Community-Led Health for All

Developing Good Practice
A Learning Resource

scdc
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community
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community health exchange

NHS
Health
Scotland

Contents

1. Introduction and Background

In recent times there has been a new emphasis on greater community engagement and empowerment, and on service user involvement, in policy areas including health, regeneration, care and many others. The importance placed by national policy makers on an asset based approach to health improvement[1] is an important example. These trends more than ever suggest the need for good practice in community-led health, and for this to be embedded across sectors in programmes and services at a local level.

Community-led health activity is typically aimed at the improvement and promotion of health in its broadest sense. That is defined by the World Health Organisation: "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Such activity is often focused on communities which experience particular disadvantage, with the aim of tackling inequalities in health in our society.

Community-led health activity requires the active involvement of communities in promoting their own health and well-being. But it can be promoted and supported by people working in different sectors, including public, community and voluntary. It has tended to fall somewhere in between the more well-established areas of health improvement or public health and community learning and development.

The 'Healthy Communities – Meeting the Shared Challenge' programme[2] was a Scottish Government funded programme, running from 2008 to 2010 across the whole of Scotland, that aimed to encourage and support community-led approaches to health improvement. It developed a logic model which provides a useful explanation of the processes and outcomes involved in community-led health activity. This is attached as Appendix 2.

'Meeting the Shared Challenge' also identified 'key messages' which should be taken forward in order to sustain change. These set out the need for:

- Continued investment in community capacity and sustainability.

- Further encouragement and support for community engagement and co-production.

- A stronger intellectual grasp of the connections between community development, social capital, inequalities and health improvement.

- Further development and dissemination of tools and frameworks to assist with embedding the approach

- Support to good practice in making use of the above – possibly through accredited training.

- Continued improvements in the authority and credibility of the approach, and adjustment of funding regimes accordingly.

- A strengthened policy framework, for example ensuring that community-led health outcomes are recognised in performance targets and audits

- Developing the evidence base on the outcomes and impact of community-led work.

- Closer integration between health, inequalities, the social economy and regeneration.

This Resource is a contribution to helping people to sustain these changes.

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[1] See: Chief Medical Officer Annual Report 2010 'Assets for Health', Scottish Government 2011
http://www.scotland.gov.uk/Publications/2011/12/14120931/0

[2] See http://www.scdc.org.uk/what/community-ledhealth/

2. Purpose and Applications of Learning Resource

The need for improved learning about and understanding the benefits of community-led approaches to health improvement has never been greater, at both strategic and operational levels. This Learning Resource is intended to help to meet this need. Most importantly, it outlines the competences that are necessary to promote and support community-led health approaches and enable them to affect significant change in health inequalities.

It is aimed at a wide range of people who are involved in implementing or supporting community-led approaches to health improvement. These include (amongst others):

• Community development and health workers

• Community Health Project or Healthy Living Centre staff and managers

• Community learning and development workers and managers

• Health promotion or health improvement workers and managers

• Health visitors

• People operating at strategic or decision-making level in local authorities, Community Planning Partnerships, Community Health Partnerships or Health Boards

• Workers involved in community engagement or community regeneration activity.

Overall purpose

The resource will, for the first time, give a clear outline of the skills, knowledge and understanding that practitioners, managers and planners require to undertake, develop and support community-led approaches to health improvement and to tackling health inequalities.

It is intended to provide a reference point and structure:

• Against which a wide range of practitioners, managers and planners can map their existing skills and knowledge base and identify gaps and learning needs.

• Which allows training and learning providers to identify training priorities and gaps for the workforce, relevant levels of provision, and particular target groups within the workforce.

Intended outcomes for users

• Increased understanding and knowledge of the value of community-led health within their individual role and remit

• Increased understanding of how, where and when community-led health fits within approaches to health improvement and tackling health inequalities

• Development of skills and confidence in the planning, management and implementation of community-led health approaches.

Possible applications

There are many possible applications. These include using the Resource to help in the following tasks:

- Informing and guiding the development of training and learning opportunities in community-led health practice

- Assessing staff and volunteer training and development needs

- Managing staff (and volunteers) to a high standard

- Developing of job descriptions for posts (particularly, but not exclusively, for voluntary or community sector projects such as Healthy Living Centres)

- Developing funding applications for community-led health projects

- Promoting understanding among strategic decision-makers of the implications of prioritising and fully supporting community-led health improvement, and the long-term outcomes achievable

- Translating policies into practice

- Identifying the core functions and activities of community-led health in order to help to market it to a wider audience, and to demonstrate how it can contribute to health improvement and public health goals

- Improving community capability and confidence, and building community resilience

- Making community engagement and co-production effective.

3. Structure and Content

This resource is built around six key Competence Areas for community-led health practice. Our learning from the 'Meeting the Shared Challenge' programme, combined with the experience of SCDC and CHEX in supporting the community-led health sector over the past 15 years, and a knowledge of related learning resources and frameworks has helped us to identify these Competence Areas.

They relate to the major stages in developing and building strong communities and are core requirements for all practitioners working in this area.

They are:

A. Know and understand the community in which we work

B. Build and support groups and relationships

C. Build capacity to take action on priority health issues

D. Build equality and tackle inequalities

E. Develop and support collaborative working

F. Develop and support sustainable community influence

Within each Competence Area we provide:

• a brief description of what this set of competences involves and some comments on where it may be applied

• a breakdown of the particular areas, first of knowledge and understanding, then of skills, which underpin effective community-led health practice at each of two levels:

  - **practitioner level;** these will be useful for workers who directly support and develop community-led health groups and organisations and the people involved in them

  - s**trategic level;** these will be useful for those with a team management role or policy-making role within the local authority, NHS or community and voluntary sectors.

• specific links to the other frameworks described below.

Finally we offer some guidance on further learning and development opportunities and sources of advice.

4. Links to other Frameworks

Community-led health practice cuts across different sectors. So links can be made between the Competence Areas in this Learning Resource and those in a variety of other competence frameworks. Some of the key ones are listed below and in the following diagram. Specific links are indicated within each Competence Area in section 5 (identified by the abbreviations listed below).

Health

- Public Health Careers and Skills Framework (PH). This was developed by the UK Faculty for Public Health in 2008 (updated 2009) and describes the skills and knowledge needed by everybody in the public health workforce. It aims to ensure a common standard for everyone, regardless of work background. The framework helps individuals to identify the skills and knowledge they have, the skills and knowledge they need, the gaps in their skills and knowledge, and to plan a career development pathway accordingly[3].

- NHS Knowledge and Skills Framework (KSF). This was developed by the UK Department for Health in 2004[4]. A simplified version was produced in 2010[5]. It describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff.

Regeneration

- Community Regeneration Skills and Competences Framework (CR). This was developed on behalf of the former Communities Scotland in 2004. It identifies the key skills and competences required for community regeneration practice in a wide range of sectors. It acts as a guide for training providers, professional bodies and regeneration agencies[6].

Community Development

- National Occupational Standards for Community Development Work (CW). These were revised in 2009 by the Federation for Community Development Learning (FCDL) in partnership with the Lifelong Learning UK. The Standards underpin community development work and aim to bring together the skills, knowledge and values of community development[7].

- Competences for Community Learning and Development (CLD). A refreshed version of these competences was published in 2009 by the CLD Standards Council in Scotland. It identifies the range of skills and competences required by community learning and development practitioners in relation to supporting achievement for adults, young people and communities[8].

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[3] http://www.phorcast.org.uk/page.php?page_id=44

[4] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090843

[5] http://www.nhsemployers.org/PayAndContracts/AgendaForChange/KSF/Simplified-KSF/Pages/SimplifiedKSF.aspx
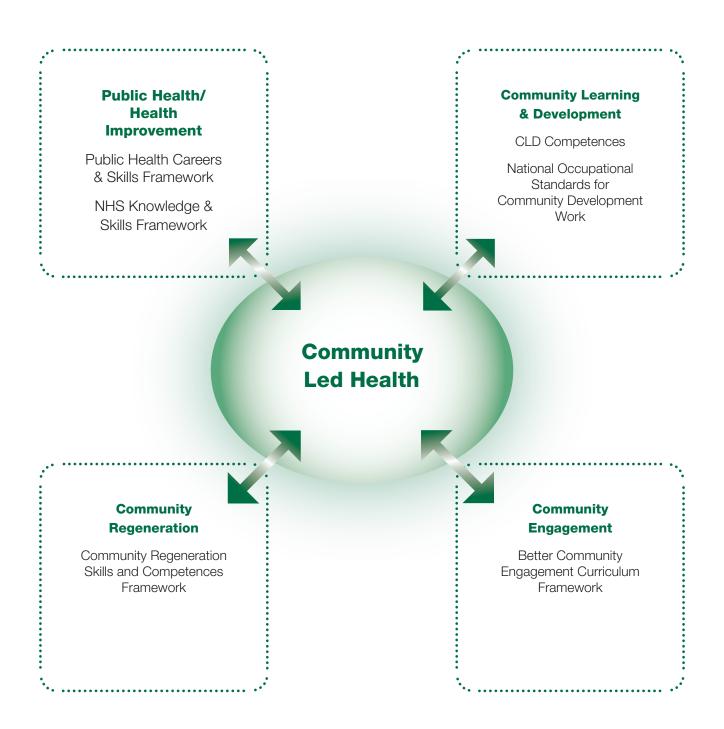
[6] http://www.scotland.gov.uk/Topics/Research/by-topic/Planning/report42

[7] http://www.fcdl.org.uk/NOS_Consultation/Documents/NOS_CD_Eng_v2finalartworkedversion.pdf

[8] http://www.cldstandardscouncil.org.uk/the_competences/Competences_for_Community_Learning_and_Development

Community Engagement

- Better Community Engagement Curriculum Framework (BCE). This framework was developed in 2007 by the Scottish Community Development Centre on behalf of the Scottish Government. It is designed to enable the planning of learning in community engagement and to develop and improve competence in community engagement practice[9].

**Public Health/
Health
Improvement**

Public Health Careers
& Skills Framework

NHS Knowledge &
Skills Framework

**Community Learning
& Development**

CLD Competences

National Occupational
Standards for
Community Development
Work

**Community
Led Health**

**Community
Regeneration**

Community Regeneration
Skills and Competences
Framework

**Community
Engagement**

Better Community
Engagement Curriculum
Framework

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9 http://www.scotland.gov.uk/Resource/Doc/1046/0055390.pdf

5. The Competence Areas

Competence Area A

Know and understand the community in which we work

At the practitioner level this Competence Area focuses on the knowledge, understanding and skills required to identify community needs and issues and help people to understand how those needs or issues relate to the wider context in which communities find themselves. It will be useful for those who are directly involved in assessing community need and capacity, as well as those who support communities in doing this for themselves.

At the strategic level it focuses on how understanding communities can influence strategies and services and assist in the setting of priorities and allocation of resources. It will be useful for those involved in strategic planning at both service-specific and partnership levels.

The Competence Area also includes the skills and understanding required to undertake collaborative needs assessment and how this informs collaborative planning processes. This will be useful for those involved in investigating needs and issues that cut across a wide range of services, whether or not they are involved more directly in partnership needs assessment and planning processes.

Practitioner Level

The practitioner has a sound knowledge and understanding of:

- Community research methodologies such as Appreciative Inquiry and participatory research

- Participatory needs assessment methodologies including participatory appraisal

- Social models of health and how these link to and interact with medical models

- Relevant theory about health inequalities and the impact of inequalities on health

- Analysing and interpreting data

The practitioner is able to:

- Work with community organisations to identify needs, issues, assets, outcomes and vision

- Work in and with the wider community to identify needs, issues and assets

- Use community engagement methods to identify needs, issues and assets

- Support community-led research

- Undertake participatory appraisal

- Make an assessment of community conditions, social capital and community capacity

- Analyse statistical information

- Conduct and analyse surveys and interpret existing data

- Gather information about the social determinants of health

- Demonstrate connections between social health factors, behavioural, factors, physiological factors etc.

- Develop a targeted approach focusing on groups in greatest need

Annexe Healthy Living Centre, Glasgow

Annexe Communities is a Healthy Living Centre and community enterprise whose main purpose is to "listen and respond to the needs of the communities it serves". The staff and volunteers in the project use various methods to identify what these needs are, in order to develop appropriate responses. Most of these methods are highly participative and have involved the project in working in and with the wider community to identify needs and issues. This information is also linked to wider statistical data and in particular is used to identify areas or groups in greatest need.

The Annexe also systematically gathers feedback from service users and the wider community on its services as well as community needs and issues. This information is gathered in various ways – face-to-face, feedback forms, community consultation events, and pilot projects to name just a few.

For more information about The Annexe go to http://www.annexecommunities.org.uk

Strategic Level

The manager or decision maker has a sound knowledge and understanding of:

- The roles of the community health workforce

- Collaborative outcome-focused planning

- The range of outcomes that are impacted on by community-led health approaches

- Social models of health and health inequalities

- Statistical and other sources of information on health needs and issues across a wide area.

The manager or decision maker is able to:

- Engage with community members and organisations to develop policies and set priorities

- Undertake collaborative needs assessment with other agencies and stakeholders including public, community and voluntary sector organisations

- Undertake workforce mapping (e.g. identifying workers across a range of agencies who focus on a particular issue or theme)

- Collaboratively set outcomes, indicators and appropriate evidence measures for community-led health

- Analyse and interpret different kinds of data

- Prioritise service delivery and activity on the basis of data on, and an understanding of, health inequalities

Highland Council and NHS Highland

Through their development of the joint Community Care Plan in Highland, and the extensive involvement of communities in the thinking leading up to it, senior managers and decision-makers in the Highland Council and NHS Highland recognised that community development should be a crucial underpinning aspect of their strategy for meeting the needs of older people into the future.

They commissioned a community development strategy for older people to help them to maximise resources and build on the assets in Highland communities. The process of developing this strategy showed a commitment to engaging with communities to develop policies and highlight priorities and an ability to collaboratively set community development outcomes and evaluation measures.

Although not specifically health-related, the key elements of the strategy focus on a commitment to improving the quality of community life for older people and community-led approaches to achieving these improvements. This reflects an understanding of the range of outcomes that are impacted on by community-led health approaches

For more information on the Highland Community Development Strategy for Older People contact Moira Paton, NHS Highland at moira.paton@nhs.net

Links to other Competence Frameworks

Health

- PH "Surveillance and assessment of the population's health and well-being" (3.1) – particularly focusing on the competence areas about collecting, analysing and interpreting information about health and wellbeing, and facilitating others to do so

- KSF "Assessment and care planning to meet health and wellbeing needs" (HWB2)

Regeneration

- CR "Understanding local needs and contexts" – particularly "research local needs effectively"

Community Development

- CW "Understand and Engage with Communities (Key Area Two): Get to know a community (S6) Facilitate community research and consultations (S7) Analyse and disseminate findings from community research" (S8)

- CLD "Know and understand the community in which we work" - particularly "conduct an external community/environment assessment, considering the political, economic and social context of the community" and "investigate internal views and information relating to the area within which you work"

Community Engagement

- BCE "Involving communities in planning services" – particularly when "working with communities to identify and define issues that should be addressed"

Competence Area B

Build and support groups and relationships

Competence Areas B and C both focus on the development of the capacity of communities. Community capacity building is development work that is primarily concerned with building strong community groups and organisations. A useful distinction can be made between individual capacity building, focusing on the individual's own needs, a term often associated with vocational training, and community capacity building which is about the ability of people to participate in community action and have a positive influence on the wider community.

Competence Area B highlights the understanding and skills required in the core areas of community capacity building that involve bringing people together, developing effective organisations, building skills and involvement, and helping them to build social capital. People within agencies may also need to build their capacity to work effectively with communities. (Competence C will look at how this can all be brought to bear on health).

At the practitioner level, Competence Area B will be particularly important when:

- establishing collective responses to identified need at local level

- establishing, supporting and developing groups and networks

- building social capital and developing the assets within communities.

At the strategic level it concentrates on the co-ordination and effective development of community capacity building support. The trend over recent years has been for many people to identify themselves as having a role in community capacity building because of the tasks, activities or processes they use in the course of their work. This can make it difficult to create a comprehensive picture of the community capacity building support that is available to communities. However, the important thing is to recognise these roles so that they can be planned collaboratively and provide support that is effective in creating stronger communities.

At a strategic level it is also important to understand how the development of social capital or asset-based approaches can be supported by a range of partners and organisations.

Another focus within this Competence Area is on the development and maintenance of support networks for practitioners. This will be particularly useful for those working in formal partnerships such as Community Planning Partnerships and Community Health Partnerships or more informal partnerships such voluntary sector networks.

Practitioner Level

The practitioner has a sound knowledge and understanding of:

- Group work theory

- Group dynamics

- Assessing community strengths

- Community structures and processes

- Community capacity building

- Building effective community organisations

- The concepts of social capital and community resilience

- The theory and practice of asset-based approaches

The practitioner is able to:

- Build trust with individuals and groups, using inter-personal skills

- Bring individuals together in appropriate settings

- Establish common ground and negotiate relationships with groups

- Facilitate groups and provide on-going support

- Work to the pace of the community

- Work to resolve conflict within and between groups

- Provide informal training and learning on areas such as group structure and funding

- Support individuals in group roles

- Enable community groups to be effective

- Enable community groups to be inclusive

- Bring groups together, developing and supporting effective networks

GalGael Trust, Glasgow

GalGael Trust is a local community project in the Govan area of Glasgow which is perhaps best known for engaging the community in building and sailing traditional boats in celebration of Scotland's heritage.

However, it does much more than that. It builds or reveals people's capacity to deal with the challenges and opportunities that life presents them. The importance of building relationships and establishing trust is absolutely fundamental to GalGael's work.

This is done primarily through providing participants with the opportunity to share in and contribute to GalGael's culture of respect and responsibility (for self and others). This is spelled out in the Trust's Clanship Contract which articulates the core values of the 'community' of the Trust members and participants.

The Trust, through its activities also focuses on bringing individuals together, enabling participants to understand and appreciate the benefits of collective working and shared responsibility.

For more information about GalGael Trust go to http://www.galgael.org

Strategic Level

The manager or decision maker has a sound knowledge and understanding of:

- Strategic approaches to community capacity building
- Use of frameworks for assessing community and agency capacity
- The concepts of social capital, community resilience and asset-based approaches
- The nature and roles of the community health sector
- Networking and collaborative practice
- Action learning theory and practice

The manager or decision maker is able to:

- Understand who the community capacity builders are and what role they play
- Co-ordinate community capacity building support to community-led groups and organisations
- Develop strategies that focus on building social capital and developing community assets
- Develop relationships with the community-led health workforce
- Provide and support opportunities for networking, sharing of practice and experience amongst practitioners
- Establish systems to document and measure progress

Edinburgh Health Inequalities Standing Group

The Health Inequalities Standing Group is a sub-group of the Edinburgh Community Health Partnership. It has identified social capital as one of its priorities.

One of its key outputs has been the Social Capital Toolkit. It developed and piloted this in close co-operation with community health projects in Edinburgh.

The Standing Group has a Community Health Initiatives Working Group which has developed a core funding model for community health initiatives. It is also planning to use action inquiry research to develop assets-based approaches to health within community health initiatives across the city.

For more information about the Health Inequalities Standing Group contact Margaret Douglas on Margaret.J.Douglas@nhslothian.scot.nhs.uk

Links to other Competence Frameworks

Health

- PH "Health Improvement" (3.5) – particularly "engage effectively with individuals and communities" and "involve communities and the public in assessing their health and wellbeing and needs, and identifying approaches to addressing those needs"

- KSF "Enablement to address health and wellbeing needs" (HWB4) – particularly "empower people to realise and maintain their potential in relation to health and wellbeing"

Regeneration

- CR "Working in and with communities" – particularly "work with a wide variety of people, organisations and groups", "ensure that your style and methods of communication are appropriate to each" and "offer support for change, development and capacity building in the community"

Community Development

- CW "Take a Community Development Approach to Group Work and Collective Action" (Key Area Three) - particularly "support inclusive and collective working through Community Development practice (S9); organise community events and activities (S10); respond to community conflict (S11)"

- CLD "Build and maintain relationships with individuals and groups" – particularly "seek out and engage with individuals, groups and communities" and "understand and deal with the underlying dynamics at work within relationships and groups"

Community Engagement

- BCE "Negotiating with communities and partners" – particularly "identify and establish contact with the people with an interest" and "make and build relationships with communities and agencies"

Competence Area C

Build capacity to take action on priority health issues

Competence Area C looks at building the capacity of communities to identify and take action on their priority health issues. They can do this by action within the community that improves health and well-being and/or through working with and influencing service providers and other agencies.

At the practitioner level, it focuses on work that helps people to link community action to health issues and outcomes, and to build effective community engagement and influence.

At the strategic level it focuses on understanding community empowerment and community engagement and their links to policy and outcomes, and on developing and using evidence of these links.

Practitioner Level

The practitioner has a sound knowledge and understanding of:

- Community capacity building
- Community empowerment
- Community engagement principles and methods
- Achieving Better Community Development (ABCD)
- Evaluation methodology
- Outcomes focused practice
- Developing reflective practice

The practitioner is able to:

- Develop a collective response to individual needs and issues (turn 'private troubles into public issues')
- Access and provide relevant information
- Support community groups to articulate health priorities and identify solutions
- Identify and build on the existing skills and previous experience of participants
- Provide informal training and learning on areas such as negotiating and campaigning
- Build community influencing skills e.g. policy and strategy awareness
- Enable community groups to be influential
- Enable constraints, challenges and opportunities to be identified and addressed
- Enable community members to represent community views effectively and make links between local and strategic health priorities
- Identify the processes and structures of community influence
- Identify how communities engage with local decision makers
- Reflect on and evaluate practice, providing documented evidence of impact

Happy Monday Health Issues Group, East Renfrewshire

Local community workers from East Renfrewshire Council and East Renfrewshire Community Health & Care Partnership used the Health Issues in the Community course as the vehicle to bring together local people around shared needs and concerns. They enabled participants to develop skills and knowledge, share their learning with others, and use their learning to make a difference to their own lives and the lives of their communities.

This resulted in, amongst other things, the establishment of the Auchenback Garden Share Scheme. One of the group members shared her garden with others so that they could grow fruit and vegetables together. This has had major benefits to the participants' confidence, health and well-being, as well as leading to a range of other activities and outcomes for group members.

For more information about the Happy Monday Health Issues Group contact:

Veronica Dunn at Veronica.dunn@eastrenfewshire.gov.uk or Elaine Grogan at elaine.grogan@eastrenfrewshire.gov.uk

Strategic Level

The manager or decision maker has a sound knowledge and understanding of:

- Community empowerment approaches – theory and policy

- Community engagement principles

- National Standards for Community Engagement

- Action and reflection processes

- Evaluation methodology and tools

The manager or decision maker is able to:

- Develop the capacity of the community-led health workforce to build capacity of communities to respond to identified needs and issues

- Demonstrate an understanding of the key elements of community capacity building in relation to community-led health and locate this in a wider policy and strategic context

- Demonstrate the impact of community capacity building support in community-led health

- Develop and support a culture of reflective practice amongst community-led health practitioners

- Make links between local and national health priorities

- Use and adapt decision making processes to ensure community influence

- Use documented evidence from practice to inform strategic decision-making

Glasgow Community Learning Strategy Partnership

As part of Community Planning processes, the Glasgow Community Learning Strategy Partnership (GCLSP) has commissioned work that supports strategic and co-ordinated approaches to community capacity building across Glasgow.

This has included mapping who the capacity builders are and what they contribute, collaborative action planning, and cross-sectoral learning at a range of training/ learning sessions. GCSLP has also commissioned the production of a practice guidance framework for practitioners involved in CCB work from a range of agencies and organisations, including Glasgow Life, Housing Associations, Further Education, voluntary organisations and community projects.

This work by the GCLSP directly links community capacity building activity to the strategic outcomes in Glasgow's Single Outcome Agreement. Specifically it identifies CCB contributions to achieving the following outcomes:

- Glasgow has a thriving network of community groups and organisations that are appropriately supported, and effective in improving life for their communities, through informing public services, or directly providing services and support.

- A range of well-publicised supports are available to community organisations and their members, and they are able to access the right support when they need it.

- Community capacity building support is targeted to make the greatest impact for the communities that need it most.

Partners in Glasgow recognise the need to support workers to make strong links to strategic outcomes, and to evaluate the impact of CCB activity on the ground on these outcomes.

For more information about strategic approaches to Community Capacity Building in Glasgow contact Graham Johnstone at graham.johnstone@glasgow.gov.uk

Links to other Competence Frameworks

Health

- PH "Health Improvement" (3.5) – particularly "involve communities and the public in the planning, implementation and evaluation of health improvement programmes and projects" and "support communities and the public in articulating and advocating for health and wellbeing and their health concerns "

- KSF "Capacity and capability" (G7) – particularly "facilitate the development of capacity and capability"

Regeneration

- CR "Working in and with communities" – particularly "involve communities in the definition of problems and how they should be tackled"

Community Development

- CW "Support communities to campaign for change" (S12) and "Facilitate community learning for social and political development" (S18)

- CLD "Facilitate and promote community empowerment" – particularly "support individuals, groups and communities to: .... use community action as a means to achieve change   ... participate in decision-making structures and processes (and) ... campaign for change"

Community Engagement

- BCE "Involving communities in planning services" – particularly when "Working with communities to: identify and define the issues that should be addressed; select appropriate methods of action"

Competence Area D

Build equality and tackle inequalities

Equalities and inequalities are important cross-cutting themes which should underpin every area of practice. But there is a danger of these areas being overlooked or not being given proper attention if they are not also given a specific focus.

At the practitioner level this Competence Area focuses on the range of skills and competences required by community-led health practitioners to work in involving and inclusive ways and to target their efforts on those facing greatest disadvantage in order to ensure greatest impact.

At the strategic level it focuses on the measures and activities that are required to ensure the maximum involvement and inclusion of disadvantaged communities and the skills and understanding that are required to tackle the high level and gradient of inequalities that exist at the current time.

Practitioner Level

The practitioner has a sound knowledge and understanding of:

- Causes and characteristics of inequalities

- Community engagement principles and practice

- Equal opportunities policies

- Equalities and Human Rights legislation

- Relevant strategic documents e.g. race action plans

- National equalities frameworks such as NHS Equalities impact assessments

The practitioner is able to:

- Identify areas and groups in greatest need

- Develop and use methods of involving the groups experiencing the greatest disadvantage

- Support groups to develop inclusive practices

- Develop activities that promote cohesion and challenge discrimination

- Work actively to overcome barriers to participation

- Work with groups and communities to celebrate cultural diversity and heritage

Pilmeny Community Development Project, Leith

PCDP is a locally based Community Development project based in Leith Edinburgh. One project that PCDP has developed is the North-East Edinburgh Older Men's Health and Wellbeing Project. This aims to increase the social integration of older men (50+), by developing opportunities for isolated people and by providing activities which promote their mental health and well being.

The project works inclusively with older men in North-East Edinburgh, including those who may be recently bereaved, depressed, on low incomes or who may be deemed socially isolated or lonely and 'hard to reach'. It also targets Black & Minority Ethnic (BME) and Gay, Bisexual and Transgender (GBT) Community members.

It specifically focuses on, and attempts to address the perceived needs of older men who, for one reason or another, may be deemed to be vulnerable or at risk from factors which may lead to or exacerbate poor mental or physical health in later life.

PCDP has identified unmet need by undertaking local research with marginalised community members, carrying out a feasibility study and undertaking a pilot project which has resulted in a unique initiative which addresses inequalities.

For more information about Pilmeny Community Development Project go to: http://www.pilmenydevelopmentproject.co.uk

Strategic Level

The manager or decision maker has a sound knowledge and understanding of:

- Inequalities theory
- National Standards for Community Engagement
- Equal opportunities policies and strategies
- Equalities and Human Rights legislation
- National equalities frameworks such as NHS Equalities impact assessments
- The resource implications of supporting inclusive practice

The manager or decision maker is able to:

- Identify excluded groups and develop community profiles
- Target service provision on the basis of thorough needs assessment
- Undertake equalities impact assessment
- Develop policy and strategy that prioritise marginalised or excluded groups
- Develop organisational structures that support equalities
- Identify and allocate resources to support inclusive practice

Tayside Health Equity Strategy – 'Communities in Control'

In 2009 NHS Tayside commissioned an updated and radical strategy to tackle health inequalities. A key element of needs assessment was a three month period of engaging and listening to local communities, in addition to gathering evidence and data on health inequalities.

The resulting strategy "is primarily a strategy for investing in community resilience, investing time and effort in promoting social capital and community enablement".

It incorporates:

- an Organisational Development Plan which will help to develop relevant organisational structures

- a £2m Innovation Fund to support inclusive practice, in particular in improving community resilience and increasing social capital

- a Public Sector Chief Officer Strategy group to ensure agreed strategic priorities and integration of agendas.

For further information about 'Communities in Control' contact Catriona Ness at Catriona.ness@nhs.net

Links to other Competence Frameworks

Health

- PH "Leadership and collaborative working to improve population health and well-being (3.4)" – particularly "promote the value of health and well-being and the reduction of inequalities' across settings and agencies"; "Health Improvement" (3.5) – particularly "identify and take advantage of opportunities to improve health and wellbeing and reduce inequalities"

- KSF "Equality and Diversity" (Core Dimension 6) – particularly "actively promote equality and diversity" and "actively challenge individual and organisational discrimination"

Regeneration

- CR "Working in an inclusive and non-discriminatory manner" – particularly "understand the causes and effects of social exclusion" and "promote equality of opportunity and access to services"

Community Development

- CW "Integrate and use the values and process of Community Development" (S1) – particularly "collective action and participation are actively promoted as effective ways to bring about change, and undertaken on the basis of equality"

- CLD "Provide learning and development opportunities in a range of contexts" – particularly "tackle barriers to participation" and "use appropriately targeted methods to promote opportunities"

Community Engagement

- BCE "Recognising diversity and designing inclusive ways of working" – particularly when "promoting social justice and addressing inequalities in service delivery for particular groups"

Competence Area E

Develop and support collaborative working

The importance of collaborative approaches to community-led health and tackling health inequalities arises from the wide range of social determinants of health and of factors that contribute to health inequalities. The multi-causal nature of the social model of health makes a collaborative approach to identifying and developing solutions necessary.

At the practitioner level this Competence Area focuses on the range of skills and competences required by most community-led health practitioners in order to work with a wide range of partners and stakeholders at local level.

At the strategic level it focuses on the management and co-ordination of collaborative activity, partnership working on strategic issues and the links to relevant policy and strategy.

Practitioner Level

The practitioner has a sound knowledge and understanding of:

- Collaborative needs assessment
- Participatory, outcome-focused practice: including LEAP, logic modelling
- Partnership working in theory and practice e.g. understanding the roles and responsibilities of different partners
- Approaches to co-production of outcomes by public service providers and community organisations
- The policy and strategy environment

The practitioner is able to:

- Identify common ground with other local partners (in both communities and agencies)
- Develop supportive and collaborative working relationships
- Develop agreed shared outcomes
- Apply outcome focused planning tools and logic models relevant to community-led health e.g. by using LEAP for Health
- Link community need to strategic service priorities
- Identify opportunities for collaborative practice that enhance community involvement in achieving local health outcomes

Perth and Kinross Healthy Communities Collaborative

Perth and Kinross HCC is an innovative community-led health promotion initiative which adopts a collaborative approach to respond to the needs of older people, particularly, with a focus on mental health and well-being in later life.

After initial consultation with local communities, teams of older people are formed. These both plan and deliver responses to identified need. They adopt a participatory outcome-focused approach. This explicitly links community need to service priorities in a co-production approach to service delivery.

For more information about Perth & Kinross Healthy Communities Collaborative contact: Jackie Doe at Jackie.doe@nhs.net

Strategic Level

The manager or decision maker has a sound knowledge and understanding of:

- Partnership working
- Participatory, outcome-focused practice
- The policy and strategy environment
- Effective communication
- Logic modelling and outcome focused planning
- Co-production

The manager or decision maker is able to:

- Establish and nurture inclusive partnerships with communities
- Support inter-agency partnerships to work effectively with communities, respecting, valuing and responding to their views
- Help agency staff to make a positive contribution to partnerships
- Enable equal participation by supporting effective communication between partners
- Develop supportive and collaborative working relationships on strategic issues
- Demonstrate an understanding of the range of policy drivers for community-led health
- Find ways of developing new partnerships involving community groups

Community Engagement in Moray

The Moray Council and Moray Community Planning Partnership have shown a commitment to building and nurturing positive working relationships and active partnerships with local community groups and representatives. They support action learning on community engagement.

The action learning approach has involved community representatives working alongside local officers to plan, implement and evaluate community engagement activities (such as consultations) with excluded groups. As a consequence of this work:

- local community engagement practice has improved
- relationships between community, voluntary and statutory sectors have been enhanced
- there is improved understanding of roles and responsibilities in relation to driving forward change and community influence.

For more information about community engagement in Moray contact: Ian Todd at ian.todd@moray.gov.uk

Links to other Competence Frameworks

Health

- PH "Leadership and collaborative working to improve population health and wellbeing" (3.4) – particularly "identify opportunities and develop structures to take forward approaches to improve population health and wellbeing including making use of partnership working"
- KSF "Promotion of health and wellbeing and prevention of adverse effects on health and wellbeing (HWB1): Plan, develop, implement and evaluate health improvement programmes" – particularly "work with others to produce and record a detailed plan for the health improvement programmes that are appropriate for the target group"

Regeneration

- CR "Partnership working" – particularly "work to achieve shared objectives as well as your own agenda" and "work in multi-disciplinary teams"

Community Development

- CW Promote and Support a Community Development Approach to Collaborative and Cross-sectoral Working (Key Area Four)- particularly "use a Community Development approach to support collaborative and partnership work" (S15)
- CLD "Develop and support collaborative working" – particularly "support community participation in partnership and collaborative working;"

Community Engagement

- BCE "Working in partnership with agencies, organisations and communities" – particularly "support inter-agency partnerships to work effectively with communities, respecting, valuing and responding to their views."

Competence Area F

Develop and support sustainable community influence

This Competence Area concentrates on the skills and competences needed to develop community influence in the longer term and support the independence and sustainability of community-led health groups and organisations.

At the practitioner level it focuses on key areas such as developing skills and understanding in negotiating, collaborative planning, financial management and business planning with community-led health groups and organisations

At the strategic level it concentrates on creating the conditions, through funding opportunities and strategy development and supporting options such as social enterprise, for the sustainable development of community-led health activities and processes.

Practitioner Level

The practitioner has a sound knowledge and understanding of:

- Achieving community change
- Business planning
- Developing sustainability strategies
- Social enterprise approaches
- Social return on investment
- Co-production approaches

The practitioner is able to:

- Build skills in demonstrating impact
- Support community-led health organisations to develop sound financial structures
- Identify potential funding sources for community-based initiatives and present funding proposals
- Enable people in community-led health groups and organisations to access, manage and influence budgets, funding and human resources
- Identify where people in community-led health groups and organisations need enhanced skills to manage staff, projects and funds, and how these needs can be met
- Understand use of evidence in building a case with decision-makers
- Understand the use of, and access to, national resources and networks, e.g. CHEX (Community Health Exchange)

Getting Better Together (Shotts Healthy Living Centre)

Getting Better Together is the Healthy Living Centre that covers the Greater Shotts area in North Lanarkshire. Getting Better Together provides a community hub for healthy living activity. Much more than that, it encourages and supports local people to take control and to have a real impact on the issues and challenges that they face on a daily basis.

On an organisational level this means that the Board of Getting Better Together are all local people, many of whom are also active in other groups and organisations throughout the area. They bring a wealth of experience and ideas to the project.

They also help to devise practical and achievable solutions to local issues such as the dearth of public transport in the evenings – which was solved by the development of a community transport service initiated and run by the project.

This demonstrates a comprehensive understanding of community needs as well as how to build a case for change and support local volunteers to both identify issues and develop appropriate responses.

For further information about Getting Better Together contact June Vallance at junegbtshotts@btconnect.com

Strategic Level

The manager or decision maker has a sound knowledge and understanding of:

- Community engagement – principles and practice
- Policy and strategy that supports community-led approaches to health improvement
- Sustainable community development
- Social enterprise approaches
- Social return on investment
- Co-production approaches

The manager or decision maker is able to:

- Involve communities in service design and development
- Develop funding support that will assist community-led health organisations to become sustainable
- Develop sustainability strategies for community-led health that involve all key stakeholders
- Develop budgets, financial reporting and monitoring systems that are accessible to community-led health groups and organisations
- Enable communities to develop innovative approaches to sustainability
- Support communities to explore areas such as social enterprise or community business

Building Healthy Communities (Dumfries and Galloway)

BHC operates across Dumfries and Galloway through four Area Partnerships brought together by a Regional Partnership. The partnerships are comprised, principally of BHC volunteers working alongside other local strategic partners.

To achieve its stated aim of influencing local and national policies BHC went through an upskilling process for all partners, with training in Participatory Appraisal and participatory outcome-focused planning. The use of these skills to underpin their work, combined with their contribution to the Community Planning process, led to their 2008-2013 Strategy and Action Plan being incorporated into Dumfries & Galloway's Single Outcome Agreement (SOA).

The main outcomes within the SOA which this plan contributes to are:

- Partnership (review and build 'good practice')
- Influence (explore new ways of engaging with stakeholders, decision makers, agencies and potential partners)
- Sustainability (to work with local and regional strategic partners to develop and optimise the contribution to community health)

Two other key benefits for BHC which have been achieved are:

1. Volunteers are now routinely commissioned (with appropriate recompense) to undertake regional Participatory Appraisal for the NHS

2. BHC is an integral delivery arm of the new Joint Health and Wellbeing Unit bringing community-led processes to the implementation of national and regional strategies e.g. self-management of long-term conditions

For more information about Building Healthy Communities contact: Peter Ross (Vice-Chair) at peter@ross999.fsnet.co.uk or Thomesena Lochhead at tlochhead@nhs.net

Links to other Competence Frameworks

Health

- PH "Health Improvement" (3.5) – particularly "build sustainable capacity and resources for health improvement and the reduction of inequalities"

- KSF "Capacity and capability" (G7) – particularly "takes the appropriate action to build on others' knowledge, skills, experiences and values and build them into the development of joint ideas, practice and work so that capacity and capability can be sustained"

Regeneration

- CR "Strategy formation: - particularly "pay attention to long-term sustainability" and "Project planning and management" – particularly "prepare for sustainability"

Community Development

- CW "Provide Community Development Support to Organisations" (Key Area 6) – particularly "Plan and gain resources and funding for sustainability through Community Development practice" (S20) and "Strengthen groups using Community Development approaches and practice" (S21)

- CLD "Facilitate and promote community empowerment" – particularly "support individuals, groups and communities to: ... identify and manage community assets"

Community Engagement

- BCE "Enabling communities to access resources and deliver services" – particularly when "developing sustainability strategies"

6. Learning and Development Opportunities

There are a range of learning and development opportunities and resources that can assist practitioners and managers to develop and improve their practice. Some apply very specifically to community-led health practice, such as Health Issues in the Community training, while others are much more generic but can be easily adapted to a community-led health context e.g. the Learning in Regeneration skills pack or the Better Community Engagement web resource.

1. Health Issues in the Community – for more information contact Robert Cuthbert – robert@scdc.org.uk or go to http://www.chex.org.uk and follow the links to the Health Issues in the Community page.

2. NHS Health Scotland – Learning & Workforce Development – health promotion and health improvement courses. For more information go to http://www.healthscotland.com

3. NHS Education for Scotland – workforce learning for the NHS. For more information go to http://www.nes.scot.nhs.uk

4. Learning in Regeneration Skills Pack – to download a copy of this pack, which provides learning materials structured around the Community Regeneration Skills Framework, go to http://www.communitiesscotland.gov.uk / stellent / groups / public / documents / webpages / cs_006288.hcsp

5. Community Learning & Development Standards Council for Scotland. For more information about the CLD Competences and Code of Ethics, and to download a copy of the resource packs go to http://www.cldstandardscouncil.org.uk . In the near future 'I-Develop', a new framework and set of resources for Continuing Professional Development, will also be available here.

6. Better Community Engagement – web resource. To access a full range of materials and resources on better community engagement based on the BCE Curriculum Framework, go to http://www.scotland.gov.uk / Topics / Built-Environment / regeneration / engage / better / resources / tools

7. SCDC – training & consultancy services focusing on community-led research, community engagement, community capacity building, and participatory planning and evaluation. For full information go to http://www.scdc.org.uk / what / services /

7. Further Information and Advice

The learning and development opportunities and resources listed above represent only a taste of the kind of support that is available for anyone wishing to improve or develop their practice in community-led health.

Anyone wishing to explore this area in more detail should contact:

- Scottish Community Development Centre http://www.scdc.org.uk (and Community Health Exchange – CHEX http://www.chex.org.uk)
- NHS Health Scotland http://www.healthscotland.com
- NHS Education Scotland http://www.nes.scot.nhs.uk
- Community Learning and Development (CLD) Standards Council for Scotland http://www.cldstandardscouncil.org.uk
- Education Scotland (Communities Team) http://www.ltscotland.org.uk/communitylearninganddevelopment/index.asp

8. Acknowledgements

We would like to thank the following people who contributed to the development of this resource:

Appendix 1
– Key Terms and Definitions

Asset-based approaches

The term 'asset-based' is increasingly being used by those working in community development to emphasise building on the positive social aspects of a community without overly focusing on negative aspects. Assets in this regard refer not only to physical assets such as land and buildings but to the wealth of knowledge, skills, experience and social networks that can help address the priorities and needs of the community. Indeed, these 'social' assets need to be in place before communities can make use of any physical assets at their disposal.

The language of 'assets' is starting to be used more frequently at a high level politically, building on previous Scottish Government documents (e.g. Equally Well, Achieving our Potential, Early Years Framework). The Scottish Government's discussion paper Tackling Child Poverty in Scotland states that the three key principles of the Scottish Government's approach to reducing child poverty are early intervention and prevention, an assets-based approach and a child centred approach. According to the discussion paper, an asset-based approach should build the capacities of individuals, families and communities to manage better in the long term.

Community Capacity Building

Community capacity building describes the activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities.

Community Development

Good community development is action that helps people to recognise and develop their ability and potential and organise themselves to respond to problems and needs which they share. It supports the establishment of strong communities that control and use assets to promote social justice and help improve the quality of community life. It also enables community and public agencies to work together to improve the quality of government.

Community Engagement

Community engagement describes the process of developing and sustaining a working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences.

It is always a process that involves purposeful dialogue between public agencies and communities aimed at improving understanding between them and taking more effective action to achieve beneficial change.

Community Resilience

SCDC have recently explored the meaning of this term, providing a working definition as:

> *'a quality or state that produces good outcomes for individuals and communities in spite of serious threats to their adaptation or development; these threats may arise both from shocks or emergencies and on-going daily conditions of life'*

The term is often used within the context of preparation for, and responses to, potential disasters such as fire, flood or climate change.

The UK government, for example, defines community resilience as:

> *'Community resilience is about communities and individuals harnessing local resources and expertise to help themselves in an emergency, in a way that complements the response of the emergency services.'*

More broadly it is associated with economic and social vitality, typically in response to an economic downturn or crisis. For example, the Canadian Centre for Community Renewal has produced a community resilience manual which identifies 23 characteristics of resilient communities organised under 'people', 'resources', 'organisations', and 'community processes'.

Co-production

Co-production describes a relationship between public service providers, service users and wider community resources that draws on their knowledge, ability and resources to develop and deliver services that are more sustainable and cost-effective. As such it involves a major cultural change away from a 'caring for' or 'doing to' towards enabling and facilitating. This, it is believed, will not only lead to more effective services but will build capacity for people to help themselves and each other.

Social Capital

Generally understood to embody concepts of trust and reciprocity in groups and communities, social capital is seen to enhance health and wellbeing where it is in place. It includes:

- Bonding – strong supportive ties which occur within a group, e.g. a family, circle of friends, club, religion, ethnic group etc.;

- Bridging – weaker ties that connect people across group boundaries, for example with work colleagues, acquaintances, individuals from different communities etc. These are critical to providing access to new ideas, resources, communities and cultures; and

- Linking – connections between those with different levels of power or status. They connect people that may have similar ideals but who move in different social classes and circles. Linking ties are important for strategic outcomes, and for increasing the ability of individuals and communities to influence change.

Appendix 2
– Logic Model for Community-Led Health

Community-Led Health: A Model

Inputs	Processes	Typical activities/methods (examples only)	Intermediate Outcomes	End Outcomes
• Community development practitioners • Existing community assets • Committed, long-term development funding • Agency commitment to approach and partnership working • Supportive local and national policy context	**Engaging Communities** • Raising awareness and engaging communities in dialogue about health issues • Supporting communities to identify shared issues/ priorities and solutions	• Discussion groups/ learning opportunities (e.g. HIIC) • Participatory appraisal/ needs assessment and analysis/Participatory research • Participatory planning and evaluation	**Community Awareness** • Communities define their own health issues/ priorities • Communities understand factors that affect their health • Communities identify appropriate solutions	**Enhanced social Conditions/** **Enhanced physical and material circumstances** **Enhanced service Provision** **Health Behaviour changes**
	Supporting the capacity of communities to respond to their own issues/priorities • Individual empowerment • Community organising • Community participation and influence • Positive action (promoting inclusion, equal opportunity and anti-discriminatory practice)	• Developing and delivering training and development opportunities to support individual confidence and capacity and involvement • Providing support to the development and practice of community groups and organisations • Supporting the participation of communities in decision-making processes	**Community capacity and engagement** • Individual empowerment • Communities are organised and active in the interest of collective wellbeing • Community action is inclusive and fair • Communities participate in and influence wider decision-making processes that affect health and wellbeing	
	Supporting the capacity of agencies to collaborate with each other and communities in order to respond to community need	• Participating in local partnerships • Developing specific initiatives • Developing and delivering training opportunities	**Agency capacity and engagement** • Agencies work in partnership with each other and communities, to respond to need/ issues identified by communities	**Addressing health inequalities**

Taken from J Dailly and A Barr (2008) Understanding a Community Led Approach to Health Improvement. Unpublished paper

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