

Quarterly e-Bulletin September 2014

Here is the Fife Health and Wellbeing Alliance's latest e-bulletin, highlighting the work of six community led projects working across Fife.

If you have anything you wish to include in our next December 2014 e-Bulletin, please contact Vivienne Brown, email Vivienne.brown@fife.gov.uk or tel 03451 555 555 Ext 441 245 by Monday 1st December.

If you wish to subscribe to have this e-bulletin direct to your mailbox [click here](#)

You can also visit Healthyfife.net (This website is currently being upgraded so please be patient).

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A Healthy Voice

A Healthy Voice is based on Oakley in south west Fife. The village, formerly a mining community, now has high levels of unemployment. In the last 18 months Coalfields Regeneration Funding allowed the Oakley and Comrie Community Action Plan to be developed. The Action Plan is based on community consultation which showed residents felt there were many positive aspects of living in Oakley but also problems with the environment, anti-social behaviour and community safety. These issues can affect people's health in a range of ways including negative impacts on mental health.

A Healthy Voice was initiated by the area's CLD team who felt community led health activity would complement the wider community action plan.

The project has taken a two theme approach to help people define their own health issues and establish their own community groups to tackle these. Education has been key to the project and 13 learners have taken part on two courses (Local Investigation Units and CHEX' Health Issues in the Community or HiiC).

The second theme will build on the education

and learning with learners being supported to set up a community led health group to tackle the issues.

The main outcomes and activities of the project are:

Help local people understand their own health needs, and

share health improvement knowledge and skills: One of the first activities undertaken was an open day in the community centre which included information about 'what is health?' referring to the 10 outcomes of the FHWA Plan.

Participants understand what is meant by a community led approach: this concept has been explored thoroughly during both the Local Investigation Units and Health Issues in the Community.

Participants have the skills and knowledge to discuss health related issues: the learners on the HiiC course identified poor mental health as a key issue facing their community. In particular they felt there were three main problems which need to be tackled to improve mental health in the Oakley area: **stigma and ignorance, transport and housing**. The learners presented these issues to local community organisations, NHS

Life on the Low

I'm always in pain,
I'm struggling to sleep
again,
The bills are in,
But I have no money to
pay them,
The children are hungry,
I have no food to give,
I wish I could do this,
I wish I could live.

The buses are too dear,
So I can't go anywhere,
I don't know what to do,
I don't know how I got
here,
My house has got damp,
And the walls are a mess,
I would love a nice house,
But can't cope with this
stress.....

If we get together and
unite,
We can help to make
things right,
All we need is a voice,
And to make a right
choice,
To hold our head up,
And stand tall,
we could live better,
And our kids most of all...
By Mary Prosser

staff, council transportation and housing staff, local councillors and the learner's friends and family. The presentation was completely led and designed by the learners and had their local community at the heart of it. The group spoke about how these issues affected them and the wider community and made constructive ideas about how these could be tackled.

Participants will be more aware of community networks they can access to develop and progress the aims and outcomes of their community led initiative: the community education workers and tutors involved in the project have promoted existing community networks. The HiiC students also built up a list of local council representatives and community organisations in the area so that they could be invited to attend the presentation that they delivered on mental health in the hope that some of the attendees would offer to help further the groups aims.

A Healthy Voice is now working on their second theme, setting up a community led health group and thinking of solutions and suitable action to take to improve mental health in the Oakley area. For more information about the project contact Kirsty Ross, Community Education Worker, kirsty.ross@fife.gov.uk

Broomhead Drive Community Health Initiative



Broomhead flats are three tower blocks near the town centre of Dunfermline. There are 210 flats which house a mix of families, young single people and pensioners. There are good amenities close by including a sports centre, schools, green area and shops. However the flats are in need of refurbishment and have a poor reputation locally for anti-social behaviour, crime and drug taking.

Despite the flat's poor reputation a consultation on their future saw residents voting to refurbish rather than demolish them. The consultation also identified interest from residents in making better use of the community flat in the area.

Broomhead Drive Community Health Initiative (BDCHI) was initiated by the Council's Locality Support and CLD teams in Dunfermline and has become a strong partnership group working with NHS Dunfermline and West Fife CHP, the Council's Family Support in Fife, the Salvation Army and Police Scotland.

The main outcomes and activities of the project listed over the page.

Residents define the health issues most important to them and identify solutions: A survey allowed residents to define the health issues and suggest possible solutions and resident's meetings have been organised.

Residents experience a reduction in social isolation and feel able to participate in their community if they wish: A number of initiatives have contributed to this including coffee mornings run by the Salvation Army and a weekly family group initially run by a family support worker and Homestart. Over time staff supported the parents to run the group themselves and make decisions about how funding should be spent. BDCHI is also supporting residents to reform the flat's Tenants and Residents Association.

Another initiative helping residents participate in the community is the Real Bothy Experience. This is led by artist Alan Grieve and brings people together weekly in the community flat for some food and discussion about local concerns. The initiative provides an opportunity for residents to share their thoughts, feelings and stories of living in the flats, and for older residents in particular to share their memories of the area.



The Real Bothy Experience has led to debates about personal health issues such as smoking, physical activity and healthy eating as well as discussion about other factors affecting the health of residents - safety and security; information about services; the need for a community learning programme and more creative activity. Ideas have come from the residents for the greenspace surrounding the flats including improvements to the children's play areas, allotments and designing and creating green balconies.

The Bothy Experience will culminate in an evening event, highlighting the resident's narratives through the photographs and stories collected throughout the project. The resident's stories will be produced into a booklet and given to all existing and new residents.

Residents mental and physical wellbeing is improved: the project has put on smoking cessation classes at the request of residents. Green gym equipment has been installed in the space outside the flats which is being regularly used by residents aged 18 to 80! Healthy eating workshops have also contributed towards improving resident's health and there is further interest in homework clubs, men's health issues, Adult Basic Education and regular social activities.



For further information on BDCHI contact Callum Farquhar, Locality Support Team Leader in Dunfermline, callum.farquhar@fife.gov.uk tel: 03451 555 555 ext 441 004.

Collydean Community Connections



Collydean Community Connections (CCC) is based in Glenrothes. Around 2500 people live in the area. Collydean is seen as a 'mixed area' and commonly a distinction is made between the 'top end' which contains more private housing and the 'bottom end' where there is more social rented housing. Like many other neighbourhoods it is affected by increasing unemployment and is seen as at risk of becoming more deprived. It is some distance from

Glenrothes town centre and has few local amenities other than a community centre, a church hall and the building where CCC is based. The project was initiated by Duncan Mitchell, Collydean resident and manager of Fife Employment Access Trust, working in partnership with Fife Shopping and Support Services, Glen Housing and Collydean Primary School.

Local agencies feel health and wellbeing is an issue in the area with high levels of disability and poor health including poor mental health. The FHWA funding has allowed a part-time community co-ordinator to be appointed to support the community to identify health and wellbeing issues and help them to take the lead on improving wellbeing.

The main outcomes and activities of the project are:

The community understands the factors that affect their health, define their own health issues and identify solutions:

From the initial questionnaires distributed around the community three key themes were identified – the need for something to do or somewhere to go; the need for improved playpark space for children and families and the lack of educational/IT resources in the area.



Over a nine month period CCC have supported a number of activities including drama and storytelling, community broadcasting, relaxation classes and cycling club.



To improve a playpark in the area CCC have supported residents and connected them with Fife Council Park's Development Officer to form a proposal for a revamped assault course and themed play area with family seating space. The project has even enlisted help from the Territorial Army with this! The project has also helped complete a range of funding applications to complete this vision.

On the third theme CCC installed a 4-laptop internet café in Collydean Cottage where they are based and a local resident came forward to volunteer her services to deliver IT tuition. Residents are also increasingly using the laptops to search for jobs and a dedicated adviser is now available at specific times in Collydean.

Residents are supported in developing relationships and social networks in the community: CCC have established a community newsletter which one resident has taken the lead on developing. The project also has a facebook page which has proved a popular way for residents to keep informed of community activity.

Residents are supported to identify existing community assets: CCC have promoted existing venues and community activities and clubs in the area. The project held an open day last year where new and existing groups came together in the community centre to highlight their activities. The project has tried to bring together those in the community with skills to offer with those wishing to gain skills – such as the sewing/upcycling class and the IT tuition.



CCC has established a full programme of activities in a relatively short time from a base of very little community activity in Collydean. Over the next year the project hope to help these groups become self sustaining. For more information about Collydean Community Connections contact Duncan Mitchell, project manager Duncan@journeytowork.co.uk tel: 01592 759371.

HEAL 2

Heal 2 is based in Auchmuty, Glenrothes. Auchmuty is an area of predominantly council and social rented housing. There has been some housing regeneration in recent years and people involved in HEAL 2 say that the area is 'coming up'. They feel residents like living in the area as there are lots of green areas and it is close to Glenrothes town centre.

However the recession and welfare reform are having profound impacts on people living in Auchmuty where there are high levels of unemployment and poverty. The kinds of health issues experienced by local people include problems with long term health conditions, poor mental health and difficulties accessing healthy food.

HEAL 2 builds on previous work (HEAL) carried out by the employability service based in Auchmuty Community Learning Centre. The service runs a job club in the centre which is one of the busiest in Fife. Staff had noticed the impact unemployment was having on clients' health and had introduced and had introduced a number of activities including visits from Keep Well nurses, smoking cessation groups and food development work. HEAL 2 was initiated by the Council CLD Team based in the centre who wanted to support unemployed people to look at the health issues affecting them and what they felt should be done about them.

HEAL 2 is adopting an asset based approach and is made up of participants, CLD workers and a part-time community catalyst worker.

The main outcomes and activities of the project are:

People and workers working together to improve community health and wellbeing:

HEAL 2 organised a number of community events and evenings which led to local people and workers agreeing priorities and activities they would like to develop.

Initial meetings to discuss these issues were not always well attended and the steering group felt that community members were not convinced they would be listened to.

The project realised inviting people to meetings alone would not work and tried a range of different approaches including a 'bumping into space' which travelled around Auchmuty offering residents a chance to bump into workers and other residents for a chat and to find out what was going on in the area.



The project's steering group is now made up of community members and workers – previously it had been workers and the project's catalyst worker.

HEAL 2 has identified unemployment in the area as an important health and wellbeing issue and would like to help create local jobs. The project has visited similar initiatives in Alloa and Whitfield, Dundee to see what they have achieved and get ideas about what they can do in Auchmuty. HEAL 2 is now working on becoming a social enterprise which will offer a range of services in the community including gardening, recycling and walk leading. The project is also planning to help local school children gain Duke of Edinburgh awards. HEAL 2 has a strong commitment to reducing social isolation among community members and is looking at ways to support older people living alone in Auchmuty.

Increase in confidence of members of the community: Many of the project's early activities have had a practical focus (such as community clean ups and gardening) which helps increase the confidence of people involved as they see the tangible improvements they've contributed to.

Participants are supported in developing relationships and social networks in the community: HEAL 2 has created strong supportive relationships among staff and community members and has also supported network building with other projects across

Fife and further afield. These supportive relationships are particularly important in the context of welfare reform where the increasing pressure to search for work and threat of benefits sanctions poses a real threat to people's mental wellbeing.

HEAL 2 feel they have developed successful strategies to engage people to take action to improve health and wellbeing. In the final year of FHWA funding they will continue this work in Auchmuty as well as taking the model into two other areas of Glenrothes.

Real Connections



Real Connections is based in Kirkcaldy. The project is run by LinkLiving which provides a range of services for people who have experienced mental health difficulties across Fife.

LinkLiving's work with people with mental health difficulties suggests that people can find it difficult to get involved with local activities and often feel isolated. People sometimes need support to make connections in the community. LinkLiving has been running successful befriending projects which have helped people participate in things that interest them, become more active in their communities and improve their wellbeing.

The FHWA funding has enabled the development of Real Connections to work with people using LinkLiving's services (who have named themselves members) to identify what they feel would enhance their health and wellbeing and help them identify ways of doing this. A community connector worker works full time on the project.

The main outcomes and activities of the project are listed over the page.

Increase involvement in meaningful activity (e.g. social activities, lead member opportunities, volunteering, training and employment) The community connector has established a number of groups including a walking group, arts and crafts, board games, Bleather Together, a café drop in and a pool group. Some of Real Connection's members have volunteered to lead these groups and have received training. Real Connections members recently led a walk around Beveridge Park as part of the Commonwealth Games.

Improvement in mental and physical health: Members can be referred to or join the project themselves if they wish. Referral forms ask for information about people's mental and physical health and reviews are carried out to measure differences.

Increase partnership working between agencies: Workers from other services including Give Something Back, FEAT and LinkLiving Tenancy Support have visited Real Connections and have recommended the project to people they support.

Increase member's participation and voice: 27 people have participated in the project over the past year, attending group activities established by the community connector worker.

Members and staff meet every 6 weeks where there is an opportunity for members to discuss ideas for activities as a group. This is an important meeting as all of the activities provided by Real Connections to date have come from ideas raised by members. Recently members suggested new activities they would like to be part of including a photography group, an IT group and also a residential so that the different groups can share experiences and get to know each other better.

Members participated in Scottish Mental Health Arts and Film Festival. Their artwork was displayed in the Rothes Halls and members received lots of positive feedback. This experience gave members the idea and confidence to start an art and craft group.

Community led working was a new model working for LinkLiving staff who were used to supporting people by putting everything in place for them. It was a learning process but project workers are now comfortable working in this model. It can still be challenging: sometimes members don't have the capacity to articulate their wishes as some have learning disabilities as well as mental health issues. However staff are becoming more skilled at balancing when it's them or the member that's required to make a decision in order to progress the project.

Over the next year Real Connections would like to recruit more members as they feel this would help the project sustain itself beyond the FHWA funding period, especially if they could recruit people with skills which could complement the existing skills in the group.

For more information about Real Connections contact Paul McFadden, Volunteer Worker, LinkLiving paul.mcfadden@linkliving.org.uk tel: 01592 644048.



WHIR Project

The WHIR project is a participative action research project led by women who have experienced domestic or sexual abuse. The focus of this project has been to find workable solutions to the issues of being homeless in Fife. A core group of 10 women from different parts of Fife has been working together to build a strong community research team (CRT). Since June 2013, the team has been meeting

weekly to strengthen their trust and understanding about the impact of domestic and sexual abuse and homelessness on women's health, well-being and livelihood. The CRT used their expertise and understanding to develop the focus of their research question. Members continue to share their own knowledge and experiences to develop each other's skills. We used the funds to provide a safe space, crèche facilities, travel expenses, refreshments and activity resources.

The main outcomes and activities of this project are:

Increased awareness of WHIR Project, and issues around domestic and sexual

abuse: We sent information about the WHIR Project to several health, housing, homelessness and community safety partnerships in Fife and in Newsletters, held interviews with key stakeholders to ask questions about existing homelessness policies and share information about the WHIR project, and when recruiting women for the project we sent information sheets to a range of support services.

Women who have experienced domestic or sexual abuse feel able to share experiences which will ultimately inform change in future services: We invited women to be involved in the WHIR project using information sheets and speaking with key support workers of several different organisations, we held an information event and explained what the project would be like and who could be involved, we encouraged women to join the team even if they didn't feel they had the skills we needed to run a research project. 15 women agreed to be part of the CRT, 7 are still members. A key part of the team's work and willingness to share experiences has been creating a safe space of trust, respect, and dignity.

Women feel empowered to participate in collective action to improve women's experiences dealing with homelessness:

The CRT has worked hard to make sure we have a safe space for members to share their experiences and learning and to work collectively to improve women's experiences. CRT members created an agreement on how they would work together, support each other's learning and make decisions as a team. We have worked in small groups and as part of a larger group to discuss views, ideas, and understanding about a broad range of topics including: Participatory Action Research ethics, the ladder of participation, different forms of power and collective action, the power in privilege, and decision-making approaches. The CRT shared their own

experiences and understanding of the challenges women deal with when they become homeless because of domestic or sexual abuse.

Women develop skills (including research skills) to influence change for themselves and their communities, if they wish:

In addition to the activities outlined above, for Outcome 3, the CRT has been discussing different ways of gathering information for the research project; surveys, focus groups, interviews, policy analysis. The CRT has narrowed its research focus to 3 linked questions; in order to answer those questions, we will gather information about current policies, procedures, and practice and speak with key stakeholders who can make change happen – through direct or indirect influence. CRT members have been building personal and team skills through the activities to strengthen the team and to develop the research focus.

Women understand factors that affect their health and wellbeing, and define the health issues most important to them:

In order to define the research focus of the project, the CRT spent a lot of time working through their understanding of how domestic and sexual abuse affect women's health and well-being, how the impact on women's health and well-being is enduring and how it alters women's ability to get what they need from services and other support systems. The team worked through a range of activities including small and large group discussions about core challenges of being homeless, creating body maps to outline the physical, mental, and emotional health impacts, and drawing journey maps to highlight what was positive and negative about responses they got from service providers and other support systems.

As a result of dedicated commitment from the volunteer community researchers, we have identified the following research questions:

1. Are the existing housing options appropriate for women experiencing domestic or sexual abuse?
2. Do the existing structure and systems support women effectively?
3. Are service providers knowledgeable or aware of the impact of sexual or domestic abuse on women's health and well-being?

The CRT is in the process of designing the research methodology and plans to begin implementing the research early summer 2014.