It seeks to improve their health and wellbeing by bringing local people and agencies together to decide on action.

The initiative is based on the award winning success of a programme in England led by the National Primary Care Development Team. Its work had focused on addressing issues relating to falls by older people. Two staff from NHS Tayside visited the English projects and were impressed enough to advocate the adoption of the model north of the border.

Two pilot projects in Scotland (Perth and Kinross and Argyll and Bute) were established. The Perth and Kinross project initially concentrated on preventing falls, by bringing together teams of local people supported by professionals from different agencies.

How people were brought together

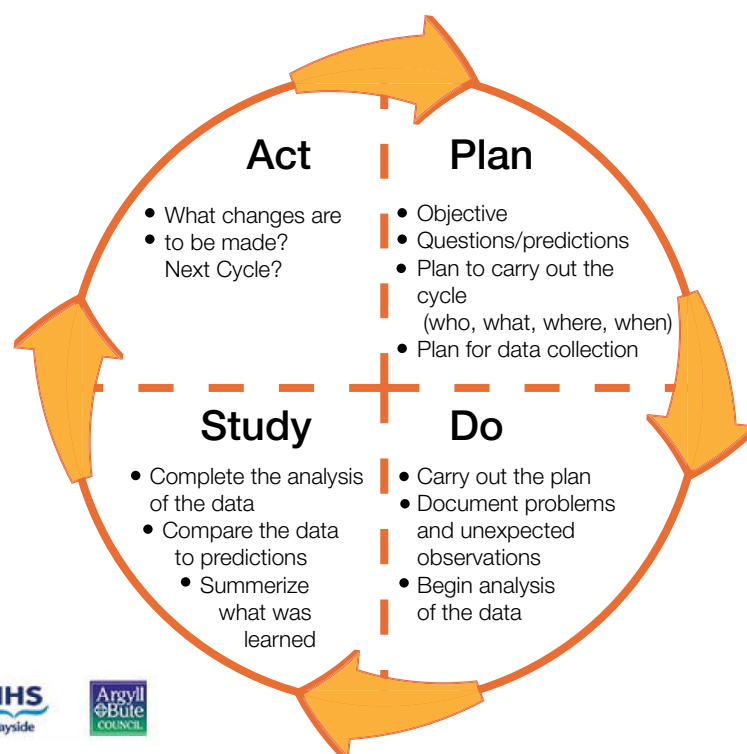
In the pilot phase, orientation events were held in Blairgowrie, Perth and Crieff to recruit interested local people and professionals.

Facilitators from the English Development Team were commissioned to oversee the work and organise three residential workshops in Perth during 2005. Each workshop included both work and relaxation and provided an opportunity for NHS and local authority managers and MSPs to make links with the programme.

- The first workshop focused on identifying the needs in local areas.
- The second on addressing those needs.
- The third reviewed and celebrated achievements thus far.

The programme adopted a simple methodology 'Plan, Do, Study, Act' (PDSA), which supports the development of small steps which lead to larger changes in communities. It is still being used by the local groups. After the first workshop, older people gathered information about the needs of their areas. They collated over 300 questionnaires.

The PDSA Cycle for Improvement



The Healthy Communities Collaborative now runs in five areas, supported by over 100 volunteers in these communities. All five areas hold a monthly meeting for local people and supporting professionals to determine actions and review progress.

A Project Manager has managed the Collaborative from the start and is now supported by two Project Support Workers, with plans to recruit a third. A small budget is available to fund activities and buy equipment for the teams. The Collaborative acknowledges that the support from top-level management has been crucial to its success.

The Project Manager describes how teams are constantly 'tweaking' to improve what they are doing, using the PDSA methodology. Learning from practice is built in to the way they work.

Activities

The HCC works through teams of 8-10 people per area. Each area has

- a population of around 10,000 people
- a local care home.

In the first year the groups worked on the topic of falls. They focused on five themes:

- vision
- exercise
- environment
- medication
- footwear.



They used the five themes as a guide to support older people to highlight issues in their local communities which caused falls. These could be many things, such as:

- cracks in pavements
- buses which don't stop long enough at bus stops
- the effects of over medication.

From the outset the actions identified were very practical. They included:

- taking photos of broken paving stones
- lobbying local councils to extend crossing times for pedestrians at traffic lights and refill saltboxes which have run out
- encouraging care homes to undertake medicine checks, to ensure residents are not being overmedicated
- giving out 'Message in a Bottle' emergency information bottles with personal details
- dispensing foot grips when the weather is icy
- contributing to in-service training sessions with bus drivers about falls awareness.

On the basis of proven success, funding was extended for a second year. This time the focus shifted to keeping active and promoting physical activity for older people.

At the end of the third year the initiative was given core service funding. The teams chose their own topic, focusing on five main areas found to influence wellbeing :

- discrimination
- poverty
- relationships
- participation in meaningful activity
- physical health.

Walking groups now exist in Aberfeldy, Comrie and Crieff and walks take place weekly throughout the year. Walk leaders find that people learn about them by word of mouth.

There is a real sense of community. If someone doesn't turn up for a walk, someone else will check to make sure they are alright. The walks have also proved an invaluable way of exchanging information about what is going on in the local community.

Walks generally include 15-20 people. The route is planned to accommodate mixed abilities. Faster walkers sometimes do a double route, but walkers start and finish together. The social aspect is as important as the exercise.

Each local group runs differently to meet different local needs. Activities commonly include both:

- exercise opportunities to promote physical health
- opportunities to get together to promote mental wellbeing.¹

Groups are creative in how they promote health:

- exercise opportunities include kurling and wii.
- an exercise class was run for a lunch club, to encourage people to have a go.

The Carse of Gowrie group recently ran a popular local Olympics between each of their five villages, highlighting exercise opportunities in places where no leisure facilities exist.

1. Inspired by the report 'Mental Health and Wellbeing in Later Life' (Mental Health Foundation and Age Concern 2006)
<http://www.mentalhealth.org.uk/publications/?entryid5=41185&q=0%C2%AClater+life%C2%AC>

Lunch clubs run locally by the groups have proved an ideal way for professionals promoting health to bring their messages to the heart of rural communities and to reach those who do not attend any other services. Many older people, having first met the home safety officer at a lunch club, have asked him to carry out a home safety check.

Involving partners

Initial funding from NHS Tayside, to run the pilot, was followed by additional funding from Perth and Kinross Council and Perth and Kinross Community Health Partnership. The latter two bodies now contribute equally to the work of the HCC.

But a wide range of other partners have been involved, as the list of 'inputs' in the logic model reproduced below shows.

Some care homes and sheltered housing complexes have made use of what the project has to offer, inviting it in to promote activity for their residents and welcoming it to community lunch clubs and events organised by local teams.

Groups found that by involving local professionals they could
“cut through bureaucracy and get things done quickly”
(local person).

The Collaborative is working on involving more care homes and encouraging GPs to be aware of community groups and to promote them to patients whose health and well-being would benefit from involvement.

It has also received help from local businesses, including Stagecoach which displayed posters designed by the teams in their buses.

The HCC is an example of 'co-production' in action, being led by teams of older people who collaborate with voluntary and statutory agencies, community groups and the private sector in their own communities.

Addressing health improvement and inequalities

Needs assessment in both formal and informal ways has always been integral to the work of the Collaborative and, as a result, services now have a much greater understanding of the health needs of older people in Perth and Kinross.

The pilot stage was evaluated: it had contributed to a reduction in falls in the older population in the areas concerned, and to an increase in social capital.

The HCC has produced a logic model, which is reproduced below, to help it to understand the impact of its activities, adapted from the Meeting the Shared Challenge model. It also has sections recording some of the assumptions on which the programme is based, the wide range of methods of recording performance that are used, and the risks identified as inherent in the process and responses to these.

The Healthy Communities Collaborative produces demonstrable health impacts and has transformed the lives of many of the older people who have become involved.

Older people reported improvements in their health and well-being and a great sense of community.

- Many older people suffer from isolation, which leads to depression; the Collaborative has done much to alleviate this.

One woman, who had not gone out for years and suffered from depression exacerbated by loneliness and isolation, has joined the lunch club and exercise groups. Without them she says “I would have been sitting at home alone”.

- Increasing levels of confidence mean that more older people are talking to health professionals about reducing their dependence on medication which can exacerbate the risk of falls.
- Community members have gained skills and confidence in tackling issues for themselves. Several of them are now adept at speaking at national conferences and meeting with MSPs and senior managers.

Residents in care homes who participated were said to be “more active, confident and integrated into society”

(care home activity coordinator).

Some groups whom health services traditionally find hard to reach, such as older men, are benefiting from the programme, participating in activities such as Kurling or learning how to use a computer and surf the net.

There are also benefits for carers. The Collaborative offers informal respite in a safe environment.

When asked about the Collaborative, the word that came up most often from both older people and professionals was “happy”. One older person described it as a “pleasure to be involved”.

The Home Safety Officer believes that the access HCC has provided to groups has meant that people are now more safety aware and there is a reduced risk of accidents.

The success of the Collaborative has been recognised by the Board of NHS Tayside. They see it as a clear example of the implementation of their Health Equity Strategy ‘Communities in Control’². They are keen to roll it out to other communities and potentially to use the same model with other client groups.

2. http://www.thpc.scot.nhs.uk/wordfiles/Dir_docs/Health%20Equity%20Strategy%202010%20Communities%20in%20Control%20Final%20TCA.3.10.doc

Community development and community leadership

The work of the Collaborative is based on a community development approach and this has proved fundamental to its success. Starting with local people and working on the issues that matter to them has ensured that the real priorities are tackled, and that there is no shortage of people wanting to get involved. The communities in which the Collaborative operates are more inclusive and safer and the process of being involved has clearly benefited members of local groups.

One older person said:

“there is no barrier to joining – people feel included in a local caring environment”.

The Collaborative succeeds by developing networks of trust in communities. Each local group is led by older people and they invite other older people to join in. This approach has proved far more effective in engaging with isolated individuals than flyers, posters or professional intervention. It results in older people feeling empowered to take responsibility for their own health and that of their local community.

Peer support comes naturally and older people find ways of looking out for one another. At the same time the practical support provided by the HCC team and local professionals is crucial. Community volunteers feel “highly valued”, rather than taken for granted.

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Logic Model

Healthy Communities Collaborative

Outcomes -- Impacts

Inputs

Perth and Kinross Community Health Partnership } funding
 Perth and Kinross Council }
 Project Manager }
 Project Support Workers (2)
 120 local older people
 Tayside Fire and Rescue
 Tayside Police
 Local Care Homes
 Local Sheltered Housing Units
 Perth and Kinross Leisure
 P&K Community Learning and Development Teams
 Save Cash, Reduce Fuel
 Disability Information in Perth
 Digital Switch Over team
 Care and Repair
 WRVS
 Pensions Agency
 Local Groups

Initiatives

Community Teams
 Perth

- Letham
- Hillyland
- Tulloch
- Fairfield
- Gannochy
- Bridgend
- Kinnoull

Aberfeldy
 Blairgowrie

- Alyth
- Carsie
- Rattray
- Coupar Angus

Crieff

- Comrie
- Muthill

Carse of Gowrie

- St Madoes
- Errol
- Inchturre
- Longforgan
- Invergowrie

Outputs

Monthly meetings with the community teams to plan and feedback on events and issues

Exercise classes, chair based exercise

Activity events e.g. indoor Kurling, Wii interactive games and Boccia

Stride for Life walks

Lunch clubs

Community Café

Pampering events

Information events with stalls from relevant services

Energy saving advice

Electric blanket testing and Home Safety Advice

Environmental audit


Advice on issues including falls awareness, update on local scams etc.

1 to 1 mobile phone tuition

1 to 1 computer assistance including surfing the net

Organising training opportunities, providing information on relevant courses

Short



Local people have a platform to air their views and to have a say on interventions in their community

Increased opportunities for older people to get together in communities

Increased opportunities to participate in meaningful activity in local areas

Local people have access to a range of physical activity groups

Access to information on health related issues and health promotion materials

Fuel saving


People feel safer in their own homes and have increased knowledge about how to prevent accidents in the home

Promote coordinated interagency working

Increasing awareness of the health needs of older people

Recognition of and increase in levels of skills and confidence in older population

Medium



More empowered older people

Decrease in isolation and loneliness

Increasing physical fitness

Reduced poverty

Fewer accidents in the home

More informed partnership working

Increase in community generated activities

Long

Improved mental health and well-being in later life

Increased community based capacity to deliver health improvement through community action

Improved quality of life for older people

Older people able to live in their own homes for longer

More effective targeting of resources

Reduction in the gap in health inequalities

Decrease in home accidents e.g. falls, fire and less susceptible to bogus callers, scams etc

Increase in efficiency by using community networks promoting co-production

Communities take more responsibility for their own health

Assumptions

Informing older people about fire safety, falls prevention and security in their homes will lead to fewer accidents and to older people feeling safer with increased confidence.

Improved mental health and well-being will enable older people to live independently in their own homes for longer

Utilising the skills and experiences of local older people will create a local workforce in communities, willing to be involved and lead local activities

Empowering older people to share in responsibility for interventions in their community will deliver services best tailored to their individual community.

Interventions will lead to an increase in community capacity reducing isolation and promoting community cohesion.

Working in co-production with local people and multi agency services will reduce costs and ensure efficient delivery and targeting of resources

The result of all of the above will lead to a reduction in costs for health and social care services

External Factors

Better Health, Better Care

Towards a Mentally Flourishing Scotland

Fire Service Policy on prevention

NHS Tayside Healthy Equity Strategy

All Our Futures - Planning for a Scotland with an ageing population

National Standards for Community Engagement

Let's Make Scotland More Active

P&K Older People Strategy

Key performance indicators and methodologies

- PDSA of all activities at team meetings considering cost/value/attendance etc
- Staff observations of improved interaction/increased social networking of participants/number of team members willing to speak at events.

- Evaluations from both local people and service providers following events
- Quality of life questionnaires
- Recording numbers attending/making use of information/1 to 1 tuition/organizing home fire safety or energy efficiency check
- Recording numbers requesting and attending training
- Record number of new groups started up

- Story gathering
- Invite participants in a non threatening manner/environment to tell their story

Risk Register

- Activity raises expectation for regular community input which HCC can't deliver long term
- Activity raises expectation from communities outwith present team areas for similar activity
- HCC lack capacity to continue to deliver on successful outcomes eg computer assistance

Risk Responses

- Keep activities simple, offering training to enable local people to take responsibility for ongoing work
- Continue to work with existing communities, encouraging them to become more self sustaining, releasing capacity for management team to spread to new areas. Encourage neighbouring communities to become involved to encourage spread across boundaries.
- Be aware of interest generated from activities within communities, signpost to existing groups and partnership agencies who might be able to share responsibility and help support ongoing activities



HEALTHY COMMUNITIES
MEETING THE SHARED CHALLENGE

