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for mental health



**Improving Community Well being: The Challenge  
6<sup>th</sup> June 2003, University of Stirling**

**Report of a Conference Supported by the  
Mental Health and Social Justice Divisions of the  
Scottish Executive**



SCOTTISH EXECUTIVE



## **Background to the conference**

The conference set out to consider ideas and actions required to achieve improvement in community well-being in Scotland, against the backdrop of Scottish Executive policies on social justice and health improvement.

The conference emerged from a project on community well-being, undertaken by the Scottish Development Centre for Mental Health (SDC), Scottish Council Foundation and OPM on behalf of the Scottish Executive National Programme to Improve Mental Health and Well-being. This work on community well-being was carried out in four parts of Scotland, in the east end of Glasgow, in Badenoch and Strathspey, Livingston in West Lothian and in East Renfrewshire. The report of this work, 'Building Community Well-being', was launched at the conference.

The conference reported here was supported by the Scottish Executive National Programme for the Improvement of Mental Health and Well-being.

Thanks are due to those from the four areas who took part in the conference planning and to all those who contributed to the programme.

Conference participants included 150 people from across Scotland working in a range of sectors, organisations and community groups. There was representation from schools and community education, community health and health improvement, employment and economic development, social inclusion, regeneration and housing, and from national and local interests.

**The report on Building Community Well-Being can be obtained from**  
[www.wellontheweb.net](http://www.wellontheweb.net)

**For more information on this work contact**  
Scottish Development Centre for Mental Health  
t: 0131 555 5959  
e: [sdcmh.org.uk](mailto:sdcmh.org.uk)  
w: [www.sdcmh.org.uk](http://www.sdcmh.org.uk)

## The opening presentations

The morning session of the conference was chaired by Helen Munro, Director of Community Services, Stirling Council.

### 1. Scottish Executive National Programme to Improve Mental Health and Well-being in Scotland

Gregor Henderson, Director of the National Programme gave an overview of the Programme's key aims and main strands of work:

- Raise awareness of mental health and ill health and promote positive mental health and well-being
- Eliminate the stigma and discrimination associated with mental ill-health
- Preventing suicide
- Promoting and supporting recovery for people with serious and recurring mental ill-health

### 2. A Perspective from Communities Scotland

Heather Koronka, Director of Regeneration, Communities Scotland used her presentation to demonstrate the breadth of work already underway, which contributes in a variety of ways to improving community well being.

These included:

- **New social housing standard**- promoting the use of innovative housing management initiatives to address local needs
- Under Supporting People, there is scope to use **Direct Payments** to increase independence in planning and managing support
- Housing developments are increasingly seeking to build in **measures to address crime and promote safety**, including community wardens and to take other steps to build strong and safe communities
- Programme for Government includes plans to **combat anti-social behaviour**
- **Community engagement** is being advanced by aligning SIPS with community planning to promote participation in local decision making and to influence priorities and resource use
- Empowering Communities Fund, set up in 2001, has helped to level the playing field and **enable communities to play a more equal part** in relation to service providing agencies as well as to enable communities to participate as a partner in community planning
- Scottish Centre for Regeneration will, among other things, be promoting more **innovative approaches to service delivery**, including outreach and street work, and the use of arts and sports
- **Community learning and development** is a major resource with a substantial budget and is well placed to contribute to building the capacity of local communities.

At the conclusion of these presentations, Gregor Henderson posed three questions for delegates to consider in the course of the conference and beyond:

- How can work to improve community well-being be taken forward through mainstream activity?
- How to get better at listening, including and involving?
- What should be done to promote mental health and well-being and prevent ill-health?

## **Presentations from the areas which took part in the work on capacity building for community well-being**

### **1. Building Capacity in the East End of Glasgow**

Janice Scouller, Principal Health Promotion Officer, Greater Glasgow NHS Board

There has been considerable redevelopment and regeneration in the East End of Glasgow. Despite this work, challenges remain in addressing deep-seated problems that local people face:

- Poverty and financial problems
- Health problems
- Low skills levels
- Territoriality
- Crime and fear of crime

The area has strong and growing networks of services that span health and social care and that link in with regeneration activity. Recent innovative developments include enhanced opportunities for public involvement in the Local Health Care Co-operative, the development of a women's mental health project in Bridgeton LHCC and peer mentoring in primary and secondary schools.

Building capacity for community well-being means giving attention to 'people, places and potential'. It requires looking at the social influences on health and well being, working towards a change in culture and facilitating a shift in how resources are used, to give more weight to prevention and early intervention.

### **2. Building Capacity in West Lothian**

Sheena Lowrie, Senior Health Promotion Officer Specialist (MH), Lothian NHS Board;  
Kevin Hurst, Service Development Officer, West Lothian Council

The mental health and well-being of young people is a priority area for attention in West Lothian. Current initiatives for this group include: SIP Mental Health Development Worker; Mental Health Link Workers that support schools; Penumbra Youth Mental

Health Worker; the development of a dedicated befriending service for young people; health and housing workers.

West Lothian is also working on well-being with older people through key initiatives such as the MOOD project, Ageing Well and through intergenerational work.

West Lothian is aiming to focus new services to promote positive health in ways that complement existing mainstream activity. Joint training and capacity building will be central to ensure increasing awareness and understanding among staff and among community members. Initial plans for training include: Mental Health First Aid; Applied Suicide Intervention Skills; mental health promotion for generic staff such as home helps.

Challenges that remain to be addressed relate to time limited funding streams, the need to move beyond age related services, the requirement to actively manage and support services and communities through the constant processes of change and the continuing need to be able to demonstrate outcomes for investment in the arena of health improvement.

### **3. Building Capacity in Badenoch and Strathspey**

Catherine MacLeod, Dachaidh

In Badenoch and Strathspey, improving community well-being relates directly to three core themes: housing, employment and services for young people.

In relation to housing, communities want more affordable housing options as well as provision of supported housing, in particular for people with learning disabilities.

In relation to employment, there is a need to extend opportunities for skills development and training and to take steps to promote access to employment for people with mental health problems and people with a learning disability.

For young people, the following are held to be important: opportunities to socialise, with the ability to get to places easily with public transport; meaningful engagement with service providers from different sectors; being enabled to make good use of the local environment for leisure and recreation.

To address these themes requires continuing development of locality planning which is already well established in the area, combined with a willingness to use resources differently and jointly. It also means being prepared to shift from project to mainstream funding and investing in front line services to achieve the sorts of outcomes that communities want.

#### **4. Building Capacity in East Renfrewshire New Community Schools**

Jeannie MacKenzie, Quality Development Officer, East Renfrewshire Council

From the perspective of working to promote well-being in schools, three core themes stand out:

- Families matter: creating opportunities to support families to have fun together. Paying particular attention to supporting families in school holidays as these can be difficult times for both parents and children
- Collaboration counts: working closely with young people and involving them opens up opportunities to build trust and address areas of concern that may lead young people to be at risk of harm or cause them distress
- Listening makes a difference: supporting staff to maintain their capacity to listen, providing opportunities through youth counselling for young people to give voice to their concerns

Schools are increasingly responsive organisations that recognise the importance of a holistic approach to addressing young people's needs and that acknowledge that this can only be achieved by working with others.

## **Parallel sessions: Developing ideas for action**

### **Group 1: Improving Services for Young People within a Local Area**

Presenters: Paula Bell, West Lothian Council and Karen Balfour, West Lothian SIP

Facilitators: Alana Atkinson and John Jackson, SDC

#### Ideas for Action

- Sharing experiences of assessment tools and techniques (e.g. Rickter, Scat II, Step It Up)
- Developing skills in listening to young people
- Allowing young people the space and safety to express themselves
- Need for flexible approaches – person centred approaches and the importance of moving from the ‘one size fits all’ approach and ensuring young people are given genuine choices
- Developing a work culture/ethos in working with young people and encouraging agencies and organisations involved in work with young people to create meaningful employment opportunities for them
- The need to develop support mechanisms for young people in employment
- Involving young people in the planning and design of services and facilities for their use
- The importance of a sense of realism and a recognition that future generations will benefit from a number of current initiatives aimed at young people
- Creating the mechanisms and emotional intelligence within young people to enable them to co-exist in adult environments
- The need to continually challenge issues around stigma and the labelling of young people with mental health and emotional difficulties
- Re-branding mental health issues to make them more meaningful for young people
- Defining clearly what can be done at a local, neighbourhood level.

### **Group 2: Schools based Work**

Presenters: Jeannie MacKenzie and Gillian Walton, East Renfrewshire New Community Schools

Facilitator: Julia White, SDC

This was a large group which split in two for purposes of discussion.

#### Ideas for action (Group 2a)

- Information sharing regarding NCS initiatives and curriculum materials
- Focal point to bring different relevant networks together to facilitate information exchange
- Power to promote well-being within Local Government Act underused – more understanding needed of community planning

- Combining different funding streams and integrating disparate policy initiatives at local level, complex, demanding work which needs to be supported by 1 and 2 above
- Focus on rural primaries and their role in their communities
- Focus on earlier intervention and increase in resources at primary level

#### Ideas for action (Group 2b)

- Getting “buy-in” from schools -  
Opportunities through: New Community Schools, multi-agency health promoting school teams; support from Education Departments (Directorate) to target Head Teachers; use of in-service training days for mental health and well-being promotion, involving local agencies in school based work (many examples of good practice); financial incentives (e.g. Glasgow Healthy Schools Award scheme); creating and supporting school based “champions”; support from local politicians.
- The need for commitment and funding for social inclusion:  
Recent “Audit Scotland” report on the funding of inclusion in schools identifies need for adequate funding. Can this be costed by the Executive?  
Streamlining funding streams to support work in this area and ensuring co-ordinated community planning.
- Building capacity within schools:
  - Listening to pupils, parents and teachers
  - Developing appropriate resources and materials but avoiding making teachers “pack deliverers”
  - Implication of new guidance structures
  - Possibility of specialist PSHE delivery
  - Planned involvement of external agencies (not parachuted in)
  - Space, facilities and resources to support this work
  - Need for networking and sharing, nationally and locally

### **Group 3: Listening to Local Communities**

Presenter: Catherine Macleod, Dachaidh  
Facilitator: Carrie Ferrier, OPM

#### Ideas for action

##### *Creating the climate*

- Shift in attitudes – break down barriers
- Different set of habits
- Common responsibilities
- Increase genuine involvement within communities and move away from tokenism
- Re-distribution of power – real decision making
- Understanding your community
- Trust
- Communication
- Leaving baggage and preconceived ideas behind!
- Different ways of working

- Building confidence in local citizens
- Tell the truth/no positive spin/don't raise expectations
- More accountability for engagement - consulting in right way and not cutting corners
- Investment in partnerships – involving EVERYONE, including public sector, primary care, secondary care, voluntary sector, communities – bring people together!!

#### *Planning*

- Enhanced integrated approach to planning
- Sustainability - long term planning
- Consultation, beforehand not as add on
- Less of the usual suspects (but they do contribute)
- Work with primary care and use practices which allow access to a wide range of people
- Go to people rather than asking them to come to you
- Engaging local citizens around specific care themes, for example – meaningful employment for those experiencing poor mental health

#### *Training & Development*

- Training and funding for local people to engage with their own communities, for example, schools

#### *Engaging people*

- Rethink the jargon – language needs to be universal/simple
- Settings of meetings – can we look at other opportunities to meet as opposed to formal meetings, for example, “round the table” discussions
- Flexibility regarding meeting times – has to reflect ‘everyone’ attending
- Advocacy for housebound people
- Link people
- Different venues appropriate to the diversity of groups
- Adult/adult relationship rather than parent/child
- Go to where coherent people are
- Use other peoples’ experiences
- Involve people equally
- Crèche facility to support a wider range of participants
- Reliable, affordable transport
- Better use of supported technology
- More support when or where it is needed – not just crisis-management

#### *Measuring success*

- Need to demonstrate a difference – quality provision of services
- Appropriate use of resources; ‘spend to save’ – needs to be ongoing
- Examples of good practice
- Investment in awareness and prevention, resources and education
- Local money for local people (or information on how to access government funding)

### Top 3 priorities

1. Enhanced integrated planning
2. More emphasis on targeting young people (confidence to speak up for their own wants and needs)
3. Focus on the most deprived areas

### **Group 4: Work and Employment**

Presenters: Janice Scouller, NHS Glasgow and Allyson McCollam, SDC

### Ideas for action

- Making the business case to employers that business success and the mental health and well being of the workforce are closely linked, as an opportunity to help employers with the problems they face re labour shortages, sickness absence, job retention, statutory duties under DDA. This work can be taken forward using several routes to reach employers, e.g. business champions to speak to the business world; using Investors in People and SHAW. Labour shortages and recruitment difficulties are further reasons why it is in the interests of employers to address retention in work of people with mental health problems.
- Providing more opportunity for sharing of good practice among employers to support people in work and facilitate the return to work. There is scope to work through existing networks such as professional and business organisations and Chambers of Commerce. There are good examples among public sector organisations (such as NHS Lanarkshire), of sound policies and practices that support people back into work
- There is a particular need to consider what works for small and medium size companies
- Targeting GPs to raise awareness of their role in facilitating job retention, learning from work in other parts of the UK
- Developing greater awareness and knowledge among social and health care staff on employment issues and the contribution they can make to promoting opportunities and access
- Lobbying Department of Work and Pension to achieve greater consistency in policy objectives of supporting people into employment and to dismantle obstacles that impede gradual return to work for people with long term mental health problems (Support Permitted Work)
- Using a combination of carrots and sticks to widen employment access and retention for excluded groups. New opportunities present themselves with changes to the rules on benefits for young people leaving Local Authority care, where benefits are managed by the Local Authority on behalf of the young person
- Greater support to Social Firms as a mechanism to support those excluded from the mainstream employment market
- Building awareness and capacity of Human Resources and Occupational Health as key resources for job retention.

## **‘A day in the life of a community activist’**

### **Stirling Health and Well-being Alliance**

Volunteer members of the Community Health Forum gave a short, entertaining performance that illustrated vividly the differences in perspective and in experience that can separate professionals and community activists.

## **Workshops**

In the afternoon of the conference, participants selected a workshop theme. Each workshop had a short presentation to introduce the topic area. This was followed by discussion, as summarised below.

### **1. Innovation and Learning from Experience**

Introduced by: Ai-Lien Banks, Inspire Works

Facilitated by: Allyson McCollam, SDC

#### Key issues

- We tend to be selective about where we get our ideas and may be missing out on learning from many areas of experience
- Some of what is described as innovative is little more than recycling or repackaging
- Real innovation which leads us to think and act differently is relatively rare
- There are many pressures to be seen to be innovative, although this can be costly in terms of discontinuity and decrease in responsiveness to local issues
- It would help if funders had sufficient confidence to allow local communities to decide how to use resources within a nationally agreed framework - it does not feel like this is how it works at present
- We need to find better and more imaginative ways to listen to and learn from the experiences of communities and not work from the assumption that ‘ordinary people’ lack skills and capacity
- Information and services need to be provided in ways that reach out to people and that help to build links among people who share similar experiences and have common issues
- There needs to be more attention to achieving sustainable change that leads to real improvements in the things that matter to people and not just on the margins. At the same time, new ideas and new approaches are important to guard against stagnation - politicians tend to value what is ‘new’ and this can shape agendas and priorities
- Is it realistic to expect innovation to be mainstreamed when in reality this does not seem to happen often?

## **2. Localism: What Can the Centre Hold?**

Introduced by: Alex Rodden, East End of Glasgow SIP and Alan Simpson, Locality Planning, Badenoch and Strathspey

Facilitated by: John Jackson, SDC

### Key Issues

- Governance works best when those who are most immediately affected are involved in decision making
- The centre needs to justify its intervention in local affairs
- The centre should seek to define/set minimum levels – floors, and trust the local partner agencies including the local community to establish their own ceilings by determining local priorities
- Community Planning and partnership working needs to be based on community empowerment by a significant devolution of budgets and decision-making to local levels
- Major issues around power and the willingness of the centre to genuinely let go
- Pressure for immediate results and quick fixes from the centre often runs contrary to longer-term community development
- The need to move from a blame culture to a culture based on empowerment and learning by doing with the explicit recognition that sometimes you will get it wrong
- The small gains at locality level need to be recognised in macro planning which is primarily focused on large structural shifts
- More effective mechanisms for involving users of services in feedback on services and in establishing priorities for future action/change need to be developed at a local level.

## **3. New Forms of Partnership**

Introduced and facilitated by: Alana Atkinson, SDC and Carrie Ferrier, OPM

The group discussed three questions in relation to partnership working.

### What does ‘partnership working’ mean to you?

- Openness to change
- Corporate/shared responsibility
- Respect for partners
- Talking to people, listening to people
- Being flexible
- Having a common task/shared purpose
- Non-judgemental, equal status
- Being realistic
- Letting go of control and power
- Honesty, openness
- Doing things together

- Not being too precious
- Negotiating contributions
- Being valued for your contributions

What are the key characteristics of effective partnership working?

- Spending time to understand everyone's contribution and potential contribution
- Respecting/valuing people and the contributions they can make
- Valuing people's experience of partnership working and using 'experience' as evidence when evaluating partnership working
- Being aware of the different capacity and resources individuals might have to contribute to partnership working and respecting this
- Providing training/education to participants in order to enable people to participate
- Participants need to be flexible and open to change and be given support to change
- Partnership working may indicate the aspirations people have and not the reality of partnership working - this needs to be made explicit rather than implicit
- Participants need to **live** the values of the partnership
- Being realistic - sometimes participants may need to 'gang up' (work together) in order to challenge/confront the behaviours of other participants
- Ensuring enough time (long and short-term) is given to develop, sustain and enable success to happen in a partnership.

What changes are needed to create sustainable partnership working to improve Community Well-being?

- Support to partnership working in terms of organisational development, e.g. relationship & commitment building
- Greater flexibility
- Identifying & utilising existing individual skills, knowledge and experience
- Creating a climate that people **want** to be in, not **have** to be in
- Encourage maturity in participants and organisations to enable people to be confident and able to challenge each other
- Making sure the **right** people are in the Partnership
- Involve the wider community at the earliest possible stage
- "Undo the damage" that has been caused by statutory agencies in the past and has resulted in communities disengaging
- De-mystifying notions of 'mental health and illness'
- Changing how we respond to people being off work, encouraging 'staying at work'
- Learn from mistakes, move on, don't dwell on them
- Pay attention to the purpose of partnership working - what, why, how long?
- Allow for the 'right' people to come in/go out at the 'right' time
- Equip people to take part in partnership working – training/support

#### **4. Accountability for Community Well-being**

Introduced by: Grace Gunnell and Bobby Jones, West Dunbartonshire Council

Facilitated by: Julia White, SDC

##### Key issues

- Scottish Executive to be accountable regarding funding streams and frequently changing priorities
- Need for properly resourced advocacy services to support young people's involvement
- Importance of transparency within organisations to allow opportunities for challenge, which should be seen as positive
- Need for shared accountability for well-being when multi-agency groupings take the work forward.

#### **5. Skills and Resources to Promote Community Well-being**

Introduced and facilitated by Aine Kennedy and Janet Muir, Community Health Exchange

##### Key issues

- Consistently challenge the culture of 'them and us' (the 'helper' and the 'helped', those with mental health problems and the 'rest of us') that reinforces stigma and prejudice
- Prioritise building the capacity and awareness of G.P.s regarding the implications of a social model of health for mental health/emotional well-being
- Spread awareness of existing models (such as Penumbra's work in the Borders) on providing emotional support in a primary care setting and signposting other services in social and voluntary sector
- Address innovative ways of developing transitional arrangements within the welfare benefits system to assist people to move smoothly between receipt of benefit, training and employment opportunities.

The workshop also highlighted the following:

- The need for further recognition of benefit from educational approaches in promoting the social model of health
- The move towards cultural and infra-structural change requires new skills and resources to deliver health services in more responsive ways
- The importance of developing, and sharing evidence and experiences of developing effective partnership working between service providers, service users and wider community
- We need to establish, across the wider health sector, proven methods of measuring health impact.

## 6. Tracking Progress: Milestones and Indicators

Introduced by: Susan Hird (NHS Health Scotland)

Facilitated by: Jim McCormick (Scottish Council Foundation).

### Key questions considered:

- What kinds of indicators and measures of progress are relevant to improving community well-being?
- What data do we already have which is routinely collected, that can be used for this purpose?
- What additional data might also be relevant?
- How can this best be taken forward through health improvement and Community Planning?

### Summary of initial discussion points

- **'Soft' targets matter:** perceptions, feelings and attitudes - progress has to be demonstrated and experienced, not just measurable by policy-makers and service planners
- How far do the various **agendas of policy-makers and funding bodies** coincide with those of community organisations - and what tensions are therefore apparent in setting objectives and measuring performance?
- **Citizen and community involvement** in generating meaningful indicators at an early stage is an essential feature of a successful process
- A key question: **What's missing** in different types of community? What would be valued most in remote and rural areas compared with inner city areas?
- **Addressing community disadvantage:** the need for active outreach to hear the voices of the 'silent majority' and of the most disadvantaged/disaffected; recognition of the **strengths and weaknesses of area-based approaches** (e.g. communities 'on the slide' but not yet meriting SIP status; and the dispersed nature of disadvantage, with most low-income households living outside poor areas)
- **A core set of indicators** allowing for comparability is seen as important, but needs to be backed with sufficient flexibility from the Scottish Executive or indeed the local authority/NHS Board to encourage **complementary indicators** reflecting local diversity - the building blocks may vary according to what is being measured, for example, school clusters rather than parliamentary constituencies and appropriate mechanisms for involving children, young people and older people
- **Mismatch between timescales:** it takes time to demonstrate genuine progress on 'big' objectives like community well-being - funders and Ministers need to appreciate what can be achieved within different timescales
- **Use many approaches:** taking effective action in the face of complex and changing problems will require the use of many methods and ways of knowing the experiences of residents and front-line service providers - even a core set of indicators based around a few key objectives should draw upon a range of methods to generate the indicators (including deliberative involvement of the public).

- **Provide feedback:** nothing is guaranteed to frustrate participants more than engaging in exercises that were apparently meaningless - decision-makers should be explicit about why they wish to develop measures of progress and how they propose to do so and as a minimum, participants should be informed of how their input is to be used, reflected on further in future, or not used
- Be aware of **the risks of taking indicators in isolation**, as part of a limited performance assessment/accountability framework - don't ignore the whole context
- All of these points could be summed up as being **consistent and honest** in our approaches.

In 2008, a more ideal approach to measuring community well-being would...

- Include hard and soft indicators
- Allow for appropriate comparisons between different types of community
- Use a range of methods to generate indicators of progress, e.g. pictorial and hands-on approaches (like Planning for Real)
- Be co-ordinated across relevant agencies and timescales
- Reflect diversity within and between communities
- Be backed up with appropriate local budgeting and decision-making powers
- Be streamlined and robust (taking no more time and effort than is necessary and resilient enough to survive changes in institutional form)
- Be at the heart of local Community Plans (with local capacity to act)
- Take into account the capacity of statutory and voluntary sectors (be based on realistic assessment of what can be done by whom)
- Work!

## **Final plenary: next steps**

The concluding session of the conference brought participants back to the plenary forum to hear reflections and observations on next steps from:

Gregor Henderson, National Programme Director

Kay Barton, Head of the Social Inclusion Division, Scottish Executive

### **Immediate steps**

- Publication of the report on Building Community Well-being
- Dissemination and information sharing across Scottish Executive Departments through a newly formed Community Mental Health and Well being Action Group

### **What can the Scottish Executive do next?**

- Rationalise **funding streams**
- Support the implementation of **interagency work**, modelling at national level the behaviours and activities that the Executive is seeking to promote locally
- **Improving public service delivery** to ensure those who are on the margins receive services of an acceptable quality

- Continue to promote and support the development of **needs led, joined up services** that are mentally healthy for providers of services, as well as for those who use services.

#### **National programme role**

- Advocate and **champion work to promote community well-being** and act as a catalyst
- Promote **awareness of the evidence base** for mental health improvement and its utilisation, through the Evidence into Practice workshops, and the COSLA initiative on community planning and mental health improvement
- Develop **indicators for mental health and well being improvement** at national and at community level, through work in National Health Service Health Scotland
- Continue to acknowledge and **celebrate success and good practice**
- Promote **exchange of ideas, information and learning**

Participants raised the following points in the concluding discussion:

- We need to reconsider our collective understanding of health and what creates health
- Delivery is for pizza, not public services! We should be aiming to enhance, sustain and manage our own health, individually and collectively, through better information and support, including peer support as well as timely and relevant professional interventions.

## **Appendix**

### **Ideas for future action to take the conference agenda forward (Information taken from evaluation forms)**

- Culture change from fire fighting to prevention and promotion
- Integration / multi agency working at policy and practice levels (including transport, housing and education)
- Training and support for new partnerships
- Young workers moving from school into employment
- Working with young people in the community, improving engagement with young people
- Enabling local groups to take forward work on mental health and well-being
- Increasing community ownership of health and involving local elected members and MSPs
- Sharing ideas and learning from experience across sectors
- Using a variety of methods to continue discussion and dialogue - web based discussion, face to face as well as the dissemination of written material