



\$mall Change, Big Impact

Building community well-being: Can Scotland afford not to?

Conference Report

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Small Change Big Impact

Introduction

On June 14th 2006 a national conference to inform local planning and taking action towards the promotion of community wellbeing was facilitated by the Scottish Development Centre for Mental Health in association with The Community health Exchange, CHEX. The conference was a partnership event supported by the National Programme to Improve Mental Health and Well being, NHS Scotland and Communities Scotland. The event marked the culmination of local initiatives in four areas of Scotland to promote community well being.

Chaired by Jim McCormick, Director of the Scottish Council Foundation, the conference explored:

The context for community wellbeing in Scotland: Opening address by Shona Stevenson, Director of Communities Scotland.

Why community wellbeing is a national priority Key Note Address by Nic Marks, Head of the Centre for Well-Being, New Economics Foundation, co-author of 'A Well-Being Manifesto for a Flourishing Society.'

Making it happen: Presentation by Niki Kandirikirira, SDC Associate. Learning from four exemplar projects that promote community well being

It ain't what you do it's the way that you do it: Reflections of conference participants on methods, approaches and strategies for change

The conference brought together:

- the understanding of institutions such as the New Economic (NEF), the National Programme for Improving Mental Health and Well Being, NHS Health Scotland, Communities Scotland, SDC and CHEX
- the learning from local exemplar projects that were delivering effective community wellbeing:
 - Steps for Health, in Glasgow's East End
 - East Renfrewshire Community Wellbeing and Family Learning
 - Mood, OMUS and Generation Arts in West Lothian
 - Caberfeidh Bookshop, Kingussie
- the knowledge and experience of people managing services that impact on people's wellbeing.

Nic Marks and the New Economics Foundation [NEF] proposed that if government focused on people's well being rather than gross national profit we would have a happier healthier society. Their research shows that variations in happiness and wellbeing between people relates to

- **Our parents** - 50% of variation is related to family relationships [genes and upbringing]
- **Our outlook and activities** - 40% in variation can be accounted for by our friendships, activities and attitude to life.
- **Our circumstances** -10% in variation is influenced by our circumstances – income, climate and where we live. It appears that money does not make us happier, after our basic needs are met we adapt very quickly to material gains. Many of us get caught up in comparing ourselves to others, wanting more and more, working longer hours to pay off increasing debt which leads to dissatisfaction, anxiety and stress rather than happiness and wellbeing.

The NEF argued that we should:

- measure what matters – people’s wellbeing not only economic productivity
- create a wellbeing economy – focus on the quality of work, social relationships in the work place, the impact on the environment
- reclaim time –reduce working hours , offer more flexible time management so that people can spend more time with friends and family and in out communities
- promote flourishing through education – enable people to realise their potential and be who they are rather than performance targets

If, as the NEF research suggests, 40% of people’s happiness and wellbeing is related to their outlook, social networks and activities as opposed to income, weather and assets there is a huge opportunity for community and social development initiatives to impact on the wellbeing of the nation.

The context

Across Scotland¹, the UK² and European Union³, stress, anxiety, depression⁴, hopelessness, isolation, fear, insecurity and distrust are increasing. We witness daily the effect of this on the lives of individuals, families and whole communities.

Many people in Scotland find themselves isolated and vulnerable due to their mental health status, poverty, class, ethnicity, age, disability, gender, sexuality, homelessness and many other forms of exclusion. The resulting low self esteem and feelings of being undervalued have serious effects for them as individuals, for their families, their colleagues, the wider community and Scotland. The consequences of cycles of social exclusion for how people think and feel are complex:

- some people faced with chronic stress and disadvantage may retreat and stop participating. Their social networks reduce, their vulnerability increases, their incomes and security reduce and many spiral into

cycles of anxiety, depression and other more severe mental health problems. This not only impacts on them as individuals but can damage relationships between family members, partners, parents, children and siblings with a chain of negative results

- changes in life situations - having babies, getting old, losing a job, becoming disabled, getting ill or family separation - can result in people becoming isolated, vulnerable and excluded
- others may get resentful and angry and act on these feelings in their personal and community relationships, through aggressive behaviour, violence, abuse, theft or vandalism
- hopelessness and low expectations may mean some people do things which might be considered to be 'risky'

Taken together, such experiences are damaging to wellbeing. People, families, groups and communities of interest do not feel involved, connected, safe, secure, caring, creative or active. These types of experiences also affect how communities function: communities can come to feel more and more vulnerable and close ranks, displaying exclusive attitudes and behaviour; or become divided and disarmed by fear of 'the other'; or find it hard to believe that it is possible to break the cycle and create a different future.

The Opportunity

What we often see in policy, and strategies to implement policy, is a focus on the many different symptoms of distress, social injury and social disadvantage, rather than on the causes. This paper sets out ideas and approaches that shift the focus from problems to strengths and which work in constructive ways with communities to promote well being. This paper argues that long term partnerships between policy makers and decision makers and local groups and organisations that act as agents of change can result in enhanced community well being.

The Community Well being exemplar projects demonstrate that processes that increase community well being are fundamental to addressing current social ills and to Scotland's social development. They are not 'quaint' one-off basket making, pottery or drama activities; they are effective processes of social transformation that can have a major impact on local communities and through that on the shape of Scotland now and in the future.

Community Well Being: a Policy Imperative

'The Scottish Executive has a vision of an open, just and inclusive Scotland where respect and understanding are fostered and where everyone is encouraged and enabled to live, work and take part in society to their full potential, free from prejudice and discrimination.'

Scottish Executive Regeneration Statement, launched February 2006

Across Government, policy in Scotland demonstrates awareness of the problems facing Scotland in becoming a healthy successful and creative country. Policies abound⁵ that aim to reduce isolation and exclusion, promote participation, rights based and anti discriminatory practice and see benefit in investing in community wellbeing. These promote care in the community; advocates and protective measures for vulnerable people; anti racist, sexist and heterosexist legislation; the recognition that people are disabled by attitudes, behaviours and systems not their own bodies; life long learning; and efforts to help older people need to stay connected and involved. Such policy initiatives require and aspire to community wellbeing both as a means and an end.

Despite the wealth of policies and strategies that acknowledge the need for community focused interventions with specific remits to promote personal and community well being, experience suggests that only limited resources are invested in these. There is relatively little acknowledgement of the role of community focused activities in personal and social transformation or the benefits of this to the social political and economic well being of Scotland and its people.

If the communities of Scotland are to thrive, local and central government need to acknowledge community development programmes, principles and processes as the delivery agents of social policy and establish robust relationships with them.

Community Wellbeing Exemplar Projects: Delivering on Social Policy - Solving the Problem

Focus

Five community well being initiatives were tracked as exemplar projects by SDC in collaboration with CHEX with support from the National Programme for Improving Mental Health and Well Being. These offer some insight into the relationship between the goals and aspirations of social policy, the achievement of those goals in practice and the role such projects can play as delivery agents.

The five exemplar projects had very different activities and focus:

- Glasgow East End Steps to Health: Working with young people, their families, communities and service providers, to realise their potential.
- East Renfrewshire family learning: Promoting inclusion and belonging, linking schools and community
- West Lothian Generation Arts: Using the arts to promote well-being among older people

- Kingussie Caberfiedh Bookshop: Building community leadership, participation and inclusion through creating opportunity for people with learning difficulties
- West Lothian Mood: Building bridges between generations and strengthening community connectedness

What did the exemplar projects have in common?

Their way of thinking, being and doing.

Objectives

At first glance one could be forgiven for thinking the community wellbeing exemplar projects were aimed at providing activities, entertainment and pass times for people not in employment. Indeed this is what most were initially being measured against: how many people of what type attended which activity. A closer look soon revealed they shared a much more strategic objective.

'Inclusive, involved, secure, caring and creative people, families and communities with a sense of worth, expectation and achievement.'

Purpose

Even though the projects developed independently they articulated a shared sense of purpose: ***to bring about connectedness***

- **With self** - A sense of self and worth internally for the individual,
- **With others** - A sense of belonging and worth in relation to family, communities of interest and the community
- **With the bigger picture** - Creative engagement between individuals, the family, diverse communities of interest and the community that opens doors for a caring and creative society to flourish
- **Between communities** of interest and individuals,
- **Spatially** - Knowing it is 'my place, I belong here' so that people feel safe, involved and want to invest
- **Institutionally** - We delivery agents participate too, it effects us also. It is OUR agenda, our community, our Scotland. We are community too. We are participants with a specific role to facilitate processes that encourage and enhance social development
- **Across services** to make it easier to respond effectively and holistically to a community as it develops and grows

Method / Way of working

Each project was a relatively small, local intervention which facilitated activities to create opportunity for:

Engagement

- responsive, flexible and creative interactions with individuals, communities of interest and the community
- a clear articulation that the delivery agent is accountable first and foremost to the community

Inclusion

- Creating the opportunity for people from different backgrounds to engage in specified group activities together
- Establishing the space to explore difference without ghetto-ised approaches. Not addressing the issue directly but by create space for people to get involved with and understand each other, and establish ways to accommodate and support each other to participate
- Having the flexibility to accommodate different needs: mine > yours >theirs> ours

Personal development and affirmation

- Acknowledging and build on existing skills and introducing new skills, learning from each other
- Allowing a range of options and choices
- Using both paid change agents [staff] and community change agents [volunteers and participants]
- The use of the creative process with individuals for personal and community development [see below]

Community development and growth

- Being responsive and creative, to let the groups /community set the agenda and the pace
- Keeping it open to all community members
- Helping people establish different roles and responsibilities
- Facilitating the development of a shared agenda and commitment /sense of shared purpose

Institutional development

- Investing in personal development of individual staff
- Trusting in staff's judgement – empowering and enabling them to be responsive and flexible
- Recognising that personal growth results in organisational growth and changes the dynamics of institutional responses

The use of the creative process

The power of the arts in the exemplar projects, and other projects, to catalyse personal and social transformation and deliver on social policy should not be underestimated. The arts may well be fun, bring aesthetics, promote inclusion and facilitate growth in self esteem but they do much more than that in a community development, social transformation context.

The arts allow us individually and collectively to connect to the self and yet also distance us from ourselves, acting as a mirror encouraging reflection. They enable people to capture the ineffable, the hard-to-put-into-words allowing them to explore issues which are hard to grasp though number and language alone, for example how it feels to arrive in Scotland as an asylum seeker or how it feels to 'come out' as gay. They are more accessible to a wider range of people than many other forms of discourse. The arts can make things visible and memorable since they demand our sensorial, emotional and intellectual attention. They therefore increase the likelihood of people not only finding voice but being heard.

Using the arts can enable people to communicate more holistically keeping the whole and the parts in view, revealing overall patterns and structures. Through the use of metaphor and symbol the arts can carry ideas and theory elegantly and eloquently. People can use visual and cultural codes to make effective theoretical statements that they might not otherwise be able to articulate. Through the arts, the ordinary can be rendered extraordinary, breaking through our everyday perceptions. This can enable people to take note of what is happening around them, provoking analysis and action and to gain greater understanding of self, others and relationship. In addition, the arts can make the personal social and the private public, potentially engaging people and giving them power, ownership and control of the process, regardless of language, literacy or other factors.

This is not to detract from the aesthetics of the process or outcomes which are in and of themselves valuable assets, but to highlight the transformative opportunities of arts in social development and the delivery of social policy.

In East Renfrewshire, the use of arts as the method led to the inclusion of a profoundly deaf woman in school and community life and other people learning sign language and the acknowledgement of the creative process as an alternative to anti depressants.

In West Lothian, arts based work, particularly poetry, enabled a physically challenged older woman who was living in a care home to express her identity as a mother and challenge her own assumptions about the impact of poverty and exclusion on her children's sense of self.

In West Lothian older men who were at risk of suicide have not only used the arts to develop their own sense of self worth, but are now active in their community, sharing skills and knowledge in a local school and archiving the community's history.

Values based and values led organisations

Each of the exemplars models their values, beliefs and principles as a way of thinking, being and doing. Whilst their values, beliefs and principles are often articulated in written form, they remain integral to the way these projects work. Direction, strategies, working styles, methods, decision making patterns are all organised with reference to the beliefs, values and principles of the organisation/project. Participatory appraisals conducted with each exemplar project provided data to illustrate what this looks like in practice, in terms of working culture, team leadership and team qualities.

Working culture

People involved with the project

- Are informed and know the values and mission of the organisation and the purpose, objectives, and expected outcomes of the project
- Know how we work here and why we work in that way
- Are familiar with procedures, as well as values and principles e.g. inclusivity, participation, equality and democracy

The project models expected behaviour that reflects values. Those involved are able to think ahead, see beyond barriers and keep focused on objectives and what they will bring:

Quality
Opportunity
Change

Team Leadership

Projects create a working environment where people are trusted to do what they are good at and allowed to get on with it. They also know that support is there if they encounter a problem

The ethos is one of

- Leading by example
- Modelling passion, enthusiasm and commitment: managers work along side teams and participants
- Sharing experience (yours and theirs)
- Doing right by staff and by the community
- Letting everyone know that irrespective of resources they should do what is right (measured against values)
- Taking the stress off the team... 'it is my job to worry about resources not yours'
- Empowering people

Team qualities:

- energetic
- sustaining
- add value
- positive
- growing, in tune with each other and the community
- lots going on
- acting as a catalyst
- joyful
- movement not standing still
- taking risks

I

The core value for all of the projects, around which they organise, is that they are primarily accountable to the community, the people they work for. They believe that each individual matters and that empowerment of individuals and communities of interest to participate and relate builds community makes society a better place for everyone.

It was important for the exemplars not to deal with people with mental health problems, older people, people with learning difficulties, children in special schools or any other in a way that further ghettoises them. Even where such specific identity groups were the starting point the focus on processes of inclusion has resulted in wider engagement across the community. This helped overcome the 'deficit' approach that compounds a stigmatised or spoiled identity and encouraged recognition of assets and abilities.

In Kingussie the focus on the inclusion of people with learning difficulties in work, local business and community process led to the involvement of 'incomers' to the area, older people, men, women, people with hearing and sight impairment, carers, people with enduring health problems, school teachers, councillors, private businesses, institution workers, library workers, teachers and school children. This was not an objective of the project but a consequence of working in an inclusive way. By creating an inclusive environment for one group it opened it up for all and a wide range of people now belong and are engaged in a community of interest.

In West Lothian MOOD started out with a focus on the inclusion of older people and reached out to men at risk of suicide, people with mental health problems, vulnerable people, poorer people, school children, including children in special school, teachers and library archivists.

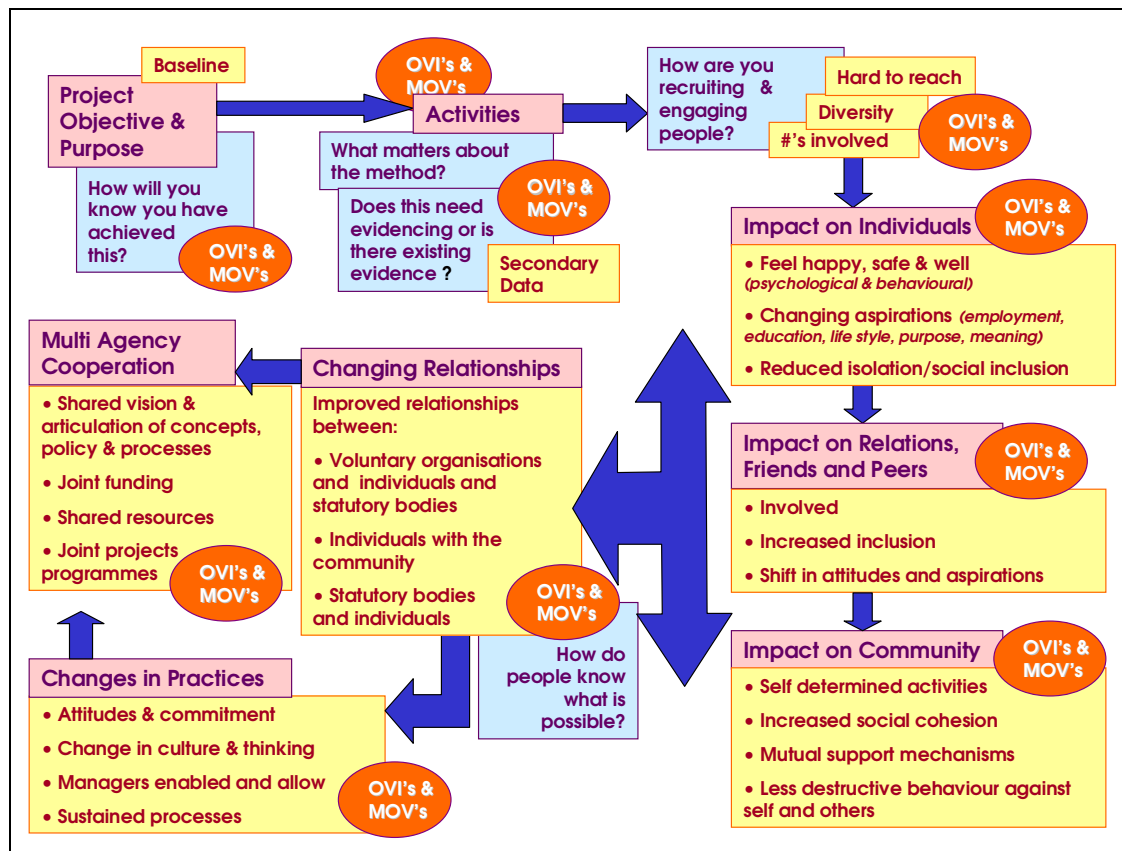
In East Renfrewshire, the focus on parents of under fives to promote schools as 'a place for us in our community' led to community action that included people with hearing impairments, mothers with post natal depression, men with mental health problems, people from minority ethnic groups and fathers more generally.

Evidencing impact

This paper can only summarise briefly the considerable impact documented by each project in terms of the benefits achieved for individual and community wellbeing. Not only does this evidence illustrate the contribution such projects can make to the broader policy goals; it also suggests the need for more sustainable partnerships between community based organisations and projects as the delivery agents and decision makers, service commissioners and managers who have responsibility for policy implementation.

Evidencing impact of personal or social change is no easy task and to assist with this a map was developed that incorporated for all exemplars:

- The expected areas of impact
- Objectively verifiable indicators to capture what had been achieved [OVI's]
- Means of verification [MOV's] to evidence this



Each of the projects established participatory processes to assess impact, involving all those involved [including staff] and captured the evidence in an appropriate form using a range of means including photography, poetry, body maps, diaries and focus groups. This then formed the basis for joint reflection and discussion. This process proved helpful in enabling each project to articulate and demonstrate how they are working towards their stated purpose, what is important about they way they do what they do, how they are engaging hard to reach groups and the consequences of that.

They also have evidence to demonstrate the:

Impact on individuals –Increased self esteem, worth, belonging and aspirations. Reduced vulnerability and increased resilience. Increasing capacity to cope and self determine [life choices, work, parenting etc]. Reduced anti social behaviour. Increased awareness of opportunity and options. Feeling of safety, engagement, acceptance and being valued. Changing aspirations, enhanced creativity and a place in society.

The boys in the special school in Whitburn all felt that that volunteering with older people gave them a sense of worth, the older people appreciated their support and friendship. The teachers at their school saw significant changes in the boys' behaviour. The boys suggested that volunteering with older people would be a better use of their time than recreation activities like pool.

Impact on family, friends and colleagues - Strengthened families: supported parenting, children engaging in caring for older people and communicating with each other: Communities of interest having a role in the community [e.g. the photography group archiving the community's history for the local library and teaching children photography]; The inclusion of formally excluded parents leading to changes in social relationships for their children; Supported carers; The development of mutual support networks.

Impact on social inclusion - As discussed above, the focus on the inclusion of a specific group lead to inclusive practice that snowballed to involve more and more people, not because they were targeted on the grounds of their race, gender, disability, age, poverty or mental health but because inclusive practice is value based.

Impact on community development – A range self directed groups, activities and processes was emerging from the projects' activities. People found stronger support systems. The intergenerational work affected stereotypes, assumptions, attitudes and behaviour between young people and older people. Communities of interest were not only generated and sustained but developed links with other groups.

Impact on relationships [people, community, voluntary sector and state]. People engaged in these projects reported a reduced need for 'special' services to care for or support them– older people, people with learning difficulties, people with mental health problems, people at risk of suicide, women with post natal depression and the boys in special schools.

Change in practice

The evidence gathered by the exemplar projects described the clear benefits derived for individuals and for communities and the contribution the projects can make to a range of current policy objectives that are essential for Scotland's social, political and economic development.

At the outset of the Community Well being initiative, the exemplar projects would have argued that for these changes to become sustainable, mainstream statutory services needed to learn from and work like them. However it became evident over time that this was not possible given the size, structure and culture of most statutory agencies. Indeed some of the exemplars worked on training people in the state service sector to work like them but became frustrated with the lack of outcomes as those trained were not enabled or allowed to put their training into practice.

Through reflection and discussion the proposition emerged that statutory services would have real difficulty in working in ways that would facilitated social change / transformation, for a number of reasons:

- Organisational structures cannot respond sufficiently quickly or flexibly to accommodate the needs of community processes
- Managers are limited by structures and procedures, policies, power relations and performance indicators
- Changing huge structures requires significant evidence that 'it' will work before it would be considered worth taking the risk
- There is limited tolerance of risk-taking, experimentation, creativity or mistakes

One exemplar project started out as a statutory initiative but since became an independent charitable body to allow freedom to be able to respond effectively to the community's lead.

Therefore the orientation of several exemplar projects altered over time, moving away from trying to engender change in the statutory sector, seeking instead to establish a clearer understanding of interdependency between statutory bodies and the community based change agencies.

Conclusion and Implications

Considering the limited level of investment the exemplar projects have had significant impact on individual and community wellbeing. However they are vulnerable to considerable funding inconsistency which undermines their capacity to act strategically in the long term. Most do establish and maintain long term visions but their continuation is constantly under threat. This is particularly problematic since a crucial aspect of the work is building up and maintaining the trust of the community.

For projects such as the community well being exemplars to have the level of impact they have, they need to work in very flexible, responsive ways and have value driven leadership and teams that focus on and respond to changing processes. They cannot transfer this way of working to statutory bodies which do not have cultures that could accommodate it. This casts a different light on the notion of mainstreaming. What these type of projects can transfer is an understanding of the way that they work and why it matters, the expectations of impact and how this would further current policy agendas. It would also suggest that community based organisations and projects should not be seen by statutory bodies as seeking funding for their own agendas, but rather as the means of bringing about the changes required to progress national and local policy priorities in ways the statutory sector cannot. This would require a shift in thinking about these projects from that of well meaning charitable or community based organisations who are seeking funding for their work, to thinking about them as 'delivery agents' of long term social policy programmes.

Key steps to take this forward as a shared agenda include:

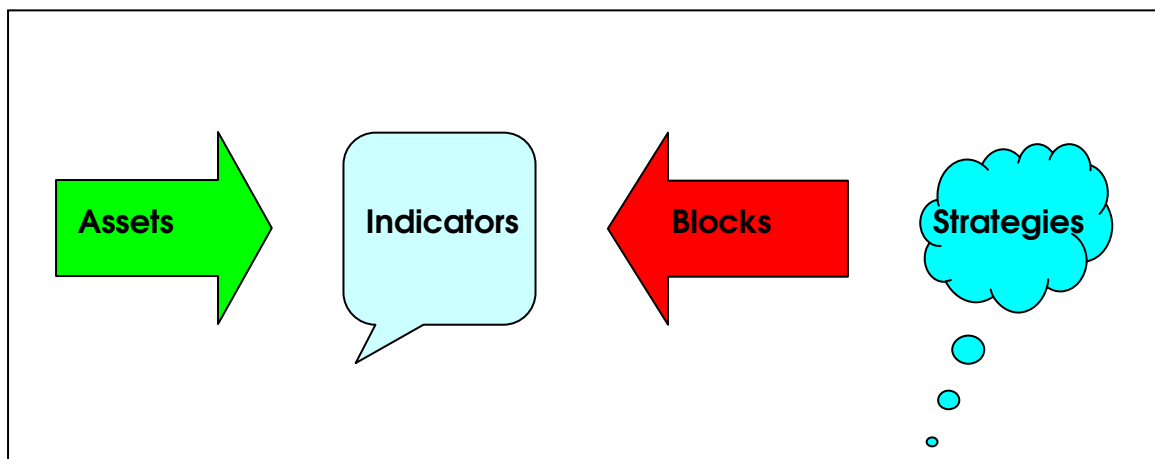
- Developing a different culture of expectation and agreement centred around partnership between statutory bodies, who are responsible for implementing policy objectives and the delivery agents who have the commitment, methods and culture but not the means
- Promoting an understanding of the way that delivery agents work and why it matters
- Finding and articulating a clear sense of common purpose across statutory and community based agencies
- Establishing methods for joint funding as well as for assessing and reviewing impact
- Agreeing the strategic role of the community based agency, the expected impact and the relationship to policy objectives

Redefining roles and relationships

Statutory agencies	Delivery/Change agencies
<p>Enable</p> <ul style="list-style-type: none">• Resource (people, time, energy, funds)• Include in long term strategic plans• Acknowledge the strategic significance of voluntary organisations' input <p>Allow</p> <ul style="list-style-type: none">• Managers to work flexibly and respond• Joint working across sectors• Budget for joint ventures	<p>Facilitate access</p> <ul style="list-style-type: none">• To communities and communities of interest• Work creatively and responsively• Develop mutual trust and accountability with communities <p>Evidence impact</p> <ul style="list-style-type: none">• Monitor impacts against statutory policy indicators• Appraise impacts of statutory agency interventions

Conference Participant Reflections on how to take these conclusions forward

- Mainstream the promotion of community well being
- Establish mutually beneficial relationships between statutory and voluntary sector agencies
- Person centred ways of working
- Inclusive practice
- Art as a method



Mainstream the Promotion of Community Well Being

Assets	Indicators	Blocks	Strategies
<p>Flexible money</p> <ul style="list-style-type: none"> • Small amounts of money • Freedom to use funding quickly and flexibly <p>Effective community planning</p> <ul style="list-style-type: none"> • Community planning process • Community planning [when it works in the true sense it was intended to] <p>People</p> <ul style="list-style-type: none"> • Community managers with experience, expertise, energy, contacts and entry • People power – human resource • Huge amount of community expertise and experience that must be better shared and built on <p>Media and public focus</p> <ul style="list-style-type: none"> • Community wellbeing is an accepted 'agenda' item now – not before <p>Preventative work</p> <ul style="list-style-type: none"> • Schools, health, social work • Generic role 	<p>Coherence and cohesion</p> <ul style="list-style-type: none"> • Common understanding that is articulated • Shared values written into priorities • Effective, integrated and joined up partnerships working between and within organisations • Leadership <p>Behaviour and action</p> <ul style="list-style-type: none"> • Consensus and action in terms of community development • Changing behaviour at all levels <p>Community focus</p> <ul style="list-style-type: none"> • Customer focus <p>Evidence of impact [tracking]</p> <ul style="list-style-type: none"> • An understanding of community wellbeing outputs • Knowing how to measure progress towards achieving the expected outputs • Long term and short term indicators • Art used as means to evidence impact and influence • Art used to experiment top down priorities <p>Being prepared to take risks in new areas</p>	<p>Not my issue</p> <p>Too challenging</p> <p>Community wellbeing work demands that organisations think and act differently – currently they work in silos!</p> <p>Too focused on the short term and symptoms not causes</p> <p>Lack of understanding of community wellbeing</p> <p>Sinicism – that community well being is just a fad; a lack of belief that community wellbeing matters</p> <p>Community planning is all about structure and process and not outcomes</p> <p>Low expectations – to avoid disappointment</p>	<p>Integrated planning</p> <ul style="list-style-type: none"> • Integrated planning and reporting structures • Guidance with community wellbeing at its heart • Community wellbeing is not a marginal add on <p>Use of the media</p> <ul style="list-style-type: none"> • Use media effectively to reflect the success of community wellbeing work • Reach different audiences that still don't consider community wellbeing in their agenda <p>Common approaches</p> <ul style="list-style-type: none"> • Operating at all levels • Joint working • Common way of working • Unified working practices • A business process which all organisations work to <p>Only Connect!</p> <ul style="list-style-type: none"> • Promote community connectedness <p>Take along term view</p> <ul style="list-style-type: none"> • Value community • Think more towards the future – not quick fixes <p>Learn from others</p> <ul style="list-style-type: none"> • Learn and share from good practice in other areas e.g. sustainable development

Establish Mutually Beneficial Relationships between Statutory and Voluntary Sector Agencies

Assets	Indicators	Blocks	Strategies
<p>Resident/tenant participation User experience</p> <p>Community planning processes Links with community planning partnerships, community health partnerships, local authorities and health boards Structured process for exploring different perspectives, creating shared vision and values Budgetary systems to share resources [and change resources]</p> <p>Skills and expertise Unique specialist skills and services Ability to meet multiple needs</p> <p>Credibility in the community Good relationships with national, community and voluntary sector organisations</p> <p>Employment and earning environment – community level; multi agency representatives; shared assessment; cross client reference; holistic approach</p>	<p>Common vision</p> <p>Integration into policies and strategies</p> <p>Involvement of community and service users etc.</p> <p>Integrated services</p> <ul style="list-style-type: none"> • Spending resources top agreed priorities • Agreeing common methods of measuring impact of those served • Shared resources e.g. buildings • Shared priorities • Joint funding • More genuine NHS and social work managers <p>Joint management</p> <ul style="list-style-type: none"> • Voluntary sector demonstrates that they are meeting national policy targets • Less political interference • Good decision making; Movement of service users; Powers of decision makers • Equal partnership implies being equal [massive imbalance in size of resources can mean inequalities] • Partnerships have the willingness to create new ideas building on current work <p>Funding resources</p>	<p>Statutory regulations Funding structures Mismatch between health targets and local solutions Power relationships between the voluntary and statutory sector Compliance approach creates fear of failure</p> <p>Professional silos Comfort zones Fear of change Passive/defensive culture Lack of trust</p> <p>Personal agendas Personalities Differences in monitoring and evaluation methods which reflect outcomes</p> <p>Agency competition for the same client groups Competing priorities from partners Various levels of commitment from partners</p>	<p>Access and negotiate with people who can influence change and make strategic decisions Influence policy and policy matters</p> <p>Enter into formalised service agreements with shared vision and processes Service partnership agreements reviewed – flexibility for amendments Agree common goals through discussion and debate at all levels Develop contract agreements with social economy and voluntary sector</p> <p>It is all process – there are no absolutes Recognise interventions as positive for change</p> <p>Strong leadership Build effective leadership tat can implement and enable excellence in partnerships Challenge cultural issues Empower the work force – build</p>

Assets	Indicators	Blocks	Strategies
<p>Independent communications hub to help decision making, consensus seeking, prioritisation, planning and presentation of common front</p> <p>Clearly communicated health policy and vision statements</p>	<ul style="list-style-type: none"> • Long term funding arrangement in place for voluntary sector • Joint management of funding • More secure funding <p>Impact</p> <ul style="list-style-type: none"> • Recognising and valuing professional perspectives • Agreeing common methods of measuring impact <p>Communication and information</p> <ul style="list-style-type: none"> • Joint management • Productive relationships • Single agenda • Regular communication • Advice, guidance and support • Sharing information on agency practice • Openness and transparent working • Negotiating shared visions and how to take it forward • Giving time and space to develop shared ideas, visions and strategies • Good communication between a fragmented voluntary sector and large statutory and council sectors 		<p>from the inside out Encourage creativity and reward risk taking [within reason] Educate people</p> <p>Discussion <i>Hold people accountable >>We wont accept guff >> Develop leadership at all levels [not all leaders are Directors, Chief Executives and Senior Managers]>> Sustainability, long term links >> Progress.</i></p>

Person Centred Approach

Assets	Indicators	Blocks	Strategies
<ul style="list-style-type: none"> • Not having a blue print or generalised approaches • Flexibility • Using first names [if ok] • Making eye contact, being cheerful and interested • Reception staff behaviour and attitudes towards ALL are welcoming • A welcoming culture • Sensitive to individual's mood • Environment is adaptable to different people • Agreed aims of individuals are discussed • Staff feel uncomfortable with labels and have trouble calling people service users, clients, consumers, members etc. • Dialogue and personal relationships • Joint membership • Local initiatives • Word of mouth encourages 	<p>Two way interaction</p> <ul style="list-style-type: none"> • Staff and volunteers interacting with clients • Demonstration of 2 -way communication between project staff and clients • Service users are being consulted <p>Reception/feel good</p> <ul style="list-style-type: none"> • Accessible to clients • Accessible in terms of physical access, environment and attitude of staff • How people are welcomes and introduced to others • Good first impression of staff e.g. reception • Welcoming, people feel valued, more than a label and respected <p>People involved in decisions and design</p> <ul style="list-style-type: none"> • Service user involvement in service design • The people make the decisions • Clearly stated objectives written by clients • Clients involved in what is going on [although some may voice difficulty with this] • Dialogue between the clients and those who run the project • Engaged communities • People are engaged and communicate • People seem engaged and enjoying their involvement • People were respectful and listening to each 	<p>1 Staff working just for the money</p> <p>2 Funding environment limits person centred responses e.g. transport</p> <p>3 Labelling of people and buildings</p> <p>4 Ethic approval system has an academic focus and is scary and prohibits user led research</p>	<p>1 Selection and training of, organisations and staff; Support systems, time out, personal development and allowing staff to sound off at the end of the day; Long term contracts; Person centred human resource management.</p> <p>2 Long term funding agreements/security. Provide evidence that you are making a difference; Research outcomes, have confidence in methods; Articulate why in funder's terms; Change the discourse, it not just about numbers.</p> <p>3 Change labelling to positive and promotional e.g. Healthy living centres and wellbeing classes not therapy; Invest in staff attitudes and awareness; Invest in public and youth attitudes.</p> <p>4 Ethics committees focus on professional research ON patients only not on participatory research, social research etc. Streamline the ethics committee process because different authorities have different procedures.</p>

Assets	Indicators	Blocks	Strategies
<p>people to engage</p> <ul style="list-style-type: none"> • Clarity about what projects do • Pays attention to detail [e.g. transport] • Client feedback sessions • People who use the project are involved in recruitment • Staff and managers are accountable to the consumers • Staff work FOR the clients 	<p>other</p> <p>Reflective practice</p> <ul style="list-style-type: none"> • Constantly evaluated and adapted in response to feedback • Reflection and feedback <p>Client feedback</p> <ul style="list-style-type: none"> • Good proven track record with a specific client group • Stakeholder or referrer evidence • Feedback from clients/ carers <p>External evidence</p> <ul style="list-style-type: none"> • Feedback, evaluation collected by neutral body or person <p>Outcomes</p> <ul style="list-style-type: none"> • Ask for and gauge outcomes <p>Improved or otherwise evaluation scores e.g. depression scales, Beck psychological tests</p>	<p>5 People [gatekeepers] hijack agendas and overwhelm the silent majority- they are not representatives</p> <p>6 People with communication challenges are excluded</p> <p>7 Jargon</p> <p>8 Reaching the hard to reach because they are not involved</p>	<p>5. Vary consultation methods. Develop relationships with gate keepers, find out their interests and work with them on that and go round them on other issues.</p> <p>6 Shared communication services; Group responses, visibility; Community model, person centred ways.</p> <p>7 Allow people to say "what does that mean?"; Acknowledge language issues and develop simple language and a good glossary.</p> <p>8 Working with mixed groups; De-pathologise engagement; Go to them; Encourage word of mouth information flow.</p>

Inclusive Practice

Assets	Indicators	Blocks	Strategies
<p>Being welcoming to all Being tolerant Sense of humour</p> <p>Explicit sharing of responsibility, greater delegation Being efficient in communicating Being organised but not controlling Strong consistent leadership Put in place clear opportunity to communicate with local community, staff and management</p> <p>Commitment to citizen involvement in out work [wider community engagement] Relationship building with community Recruitment of local people Establish identities and key agencies and individuals in the local community</p> <p>Review of services Clear concise direction to staff</p> <p>Listen to everyone Discuss things with everyone "thought out" and agreed principles in practice Trust</p>	<p>Equality</p> <ul style="list-style-type: none"> • Everyone treated exactly the same • Individual profiling • Training of volunteers • Attitudes and general ambience • Equality not hierarchy at all times for all people <p>Ownership</p> <ul style="list-style-type: none"> • Individual • Community • Involvement of trainee volunteers • Involvement at all levels • Act on what people suggest <p>Methods of communication</p> <ul style="list-style-type: none"> • Listening to individuals' needs • Listen to what people say they need, don't tell them • Ensure ease of communication throughout the organisation • Consult with people • A common agreed vision • Consistency of involvement • Deliberation and reflection • Checking practices <p>Accountability and transparency</p> <ul style="list-style-type: none"> • Transparency in terms of <ul style="list-style-type: none"> ▪ Who is involved ▪ How we work ▪ How we develop 	<p>Lack of delegating with confidence Different definitions and partnership working Lack of planning e.g. to make enough time to do all the things we know matter</p> <p>Cumbersome partners unable to adapt to change quickly Bureaucracy</p> <p>Expectations of each other not high enough</p> <p>Pressure of work/time of volunteers Time Lack of volunteers Too few human resources Periods of ill health Staff retention Lack of community involvement Other prior commitments</p> <p>Egos Individual agendas rather</p>	<p>Sharing tasks</p> <ul style="list-style-type: none"> • Sharing workloads • Delegate • Set people free to meet agreed outcomes • Be careful not to out too much on one individual <p>Stable funding</p> <ul style="list-style-type: none"> • Training funds – training held locally about how to access money • Long term funding for community development posts <p>Personal communication</p> <ul style="list-style-type: none"> • Talking • Communicate • Don't rely on email if face-to-face is possible <p>Planning</p> <ul style="list-style-type: none"> • Allocation on time within year one to develop trust, common working, pilot phases • Plan to succeed • Development of services • Forward planning [long term

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<p>Good memory Consultation during change [with service users] Do not reject ideas without careful consideration and discussion</p> <p>Build on an existing assets Evaluation</p> <p>Adherence of board to founding principles Policy making Creative mission statement, goals and tangible , measurable objectives Clear and public documents which describe values and principles, vision and ways of working</p> <p>Time</p> <p>Flexible adaptive approach to work [to allow your organisation to change as circumstances change] Open to challenging policy</p>	<ul style="list-style-type: none"> • If someone or an organisation expresses an interest, keep in touch even if you cant see at the time what use it might be • Delivery of services – by whom? What purpose? • Accountability to service users • Good feedback mechanisms within the organisation • Openness to new volunteers/trainees <p>Values and Principles</p> <ul style="list-style-type: none"> • Accepting difference • Visibility [in all things] of the excluded • Origin - the concept behind the work comes from then community <p>Celebrate diversity- welcome difference of all</p> <ul style="list-style-type: none"> • Show respect to all members of the communities • Encourage all members of the community <p>Partnership working</p> <ul style="list-style-type: none"> • Build on each members strengths • Recognise that lots of people/organisations have something to offer • Flexibility of approach 	<p>than collective objectives</p> <p>Short 'termism' – funding, no long term planning or investment Fear of no funds Lack of funding Funding related restrictions Money restraints Changes to funding bodies – i.e. What their outcomes are</p> <p>Apathy in other sectors</p>	<p>plan and goal]</p> <p>Patience</p> <p>Improving your people</p> <ul style="list-style-type: none"> • Statutory organisations viewing voluntary organisations as equals

Art as a Method

Assets	Indicators	Blocks	Strategies
<p>Policy, legislation and guidelines</p> <p>Information that is written</p> <p>Innovative management</p> <ul style="list-style-type: none"> • Staff, volunteers, artists training people • The will to make people happy • Funding - Art materials • Transport • Administration • <p>Quality artists</p> <ul style="list-style-type: none"> • tutor • teacher • skilled individuals • <p>Premises</p> <ul style="list-style-type: none"> • The environment • The ambience <p>Strong community contacts</p> <ul style="list-style-type: none"> • Consultation/ Users views 	<p>People have voice</p> <ul style="list-style-type: none"> • Empowerment • Inclusion <p>Creation of stronger communities</p> <ul style="list-style-type: none"> • Increased social contact • Social interaction • The individual's enjoyment of the experience • Improved intergenerational understanding • The quality of life would be enhanced and improved <p>Creative participation</p> <ul style="list-style-type: none"> • Short stories of identity, belonging and diversity • Drama work- social capital, cohesion • The articulation and communication of ideas • The quality of provision <p>Improved and sustained well being</p> <ul style="list-style-type: none"> • Reduced isolation • Boost, increase in self confidence • Self expression 	<p>Lack of funding, chasing money Transport</p> <p>Red tape/Jobs worth – the size and attitudes of the organisation Focus on attendance records, figures and statistics</p> <p>Poor leadership Lack of training and skills</p> <p>Devaluing the outcome – patronising</p> <p>Elitism, stigma – attitudes, undervaluing the work Not seen as a long term investment</p> <p>Prejudice and stigma Labelling and reducing opportunities</p>	<p>Evidence, research, local knowledge Evaluation is linked with practice Clear profile and good documentation</p> <p>Partnerships Clarity of purpose and good links created with partners User consultations Outcome based planning</p> <p>Making art part of the community, school, library and offices</p> <p>Quality of outcomes – to promote the activity</p> <p>Reduce stigma and prejudice</p>

¹ Anxiety and depression were the most common reason for people to visit their GP. Practice Team Information Report The Scottish Health Statistic Office, 2004/5.

Depression is the most common reason that people visited their GP, 152 of every 1000 visits. Women consulted their GP for depression at a rate of 214.9 per 1,000 population, while anxiety accounted for 117.3 per 1,000. NHS statistics2001

"... suicide kills more young men under the age of 35 in Scotland than road traffic accidents. Over 600 people in Scotland kill themselves each year - with suicide rates over three times higher in young men than in women...There are also around 10,000 admissions to hospital each year for people who deliberately harm themselves, and that it is women who are in the majority." Malcolm Chisholm Deputy Health Minister in 2001 speaking at a conference on the Well-Being of Young Men in Edinburgh.

² In 2004 the UK spent 12% of its health budget on mental health, the second highest percentage of a European health budget.

³ 'more than 27% of adult Europeans are estimated to experience at least one form of mental ill health during any one year. The most common forms of mental ill health in the EU are anxiety disorders and depression. By the year 2020, depression is expected to be the highest ranking cause of disease in the developed world.' The EU Green Paper. Improving The Mental Health of The Population. Towards a strategy on mental health for the European Union.

⁴ 21% of the population of Scotland were on prescribed anti depressant medication. Scottish Neighbourhood Survey 2005.

⁵ Community Well Being -Delivering on local, national and European policy priorities. SDC 2006

**National Programme for Improving Mental Health and Well Being; NHS Health Scotland; and
Communities Scotland
In association with SDC; CHEX;
The Community Wellbeing Project, Family Learning and East Renfrewshire Council;
Steps for Health, East End Health Action and NHS East Glasgow;
Mood, OMUS, Generation Arts and West Lothian Council;
Caberfeidh Book Shop and the Community of Kingussie.**