

# **Resourceful Communities**

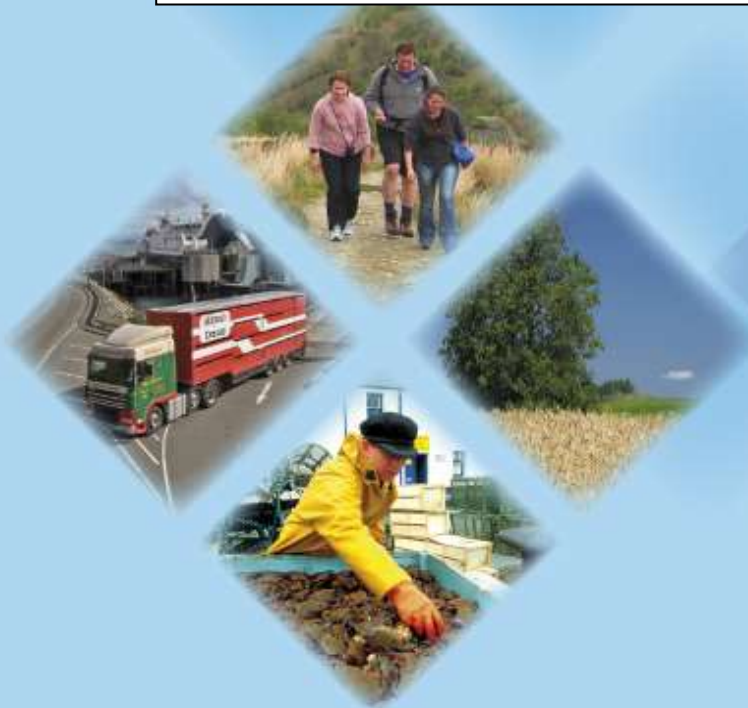
## **Lessons through a Rural Lens**

**Wednesday 24<sup>th</sup> November, 9.45am – 2pm**  
**Royal Highland Showground, Ingliston, Edinburgh**

*A Rural Scotland in Focus Event:*

**“The role of civil society in promoting and sustaining health  
and wellbeing in Scotland’s rural communities”**

## **Event Report**



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*Rural Scotland in Focus* Event:

**“The role of civil society in promoting and sustaining health and wellbeing in Scotland’s rural communities”**

## **Event Report**

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**17<sup>th</sup> December 2010**

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## Executive Summary

1. The *Rural Scotland in Focus* Event was held on November 24<sup>th</sup> 2010 at the Royal Highland Showground, Ingliston. The Event Theme was: **The role of civil society in promoting and sustaining health and wellbeing in Scotland's rural communities.**
2. The aims of the Event were to: (i) **increase awareness** of the ways in which civil society is already promoting and sustaining health and wellbeing in Scotland's rural communities; and (ii) identify **key themes and messages for policy and practice.**
3. The **"Room 101" exercise** identified 63 often-used words, phrases or attitudes that participants believe hold back development in Scotland. These related to: existing attitudes and perceptions; aspects of the status quo; rural services; policy; and funding.
4. In the **six World Café Theme discussions**, participants identified actions and priorities. In addition to specific activities, many recommended actions related to: engendering increased mutual understanding and dialogue; creation of workable and meaningful partnerships for delivery; shifting the focus from quick-spend to slow investment; enhancing the appropriateness of statutory and bureaucratic control; the centrality of relationship-building and trust; increasing flexibility; and creating an inventory of assets and maximising use of these assets.
5. At the end of the Knowledge Exchange Event, participants were invited to write personal Pledges, and over 50% did so. Each **Pledge Card** specified name, organisation, pledge and timeframe. These were subsequently grouped into sub-themes relating to: assets and exchange of experience and knowledge; modifying ways of working; and specific, local tasks within an individual's networks.
6. The afternoon **Round Table** generated many points from a lively debate in small groups. The Debate participants together then identified five key themes as initial "take home messages". These will be discussed in three SAC-convened Workshops in 2011, in order to identify concrete actions. The **five themes** are:
  - a. The evident need for communities to amalgamate their individual voices, to give greater coherence to their message, to increase their shared capacity.

- b. Not to *re-map* assets and “best practice” necessarily. Rather, there is a need to establish an effective and ongoing mechanism for “joining up the dots” of good practice which already exists, where there are examples of what is already working well.
  - c. There should be in-depth and practical discussion of how (1) and (2) can become inputs into Single Outcome Agreements of Local Authorities, and NHS commissioning practices. So, this will involve not only dialogue between LAs, NHS and local community groups, but better articulation and communication of the national picture coming from (1) & (2). This needs to inform appropriate local commissioning by LAs and NHS through civil society. Incentivising this process for all stakeholders needs to be a priority.
  - d. Civil society should, in the next 12 months, focus on getting better at articulating what it wants from Scottish Government. And to find out - through dialogue - how it can help Scottish Government in delivering its outcomes.
  - e. There needs to be practical discussion of how best to invest in social and human capital, rather than focussing upon the funding of projects with a narrowly defined health-related purpose. Identify implications of this – resourcing, processes, evaluation etc.
7. The *Rural Scotland in Focus* Event therefore represents **the start**, rather than the end, **of a shared process**.

## Introduction to the Event Report

The *Rural Scotland in Focus* Event focused on the ways in which civil society is already contributing to the health and wellbeing of rural Scotland. It then created the opportunity to look at key themes that will need to be addressed in order to support contribution by civil society in the future.

Through this Event, SAC and Event partners aimed to:

1. Increase awareness of the ways in which civil society is already promoting and sustaining health and wellbeing in Scotland's rural communities;
2. Identify key themes and messages for policy and practice.

Our aspiration was that the Event would also deliver the following outcomes:

1. Learning how civil society contributes to health and wellbeing
2. Promoting cross sector knowledge exchange and networking
3. Proposing actions to improve population health and tackle inequalities
4. Identifying transferable learning from exemplar projects in rural communities
5. Celebrating innovation, resilience and value in challenging economic times

## Content of the Report

We have summarised key outputs from the day, including:

1. Room 101: words, phrases and attitudes that hold back development in Scotland
2. Facilitators' reports from the six World Café Theme discussions
3. Personal Pledges from participants at the end of the morning session
4. A brief summary of key points raised in the afternoon Round Table Debate

We have also, in the Appendix, compiled a list of the exemplar projects with contact details, as many of you expressed an interest in following up contacts you made on the day. For that reason, we have also included the list of participants.

## Room 101: Words, phrases and attitudes that hold back development in Scotland

The following table summarises the words, phrases and attitudes identified by Event participants. These have then been organised into the themes that emerged from the Room 101 cards and flipcharts.

<b>Existing attitudes and perceptions</b>	
Lack of confidence	Lack of leadership
Presumptions	Lack of vision
That's the way it's always been; "It's aye been like that"	Risk-averse
"I kent his faither"	Self-protection
Apathy of individuals	It's up to other people; it's not my job; someone else will do it
Apathy within communities	Lack of trust
Can't be bothered	Lack of imagination
Nay-sayers	We've tried that before
"Don't deserve"/"Being foolish"/"Not worthy"	Building barriers
Fear of embarrassment	Miscommunication
Nervousness	Lack of openness
Fear of failure	Not listening properly to groups
Fear of change	Reliance on "experts"
Lack of time	Stereotyping
Too hard	Professional tribalism
Attitude "can't do stuff"; "rural areas don't expect..."	Old versus new; tensions between new and old
<b>Aspects of the status quo</b>	
Inequality	Disempowerment

NIMBYs	Incomers/locals; old people/new people
Bureaucracy	Silos
Ignoring the evidence	Process-bound
Political whims	State of the economy
Preciousness of job roles	Lack of personal security
<b>Rural services</b>	
Inequality: “people who choose to live in rural areas don’t deserve equal services”	Assumption of acceptance of poorer services
<b>Policy</b>	
Lack of flexible policy (housing)	Policy requirements and inflexibility
Policy inequality – rural/urban	If there isn’t a policy, we can’t...
Policy-driven only	We’ll need to get a policy
It doesn’t fit with policy	Feeling government can do everything or must do everything
Disconnect between government and communities	Regulation
<b>Funding</b>	
Lack of funding	There’s no money – excuse for doing nothing
Lack of flexible funding	Not enough resources or staff
Dependency on grants	Not being driven by existing grant mechanisms
Too much money in the wrong places	

## Facilitators' Reports from the six World Café Sessions

World Café discussion group facilitators and note-takers kindly filled in A3 sheets under the broad headings we had provided<sup>1</sup>. Each Theme was run twice, and the notes below have been amalgamated for both discussion slots per theme. The reported views and conclusions of participants are shown below.

### World Café Theme 1: Helping people to help themselves

#### 1. In your group, agree up to 5 innovative, big actions

- a. New dialogue – between professionals and people (with LTCAS for example).
- b. It is *everybody's* job: every person is the eyes and ears for the community and its citizens.
- c. Partnerships – working together, no barriers.
- d. Fun! Varied! Not neglecting this when many might.

#### 2. Who then is required to make these big actions happen? (organisations/individuals)

- a. Front-line workers.
- b. Peers.
- c. Communities.
- d. Social care.

#### 3. What new partnerships need to be formed?

- a. Local partnerships in small(er) communities, e.g. church, school, voluntary organisations. Partnerships *between* these.
- b. Community workers, communicating across places, across their own patch.

#### 4. What new ways of working need to take place?

- a. Frontline workers linking with third sector groups on the ground.
- b. Acting on local knowledge.

#### 5. Select specific priorities for action

- a. *Education* – for front-line workers, new dialogue; more information e.g. for people with long term conditions; peer support.
- b. Knowledge is power. Power to the people = ownership = self-management.

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<sup>1</sup> Where a sub-heading is not listed under any of the 6 themes, this means that no text was provided in the original hand-written notes by the facilitator/note-taker.

## World Café Theme 2: Working together to deliver services

### 1. In your group, agree up to 5 innovative, big actions

- a. No limits on access to services (direct and referred access): focus on co-production; partnerships need to follow people (rather than the other way around) in order to break down bureaucratic barriers.
- b. SDS-type lighter touch to admin and finance (i.e. to “following the public pound”) – a more useful approach for community action
- c. Need a statutory requirement to consult AND act to deliver community priorities.
- d. Long term investment approach: amending budget focus to provide greater confidence or security at community level (rather than only project focus).
- e. Easing statutory constraints; relaxing control; sharing responsibility to enable shared action.
- f. Scale is an issue: need to address whether we plan on too large a scale, which means that democratic structures at local level cannot easily be involved?

### 2. Who then is required to make these big actions happen? (organisations/individuals)

- a. Planners.
- b. Community Councils and Development Trusts – work together to collate local priorities etc.
- c. Community Planning is a very loose framework; need to bring the different aspects of CP activity into a more coherent programme

### 3. What new ways of working need to take place?

- a. Undifferentiated community links which meet the needs of “people”, rather than “client-group-framed” approaches.

## World Café Theme 3: Tackling Inequalities

### 1. In your group, agree up to 5 innovative, big actions

- a. Involve all generations in service, environmental and social decision-making.
- b. Give communities the money – learn from self-managed care packages. E.g. Chicago Community Budgeting Scheme. Other example: Big Lottery £1M across 6 areas – no rules, but supported to develop and deliver community solutions.
- c. Multi-purpose country venue, e.g. school, library. Embed multi-purpose into design standards and regulation.
- d. When designing services: design generic schemes that can respond to specialist needs, i.e. that have that flexibility.
- e. Extend use of transport for increased accessibility, e.g. school bus, postal van, supermarket delivery vans.
- f. Maximising what is already in use, rather than always looking to create new things.

### 2. What new partnerships need to be formed?

- a. Maximise the use of community planning partnerships.
- b. Give partnerships “teeth” to action the big ideas.

### 3. What new ways of working need to take place?

- a. Don't just consult – listen, respond to idea; ensure real representation.

## World Café Theme 4: Rural living

### 1. In your group, agree up to 5 innovative, big actions

#### a. Housing:

- i. Instigate community-controlled rental housing; “build or own houses”; release land for housing. Form workable partnerships between Housing Associations, Trusts etc.
- ii. Invest wind farm benefits in housing.
- iii. Housing must be connected to other local services: e.g. older people’s services; timebanking; young people providing these services for older people.
- iv. Develop housing that supports the services that are already there: use community needs assessments to enhance coherence between housing and services;
- v. Pooling skills and resources to build houses – on a small scale; community self-build.
- vi. Through housing, support young people to stay in communities, and be entrepreneurial.
- vii. Ring-fenced funding for specific investment.
- viii. Revise planning constraints, which otherwise push up the price of land.

#### b. Broadband:

- i. Ensure all areas of Scotland get equal service.
- ii. Where no market solution, e.g. where BT not interested, then hand it over to communities.
- iii. Better communication between technology partners and funding partners.
- iv. Local Authorities need to be more active as key enabling partner.

#### c. Transport:

- i. Be more creative about internet dial-a-journey;
- ii. Lobby/ask supermarkets to extend deliveries to include people.
- iii. Extend post bus services.
- iv. Change bus times to suit working people.
- v. Community Interest Companies (CICs): could be applied to community transport initiatives/enterprises.

#### d. Leisure:

- i. Enable communities to obtain/develop focus points for community action.
- ii. Community Halls in Shetland are example of successful activity – communities need a central focus.
- iii. Must be multi-purpose: e.g. youth centre open to wider audience/groups at different times of day.

- e. Say “NO” to proposition that “rural communities are unsustainable”.

**2. Who then is required to make these big actions happen?  
(organisations/individuals)**

- i. Communities using examples of where things have already been successful.
- ii. Broadband: Scottish Government, Scottish Enterprise and Highlands & Islands Enterprise (HIE)
- iii. Transport: community (coordinated).
- iv. Leisure: local Development Trust, HIE, Big Lottery

**3. What new partnerships need to be formed?**

- a. Communities, housing association and central government (SG) to actually talk together.
- b. As above (Qu.2., who is required).

**4. What new ways of working need to take place?**

- a. Trusting communities to deliver.
- b. Think like 9 year olds.
- c. Use community.
- d. Raise awareness of what is possible.

**5. Select specific priorities for action**

- a. Funding security.
- b. All of the above are required.

## World Café Theme 5: Business Approaches

### 1. In your group, agree up to 5 innovative, big actions

- a. Secondments from statutory bodies to community groups and from community groups to statutory bodies. (The rationale being that until each type of body then knows how the other operates / appreciates their contribution / learns from one another otherwise there will always be conflict and tensions).
- b. Use secondment as a development opportunity for the future managers and leaders, i.e. as part of their CPD and not just dump someone on an organisation.
- c. Statutory agencies look at the community groups they fund and set up pilot programmes perhaps with different approaches e.g. one manager at a time, or allocate everyone a groups to be involved with. However done that person needs to be able to speak for the organisation and give commitments and hence actions to follow commitments.

### 2. Who then is required to make these big actions happen? (organisations/individuals)

- a. Local Authorities require creating a more rational model for community investment. (Rationale behind this idea is that their approach seems haphazard and varies between authorities. For this to happen it was recognised that both parties would need to see potential beneficial outcomes).

### 3. What new ways of working need to take place?

- a. Many are wary of the concept of a business approach with some finding it “scary” and contradictory to community development. So, there is need for time to explore what business mindset really is.
- b. It was recognised that there is a significant difference in cultures between the public and private sectors; this needs to be opened out to increase understanding.
- c. Be prepared to take chances.
- d. The stronger need for business mindset can exclude some projects e.g. from LEADER.
- e. To what extent are funders complicit in encouraging short term ‘non-reserve’ mentality? Need to encourage a shift toward “social enterprise thinking” to better articulate incentives to make profit.
- f. Bureaucracy and requirements of funders vary and it would be helpful for these to be more uniform.

- g. Business system approach does make you think through the project clearly before applying for money rather than only doing it after finance is in place.
- h. Business approach should not inhibit innovation which is what communities are good at. It is important how this innovation can be articulated into a practical solution and have formal support.
- i. There is a need for balance between the entrepreneur and bureaucratic process.

## World Café Theme 6: Employment & Employability

### 1. In your group, agree up to 5 innovative, big actions

- a. A flexible range of living accommodation that is fit for purpose.
- b. Change employment law for SMEs to be less restricted.
- c. New Learning Centres (re-invent libraries?) – linked to broadband and technology.
- d. “1000 huts” – hut-building to use land and environment creatively (e.g. Falkland Estate, Fife).
- e. Dialogue on values, e.g. move from fixed views on employment to “impermanence” being the norm.
- f. Job rotation – transform our approach to work to allow young people and others in to work.
- g. For micro-businesses: coordinated, practical support, and resource centre enabling focus on business growth.
- h. Farms for mental well-being (care farming), e.g. Farm to Work (Back Isle).
- i. Environment for well-being – new coordination required.
- j. Assets Scotland: form a register of assets and approaches to using them, such as Time-banking and localised approaches.

### 2. What new partnerships need to be formed?

- a. Cross-sectoral dialogue with people on shared goals.
- b. A notional Asset Bank for Scotland linking all the bid ideas into a resource location.

### 3. What new ways of working need to take place?

- a. Scotland moves to a “Permission Society”, encouraging positive change and realisation of our resources and resourcefulness.
- b. Flexibility, innovation, permissions (can do), values and principles.
- c. Reciprocity.
- d. Sharing assets; shared versus vested.
- e. Contributing assets towards shared goals

### 4. Select specific priorities for action

- a. Maslow’s Hierarchy is helpful in ensuring we ensure the basic human requirements are established, and move to self-actualisation etc.
- b. A new way of looking at what Scotland’s assets look like.

## Personal Pledges

At the end of the Knowledge Exchange session in the morning, participants were invited to write a personal pledge on a Pledge Card, with a timeframe, plus their name and organisation.

For the purposes of this Report, we have listed the Pledges below, removing the personal details given this document is for public circulation, but keeping the personal deadlines. Each Pledge represents one person's commitment. The pledges have been grouped according to their emphasis.

Pledge	When by
<b>Assets &amp; exchange of experience/knowledge</b>	
Look for the assets around and seek reciprocity with my own self and organisation's assets and resources	-
Take new understandings of community and business capacities and issues into our research at dot.rural	January 2011
Always look elsewhere for "best practice" to improve a current project or to start a new one.	Immediately
Follow up on new contacts	Dec 2010
Collaborate with some of the people that I met today, and new project development	-
To look for opportunities to provide learning opportunities in local areas	June 2011
To support asset-mapping in one local area and learn some lessons from the experience	June 2011
<b>Modifying ways of working</b>	
I promise to investigate and pursue the use of 'participatory drama' in consultations with children and young people. This was something I heard about through the networking today.	June 2011
Suggest to my employer (Big Lottery) that staff spend some time working (?) in projects we fund	End March 2011
Improve secondment opportunities to benefit people and organisations	2011
Consider the output of today in the context of work I am engaged in on modernising public health nursing within the CNO Directorate, Scottish Government	When info available
I will share ideas generated with the Well North coordinator to get commitment to translate some into at least one tangible action	February 2011
Engage with local Community Trust	End of 2010
Talk with Camphill Communities about how they can open up to their local geographical communities.	January 2011

Talk with own local community about use of local halls/library etc	
Ask at the steering group meeting “What are you going to do to make action happen; and try to think like a child in the clear simplistic view.	End Jan 2011
I will enforce and implement self-management aspect at first contact with patience who receive telehealth	Dec 2010
Work with Educational Establishment and Healthcare Agencies in Scotland to work on prevention and treatment/self help (guided) in Scotland	-
Work to make sure resources and ownership gets down to communities and away from elites	-
Continue to value highly “in situ” knowledge to ensure appropriate engagement with these communities	-
Think differently about what we try to build (houses, including huts!), how we fund them and how long we want them for – in order to help generate new homes in tough times ahead.	1 month (to start with)
Investigate greater use of social media within our research projects	Within next funding proposal (early 2011)
To look for ways of creating more equity in community engagement in rural areas, i.e. how can we ensure service providers actually include community views in planning? At present this is variable	2011
To publish more of my ideas in a community-accessible way	March 2011
Encourage flexibility and exploration of options to provide creativity amongst our partners	From now
Break down social barriers	End of 2010
Meet and work with Employability Services to determine ways to break down barriers in rural areas to increase employability	Feb 2011
To not allow lack of funding to stop progress	March 2010
To explore role of housing associations in rural communities in terms of supporting community development/transport and community centres.	End of FY 2010/2011
<b>Specific tasks</b>	
Work towards creating a new community asset beside the community youth centre in place of a run-down building	2012
I will do everything in my power to re-invent the wheel in Port William. I will develop an extra area beside the Youth Centre by purchasing a piece of land with an old shed on it.	January 2012
Check possibility of introducing ‘time banking’ idea to deliver on pilot shopping support network in one rural area	End Feb 2011
Build on Lesley Campbell’s initiative of Ward Forums and integrate them with Community Planning Area Forums	December 2011
Invite Senior Civil Servant in Health Department to visit me and see the Farm to Work Project	Today
To contact industrial partners regarding employment opportunities for current service users	March 2011

Contact local NHS about support services by voluntary sector	Jan/Feb 2011
Discuss community transport with Tesco Direct	2011
To discuss broadening groups involved in delivering services to people identified or at risk of CVD. E.g. Forestry Commission physical activity; North Harris Trust.	Dec 2010
To join the SAC – be part of it and think big!	-
Speak to a range of rural community interests about developing an effective rural community leadership skills programme	March 2011
To involve Community Land Scotland in a “Community Day” in the Scottish Parliament (assuming Community Land Scotland Members agree!)	End 2011
Facilitate links between SAC and Centre for Health Sciences	-
Take ideas such as local community council Facebook page (as a means of no-cost communication and an announcement means in local community) back to community council for consideration. Ideas such as supermarkets sponsoring transport in remote and rural areas to help accessibility will also be fed back for consideration.	As soon as possible
I will go back and promote Local Service Delivery Groups... again... still...	Christmas 2010
Hone and craft the idea behind a campaign for A Thousand Huts, involving young unemployed folk in building timber-framed huts for people to live, work and learn in.	15 December

## Concluding notes from *Rural Scotland in Focus* Round Table Debate.

### Aim of Round Table Debate

Following the morning KE Event which focused on what civil society is *already* delivering in terms of rural Scotland's health and wellbeing, the aim of the afternoon debate was:

To identify how civil society can contribute *further* to the health and wellbeing of Scotland's rural population, and how that can be supported through multi-sector working.

We addressed this aim through a debate focused on two questions:

- (i) What is the future role for civil society?
- (ii) How could/should that be supported through specific policy and practice actions?

We summarise the key points selected from the small-group discussions, and then the distillation of themes which emerged when the three sub-groups came back together for a final discussion.

### What then happens with these notes and the ideas they represent?

At the end of the Debate it was felt that, although there was consensus around the main themes that came through from the discussions, more time was required to identify specific actions. This is because the issues are complex, multi-sectoral, and will require certain (sometimes sensitive) aspects to be talked through further, in order that meaningful next steps can be decided upon by a range of stakeholders.

SAC therefore offered to convene discussion workshops in 2011, involving (firstly) those who participated in the 24<sup>th</sup> November Debate. There was unanimous agreement that this would be a good, and appropriate, way forward. As a result, SAC is proposing to convene one preparatory workshop (March 2011) and two main workshops, ideally in mid-June and early November 2011.

In addition to allowing more considered discussion of these themes, implications and concrete actions, these three workshops will feed into a special Section in the *Rural Scotland in Focus Report 2012* (published in February 2012). This will: report the November 24<sup>th</sup> KE Event outputs, the exemplar projects and Round Table; invite specialist contributions; and outline the thinking, decisions, recommendations and specific actions resulting from the 2011 workshops.

### Three key points from each of the three small-group discussions

Given the small-group discussions lasted 45 minutes, a wide range of issues and themes were discussed and noted by the facilitators and note-takers. However, due to the time-limited nature of the Debate on the day, each group facilitator was asked to identify *three major points* from the views expressed by 'their' group. These are now listed:

#### Group one:

1. There are many small community voices. We need to collaborate more to have a wider impact, increase our capacity and capability, and overcome fragmentation. This does not necessarily mean a uniform voice, but small voices amplified and rendered more coherent through greater connectivity and collaboration.
2. Make much better use of incentives or levers, such as community benefits clauses in procurement; and Social Impact Bonds. It was reported that these allow for the development of social capital and also lead to positive influence across sectors.
3. Improve our exchange of evidence and experience of what works. We should be having local conversations and national conversations, which could lead to commissioning based on aspirations and expectations of outcomes from local communities.

#### Group two:

1. There are many different skills and capacities in rural Scotland. We need a better scoping of community skills and assets. Shift from deficits to assets mind-set.
2. Focus should be on developing social capital and human capital within communities, rather than simply on directly health-related activities or projects, in a project time-frame.
3. Lighter-touch bureaucracy would encourage social enterprise and more flexible use of resources without impairing accountability for smaller community groups.

#### Group three:

1. Greater importance should be attached to mapping Scottish assets and not always looking *only* to examples from other countries e.g. Scandinavia.
2. Articulate better the influence of civil society on the public sector; how is that already happening, and where is it happening well? These examples should be described by civil society. Also, civil society needs to become better at articulating what it wants from government.
3. Create more effective networks, forums and face to face opportunities for exchange and dialogue between local authorities and local communities, so

that each can understand the other's norms and "worlds"; perhaps around specific local challenges or opportunities.

### Five key points distilled from the larger group discussion

Together, all groups then debated these emerging nine themes, in order to select which themes they felt would be the **key messages** to take away. The group viewed the following list as a "first version" distilled in a tight time-frame. They felt that with more time for consideration, specific actions, stakeholders and responsibilities could then be identified. This will be the purpose of the three 2011 workshops (outlined above), when issues such as capacity of different sectors and stakeholders to engage will be one point of focus.

#### The key messages or themes are:

1. The evident need for communities to amalgamate their individual voices, to give greater coherence to their message, to increase their shared capacity.
2. Not to *re-map* assets and "best practice" necessarily. Rather, there is a need to establish an effective and ongoing mechanism for "joining up the dots" of good practice which already exists, where there are examples of what is already working well.
3. There should be in-depth and practical discussion of how (1) and (2) can become inputs into Single Outcome Agreements of Local Authorities, and NHS commissioning practices. So, this will involve not only dialogue between LAs, NHS and local community groups, but better articulation and communication of the national picture coming from (1) & (2). This needs to inform appropriate local commissioning by LAs and NHS through civil society. Incentivising this process for all stakeholders needs to be a priority.
4. Civil society should, in the next 12 months, focus on getting better at articulating what it wants from Scottish Government. And to find out - through dialogue - how it can help Scottish Government in delivering its outcomes.
5. There needs to be practical discussion of how best to invest in social and human capital, rather than focussing upon the funding of projects with a narrowly defined health-related purpose. Identify implications of this – resourcing, processes, evaluation etc.

## Appendix 1: List of Exemplar Projects

	Name of Project	Description	Names of those attending on the day
1	<b>Auchencairn Enterprise Centre, Dumfries &amp; Galloway</b>	When the local Post Office came under threat of closure (due to lack of premises) Auchencairn Initiative decided to do something positive to turn things around. This involved successfully maintaining the Post Office services in temporary accommodation and building community owned business premises to accommodate a permanent Post Office, which has affordable residential accommodation, as well as other supporting businesses.	David Dunstan Auchencairn Initiative <a href="mailto:dunstandavid@hotmail.com">dunstandavid@hotmail.com</a>
2	<b>Port William Youth Sport Centre, Dumfries &amp; Galloway</b>	The project involved development of a youth sports centre mainly for use by the children of Port William, but available to everyone. A building of quality was developed to replace the dilapidated, existing eyesore which met everyone as they entered the village, providing facilities for sports in an area which is geographically isolated.	Pauline Watkins Port William Community Development Trust <a href="mailto:p.carrigan@btinternet.com">p.carrigan@btinternet.com</a>
3	<b>Highland Community Care Forum</b>	Highland Community Care Forum (HCCF) has, over the past 20 years, built up a portfolio of services for carers including young carers, people with mental health problems, people with learning and physical disabilities and older people. HCCF adopts a community development approach and works in remote, rural and urban localities across the Highland area. HCCF helps users and carers to speak up so that their views and experiences shape local services and support. Services include advocacy (individual and collective), information, consultation and training. <a href="http://www.hccf.org.uk">http://www.hccf.org.uk</a>	Maria Throp Grange Stables Linlithgow West Lothian EH49 7RH <a href="mailto:thropm@yahoo.com">thropm@yahoo.com</a>
4	<b>Branching Out, Greater Glasgow &amp; Clyde</b>	An award winning development for adults who use mental health services in Greater Glasgow and Clyde. Each adult participates in three hours of activities per week in a woodland setting over a 12 week period. E.g. Physical activity; Conservation activities; Bushcraft; Environmental art.	Hugh McNish – Health Advisor, Forestry Commission Scotland  Kirsty Cathrine - Branching Out Programme Manager  Forestry Commission Scotland Central Scotland Conservancy Bothwell House Hamilton Business Park Caird Park Hamilton ML3 OQA  Direct Line:01698 368555 Mobile:07768 005502 <a href="mailto:hugh.mcnish@forestry.gsi.gov.uk">hugh.mcnish@forestry.gsi.gov.uk</a>
5	<b>Abriachan Mental Health</b>	A programme of woodland activities based on a Forest School curriculum	Dr Angus A McWilliam Forestry Commission

	<b>Project, Highland</b>	<ul style="list-style-type: none"> <li>engages clients in activities increasing levels of physical activity; and activities which built mental, social, and vocational capacity</li> <li>engaged health professions voluntary agencies and community woodland staff in exploring how the impact of this program could be increased.</li> </ul>	Scotland Highland and Island Conservancy Woodlands Fodderty Way Dingwall IV15 9XB 01349 862 144 <a href="mailto:angus.mcwilliam@forestry.gov.uk">angus.mcwilliam@forestry.gov.uk</a>
6	<b>Hospital - Greenspace Project, Sutherland</b>	To improve the health and wellbeing of visitors patients and staff at the Lawson Memorial hospital by engaging these communities in improving the grounds in which the hospital stands.	Maria Throp Grange Stables Linlithgow West Lothian EH49 7RH <a href="mailto:thropm@yahoo.com">thropm@yahoo.com</a>
7	<b>Pulteneytown People's Project, Wick</b>	<p>PPP has made huge progress since establishing itself as a community regeneration initiative just over seven years ago, guided by a board of directors who reflect the wishes of local residents. The aim was to raise aspirations and build a renewed sense of cohesion in an area of high unemployment that had spent too long at the wrong end of the multiple-deprivation index. From its current base in a block of specially adapted council houses, PPP runs services for all ages out of no fewer than seven premises. There are computer classes in an accredited learning centre directly above the offices; arts and crafts sessions in another converted council property just across the road; and an after-school club, MAASK, at a nearby primary, to give just a few examples. These wide-ranging activities are highly popular, and invariably fully booked, but the logistics can be challenging – and, as things stand, there are limitations on what can be delivered. However, the new HQ will bring everything under one roof and allow many other services to be developed.</p> <p><a href="http://www.pulteneytownpeoplesproject.org.uk/">http://www.pulteneytownpeoplesproject.org.uk/</a></p>	Katrina MacNab – Chief Executive Officer Yvonne Hendry – Director  <a href="mailto:katrina.macnab@btconnect.com">katrina.macnab@btconnect.com</a>
8	<b>Atlantis Community Leisure, Oban</b>	Atlantis Leisure is a community-owned sports and leisure centre with a volunteer board of directors in Oban. <a href="http://www.atlantisleisure.co.uk/">http://www.atlantisleisure.co.uk/</a>	<a href="mailto:hugh.mclean1@btinternet.com">hugh.mclean1@btinternet.com</a>
9	<b>Aortic Aneurysm Screening, Highland</b>	<p>A long term project on screening for aortic aneurysm. Highland was the first (and still the only) region in Scotland to offer this programme to all men aged 65-74. Men are offered screening by ultrasound to detect if they have an enlarged aorta (the large blood vessel in the abdomen) and if so, they are offered surgical repair to prevent rupture, which is often fatal, especially if it occurs in a remote place. The interesting aspects of this project from your point of view might be:</p> <ol style="list-style-type: none"> <li>1) It has had the highest uptake of any similar programme in the world (90%)</li> <li>2) Uptake is as high in remote rural areas as in the city</li> <li>3) That is probably due to the screening being offered locally in many communities (51 sites across Highland and Islands)</li> </ol>	Dave Godden Centre for Rural Health University of Aberdeen Centre for Health Sciences Old Perth Road Inverness IV2 3JH Tel 01463 255888 <a href="mailto:d.godden@abdn.ac.uk">d.godden@abdn.ac.uk</a> website <a href="http://www.abdn.ac.uk/crh">www.abdn.ac.uk/crh</a>

		<p>4) As well as the clinical outcomes, which are excellent, the costs to the NHS and to the patient have been documented (we can present data on these)</p> <p>5) Using the anonymised Scottish health records system, we are currently examining the long term health trajectories of the first 8500 men screened to examine relationships between general health outcomes and location among older rural men.</p>	
10	<b>Rural Support Wales: Rural Stress and Wellbeing Project</b>	<p>This initiative was set up to provide support, advice and information to those suffering from rural stress. It has done this by researching, producing and promoting a web-based information resource incorporating signs and symptoms of stress, self-help advice and a directory of support organisations by county. Basic information is also contained on Wales-wide information cards and county leaflets. The aim is to communicate to communities that there is support available, give people the contact information and, most importantly, gently encourage them to ask for help at an early stage. Promotion of the information resource has been via two routes. Outreach events (e.g. at livestock marts and farmers markets) have involved a wide range of statutory and voluntary organisations and thus encouraged partnership working while simultaneously demonstrating the broad range of support available to the public. The second route has been via frontline service providers who come into contact with people who are potentially at risk of stress and depression. These service providers again include both statutory workers (community nurses, community support police officers, home fire safety officers) and voluntary organisations. The initiative covers the 10 rural counties of Wales although much of the information is relevant UK-wide.</p>	<p>Fiona Williams Research Manager Institute of Rural Health Gregynog Hall Tregynon Newtown Powys SY16 3PW</p> <p>E-mail: <a href="mailto:fionaw@irh.ac.uk">fionaw@irh.ac.uk</a> (0)1686 650800</p>
11	<b>Healthy Valleys Initiative, South Lanarkshire</b>	<p>Healthy Valleys is a community-led Healthy Living Centre covering the area of rural South Lanarkshire, an area hit hard by the decline of both mining and agriculture. Initially set up by 5 local voluntary directors, Healthy Valleys used existing community links to identify the issues of importance to local people. As a result of this consultation, a number of services are now provided, ranging from mental health support programmes to community food and physical activity initiatives. The project also offers a volunteer and community development programme and local volunteers help to run many of the services. As they are in control over local initiatives, people gain confidence, self esteem and general well being through the development of new skills. The community gains new services and a sense of increased control. Partnership is at the core of Healthy Valleys' work and the project has strong links with a wide range of community groups and public bodies.</p>	<p>Lesley McCranor Julia Howatson</p> <p>Healthy Valleys 31 Stuart Terrace Rigside Lanark ML11 9NN 01555 880666</p> <p><a href="mailto:Lesley@healthyvalleys.org.uk">Lesley@healthyvalleys.org.uk</a></p>
12	<b>Angus Cardiac Group (replaces</b>	<p>We aim to help people in Angus who are living with a long-term condition to manage their condition more effectively. We will improve their physical</p>	<p>Karen Fletcher <a href="mailto:kfletcher@nhs.net">kfletcher@nhs.net</a></p>

	<b>British Lung Foundation Project)</b>	<p>fitness, increase their feeling of well-being and their confidence and also provide opportunities to socialise. To facilitate this we will:</p> <ul style="list-style-type: none"> <li>• Extend the successful heart disease exercise programme to include other long-term conditions,</li> <li>• Develop opportunities for lighter exercise for people with any long-term condition who are physically unable to manage the level of the current programme.</li> </ul> <p>The programme includes a combination of aerobic and resistance exercise that will result in an increase in an individual's cardiovascular fitness and muscle strength. The more options we can offer the more likely people are to get involved.</p>	01307 474216
13	<b>Momentum, Grampian</b>	<p>Momentum has provided ABI services in Grampian since 1996, and over that period have recognised that there is a substantial number of young men who have sustained a serious head injury through road traffic accidents and assaults.</p> <p>Lack of engagement can lead, over time, to young men become increasingly socially and economically isolated. In some cases, individuals may also develop secondary issues such as mental health and substance misuse problems all leading to increasing difficulties in self-management.</p> <p>The Future Focus Group is a project that has been set up to specifically support young men with ABI, who at present, are not accessing any support in the community. The group is run by young men who have sustained an ABI and the individuals are supported by Momentum's Transitions staff and external organisations.</p> <p>The project aims include the following: increase understanding of the effects of ABI; increase each individual's knowledge of the skills and strategies which can be used to manage their condition and provide information about other support agencies/services that are available in Grampian.</p> <p>A self-management programme is provided to each individual. Each programme covers elements of memory and attention strategies, anger management strategies, planning and organising skills and budgeting.</p>	<p>Rhona Kivlehan – Acquired Brain Injury Outreach Worker</p> <p>Tel (office): 01224 625581</p> <p>Email: <a href="mailto:Rhona.kivlehan@momentumscotland.org">Rhona.kivlehan@momentumscotland.org</a></p> <p>Being co-ordinated by Jen McCole Grants Development Officer Long Term Conditions Alliance Scotland (LTCAS) Tel: 0141 404 0231</p>
14	<b>Aberdeenshire Signposting Project and the Aberdeenshire Post Natal Depression Support Network</b>	<p>The organisation provides a virtual self management support service for women living with Post Natal Depression in a geographically isolated area. For many women living with PND in Aberdeenshire, the problem is not lack of services but access to them. In such a rural and in many areas deprived region, it is difficult for young mothers to find the time/resources to travel to sources of help. In many cases public transport</p>	<p>Karen Nicoll (Projects Co-ordinator) 01466 793599/ 01466 793284 <a href="mailto:karennicoll@btconnect.com">karennicoll@btconnect.com</a></p>

		<p>makes it impossible. This project works to overcome this issue by providing a “virtual support service” which woman can access via internet or the phone from their home.</p> <p>This project has been designed and developed by women from the area who have lived or who live with the condition. Peer support and shared experiences are integral to the service and are considered by the women involved to be as important and effective as the practical information and advice which are also provided. The group plans work closely with Health Visitors in the area to recruit women to the service and to strengthen community links with healthcare professionals. Eventually participants will be given the opportunity to manage the service to ensure its’ sustainability beyond the funding period.</p>	
15	<b>Working Health Services</b>	<p>Improving Health in Scotland: The Challenge (2003) contained four strands, one of which related to workplace. From this particular strand, followed ‘Healthy Working Lives: A plan for action’ (2004). Subsequently, the Scottish Centre for Healthy Working Lives was established in 2006 and is a division of NHS Health Scotland. The aims of the Centre are to improve the health of the working age population and this is being addressed through health promotion, health and safety, employability and vocational rehabilitation.</p> <p>In the domain of workplace vocational rehabilitation the Scottish Government awarded funding for three projects to be established to address the health needs of those who work in small and medium enterprises i.e. companies which have less than 250 employees. The Working Health Service projects have been introduced in NHS Tayside, Lothian and Borders to assist employees who present with health issues to remain in work or return to work after a period of absence. These successful projects adopt a case management and multi-disciplinary approach and are viewed by many as contributing to wellbeing in industry.</p>	<p>Kathleen Houston Development Manager – Voc Rehab The Scottish Centre for Healthy Working Lives Princes Gate 3 Castle Street Hamilton ML3 6BU</p> <p>Tel: 01698-208192 <a href="mailto:Kathleen.houston@nhs.net">Kathleen.houston@nhs.net</a></p>
16	<b>Support from the Start</b>	<p>Our aim is to improve existing and /or develop new service pathways for addressing health inequality in the early years, and to develop the engagement of the target communities in improving the health of their youngest members.</p> <p><b>Rationale:</b> The rationale for the test site is ‘Breaking the Cycle’, referring to the need to prevent the risk of disadvantage in health outcomes being passed from one generation to the next.</p> <p><b>Redesign activities/actions initially being considered:</b> Our initial focus will be the engagement of stakeholders in a comprehensive review of service pathways for health &amp; well being of pre-school aged children. The aim of this review will be to assess services against the knowledge base on reducing</p>	<p>Steven.Wray@nhslotthian.scot.nhs.uk; <a href="mailto:swray@eastlothian.gov.uk">swray@eastlothian.gov.uk</a></p>

		<p>health inequalities and to develop understanding and ownership of the 'Test Site' aims amongst the targeted communities and service areas. The learning from this review will then be used to plan service redesign / development.</p> <p><b>Expected outcomes:</b></p> <p>Four broad outcome areas have been identified for the 'Test Site'. Community Engagement, Improving Support for Parents &amp; Carers, Improving Support for Families, Creating Child Friendly Environments</p>	
17	<b>Ratray Equally Well Project</b>	<p>The Equally Well Test site within Ratray – Perth and Kinross is part of the national strategy at focusing upon areas of extreme health Inequalities.</p> <p>Within Ratray we are attempting to engage with individuals who are experiencing multiple and complex problems and have historically had difficulties accessing services. With this in mind we are attempting to utilise the 'Lead worker' concept across all services who are actively participating in the pilot. If successful this would allow a Lead Professional to coordinate and monitor multi agency activity where necessary at all levels of intervention including universal services. This would ensure that service users were central to their care and received the right help at the right time with the least amount of fuss.</p>	<p>Chris Lamont Equally Well Co-ordinator</p> <p>Dawn Blyth Young Peoples Health Nurse</p> <p>Room 4 Blairgowrie Community Hospital Blairgowrie <a href="mailto:c.lamont@nhs.net">c.lamont@nhs.net</a> <a href="mailto:dawn.blyth@nhs.net">dawn.blyth@nhs.net</a> Contact No. 07865280000</p>
18	<b>North &amp; West Sutherland Anticipatory Care Project</b>	<p>Project to review existing services for identifying people at risk (at higher risk of new disease, relapse or exacerbation of existing conditions) and then working to increase access and uptake by social marketing, reviewing provision and timing of services.</p>	<p>Angus MacKiggan Well North Co-ordinator Assynt House Beachwood Park Inverness (01463) 704714 <a href="mailto:angus.mackiggan@nhs.net">angus.mackiggan@nhs.net</a></p>
19	<b>Well North Dufftown</b>	<p>Well North Dufftown is part of a pilot anticipatory care project designed to improve the health of people experiencing health inequalities in remote and rural areas of the North of Scotland with a particular focus on early intervention with adults at risk of cardiovascular disease and diabetes.</p> <p>Community consultation using participatory appraisal techniques and a community development approach was used to engage with pre-identified target practice population groups with a particular focus on harder to reach groups.</p> <p>Health checks have been offered to people within Dufftown Health Centre since early 2009 (and since April 2010 at Rothes Health Centre) monitoring blood pressure, checking BMI, height and weight measurements and cholesterol levels, giving lifestyle advice to those who need it and directing to local services to help them maintain and/ or improve their health</p> <p>Service user consultation/feedback has been effectively utilised to inform project planning, monitoring and evaluation.</p> <p>A designated patient information centre was opened in June 2010 in Dufftown Health Centre where people can access free health information both via leaflets and also through the use of the free</p>	<p>Barbara Stearn (Health Improvement Officer Projects) Spynie Hospital Duffus Road Elgin IV30 5PW 01343 567169 <a href="mailto:barbara.stearn@nhs.net">barbara.stearn@nhs.net</a></p>

		Healthline number 0500202030	
20	<b>Well North Outer Hebrides</b>	Provides a holistic anticipatory care service across the Outer Hebrides for individuals aged 40-69 years. We provide the service in community venues to promote access enabling the service to reach members of the public who do not engage with health services. Clients are offered CVD screening in accordance with SIGN 97. We screen all patients for diabetes. We provide additional targeted assessments when indicated for Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease and Familial Hypercholesterolaemia. We use Point of Care Testing providing clients with their results and recommendations for follow up services at the time of assessment. Once the screen has been completed clients spend some time with a lifestyle adviser who undertakes an assessment of their current lifestyle. Using the results of this assessment and the screen they provide targeted lifestyle advice. The project works in partnership with local GP Practices to identify clients and provide follow up care, the Health Promotion Department to deliver the Counterweight weight management programme and with the Sports and Leisure Department who provide a physical activity programme.	Sara Bartram <a href="mailto:Sara.bartram@nhs.net">Sara.bartram@nhs.net</a>
21	<b>Telehealth - Argyll</b>	The use of technology in the form of telehealth Home Pods for patients on the Isle of Bute living with long term conditions has considerably changed their quality of life. With a reduction in hospital admittances, bed days and exacerbations since its inception, we are trying to keep our patients in their own homes longer with a good quality of life. Patients and their carers were our partners in this work, enabling an increase in self management. Local nurses' knowledge of long term conditions has increased and they are now a resource for all patients. Capturing patient's experience was also very important, about what the use of Telehealth had meant for them.  This technology together with communal pods - placed in a variety of locations including GP surgeries, where the health information passes directly in the surgery patient management system and in communal locations such as Village halls in remote and rural areas, accessed by an individualised swipe card means we can take self management and a range of health services closer to the user.	Attendance TBC by Lynne Garrett, NHS Highland 07917 245 415 <a href="mailto:Lynn.garrett@nhs.net">Lynn.garrett@nhs.net</a>
22	<b>Dumfries &amp; Galloway Small Communities Housing Trust</b>	Community-led work to provide rental properties in rural areas.	Jamie Dent Dumfries & Galloway Small Communities Housing Trust <a href="mailto:jamie.dent@dgscht.co.uk">jamie.dent@dgscht.co.uk</a>
23	<b>Rural Stirling HA development</b>	RSHA is currently building seven homes for rent in the relatively remote village of Tyndrum. The houses are high quality, affordability and their environmental impact has been reduced through use of renewable heating systems. The benefits	Tony Teasdale Director, Rural Stirling Housing Association, Stirling Road, Doune, Perthshire

		<p>they will bring in meeting local needs include the application of a local lettings initiative. The community engagement that has taken place in advance of, and during, the construction of the new homes includes the joint commissioning with the local Community Development Trust of an independent Housing Need Survey (through the Rural Housing Service); a process of community consultation around the housing mix and the design of the new homes to be built; and the local lettings initiative.</p>	<p>FK16 6AA Tel: 01786 841101 <a href="mailto:Tony@rsha.demon.co.uk">Tony@rsha.demon.co.uk</a></p>
24	<b>Achtercairn, Gairloch, Highland</b>	<p>Achtercairn is a project directed by a group called the Achtercairn Development Group (ADG), made up of various local groups. These include the Community Council, local business association, Gairloch and Loch Ewe action forum ((GALE) a community charity), Air Training Corps (ATC), Local radio and Press and neighbouring landowners including the local Estate, along with strategic partners such as Scottish Natural Heritage, Highland Council, Albyn Housing Association and HSCHT.</p> <p>HSCHT are lead facilitator/driver plus main landowner on this project and we chair ADG. ADG meets regularly to agree how to move the project forward and potential uses for the different areas within the development (in consultation with planning). A master-plan has been agreed showing mixed use of the site.</p> <p>Recently a 14 unit development of mixed tenure affordable housing was completed, and planning along with funding has been approved for the GALE community (mixed use) building which starts construction in the spring. One site has been allocated to an existing local Farm and Garden company who are working towards a purchase.</p> <p>The remainder of the site is now being considered for various uses including elderly housing, special needs housing and more affordable housing to encourage economic growth and social well-being.</p>	<p>Ronnie MacRae The Highlands Small Communities Housing Trust 5 Ardross Terrace Inverness IV3 5NQ Tel 01463 233548 <a href="mailto:Ronnie.MacRae@hscht.co.uk">Ronnie.MacRae@hscht.co.uk</a></p>
25	<b>Cafe Connect, Aberdeenshire</b>	<p>The Cafe Connect project arose out of an identified need within Fraserburgh in Aberdeenshire, for employment and personal development opportunities for adults with disabilities in an environment integrated into the community. Fraserburgh Community Web, a Voluntary organisation which provides work experience and training opportunities for adults with disabilities, found after much research and consultation that opening an internet cafe would be the best way of providing such opportunities.</p> <p>The Cafe opened in April this 2010 and in a very short time its presence within the community has increased in many positive ways. The premises have been adapted to a high standard, making them attractive to IT and café customers, while</p>	<p>Heather Buchan Project Coordinator Robertson Road Resource Centre Fraserburgh AB43 9BF <a href="mailto:heather.buchan@aberdeenshire.gov.uk">heather.buchan@aberdeenshire.gov.uk</a></p>

		<p>remaining a suitable working environment for people with physical, sensory and/or learning disabilities. New training opportunities have been created in catering, IT and customer services for individuals who are disabled and/or disadvantaged.</p> <p>The project aspires to act as a 'stepping stone' for certain individuals to enter into open employment in the private and public sectors. At the moment the Cafe has around 15 project members who have been referred through Aberdeenshire Council's Robertson Road Resource Centre or mental health and disability Employment Development Officers. The cafe maintains <a href="http://www.visitfraserburgh.com">www.visitfraserburgh.com</a> which is central to the projects desire to act as a base that benefits Fraserburgh and its community in undertaking regeneration, promoting cultural enterprise, tackling economic and social disadvantage, making a commitment to learning and development, and helping to ensure that the local area is attractive and vibrant with a positive image and reputation.</p>	
26	<b>The Pitscurry Project, Aberdeenshire</b>	<p>An alternative day service for up to 25 adults with learning disabilities which is open daily. The project is located on a 6 acre, fully accessible rural site and has been in operation since 2001. The project is operated by Aberdeenshire Council but works closely in partnership with the charity, PEP Ltd in order to provide work skills training (horticultural and general), therapeutic activities and craft sessions. We have built successful working relationships with local industries who offer ongoing support in terms of manpower and donations. We also benefit from the skills of a large pool of volunteers in the local community. The site is run on environmentally sound principles and our site building uses the latest energy efficient technology. We also operate 2 small recycling projects on site providing kindling from "1 trip pallets" and fire briquettes from shredded documents. We currently encourage organised visits to the project. In the future we hope to encourage informal visits through a renewable energy interpretation and education centre, sensory garden and a café/sales area. These initiatives will also provide further training potential for the service users attending.</p>	<p>John North Day Service Manager Harlaw Day Service. Harlaw Road Inverurie 01467 621885 <a href="mailto:John.north@aberdeenshire.gov.uk">John.north@aberdeenshire.gov.uk</a></p>
27	<b>Can Do Community Recycling, Aberdeenshire</b>	<p><b>Can Do Community Recycling</b>, a satellite project, forms part of the Aberdeenshire Council adult day service provision in the Fraserburgh area. The project was initially established in 1989 by a group of enthusiastic individuals concerned with issues related to the environment. The initiative now in its 21st year of operation has developed into a reliable, well respected, successful and valued community service providing opportunities for vocational and employment training, close community and business links while maintaining the focus of its</p>	<p>Heather Buchan Project Coordinator Robertson Road Resource Centre Fraserburgh AB43 9BF <a href="mailto:Heather.buchan@aberdeenshire.gov.uk">Heather.buchan@aberdeenshire.gov.uk</a></p>

		<p>contribution to the world of recycling and its integral environmental benefits.</p> <p>Although the roots of this project are within the social work setting to survive in the world of commerce and industry the project has adopted many of the features of the business world e.g. effective team working, setting SMART objectives, training, change management, project networking and partnership..</p> <p>The operation of the project has two distinct elements namely processing and collection of UBC. The collection crew undertake daily collections of recyclables throughout the Banff &amp; Buchan area of the NE of Scotland. The collection points and UBC sources includes hotels, pubs, clubs, restaurants, factories, schools, office blocks, Gas Terminal and oilrigs.</p> <p>Can Do Community Recycling also recognises that its success is built upon solid community participation and that “Individual actions, however small they may seem, can make a useful contribution to sustainable waste management” (Aberdeenshire Integrated Sustainable Waste Management Strategy) with direct benefits to the community at large.</p> <p>This <b>project team</b> clearly demonstrates that they work in a <b>unique and innovative working environment</b> and together they strive towards the achievement of the project objectives in an inclusive and sustainable manner.</p> <p>Through partnership, sponsorship, ‘going the extra mile’ through sheer hard work, over the past 21 years the project team and the initiative have grown from strength to strength. This successful combination will continue to provide a <b>Local Contribution to Global Conservation</b></p>	
28	<b>Access all Areas</b>	<p>What happens when children and young people are consulted meaningfully about making their schools more accessible for everybody? Pupils identify what works and what does not, dialogue develops between pupils and the Council – meaningful inclusion and even more welcoming schools become a reality.</p> <p>Every three years, each local authority is required by law to prepare and implement an Accessibility Strategy. The strategy aims to improve access to education for pupils with additional support needs. Pupils’ views are fundamental to this process.</p> <p>Running since 2004, Access All Areas has been re-funded by the Scottish Borders Council for a further three years. In 2009-2012, this Children in Scotland project will continue to focus not only on <b>hearing</b> pupils’ views but also on ensuring these views are <b>acted upon</b> in schools, within Scottish Borders</p>	<p>Bronwen Cohen Children in Scotland Chief Executive Children in Scotland</p> <p>Princes House 5 Shandwick Place Edinburgh EH2 4RG Phone: (+44) 131 222 2409 Fax: (+44) 131 221 9262 Email: <a href="mailto:jtelfer@childreninScotland.org.uk">jtelfer@childreninScotland.org.uk</a></p>

		<p>Council and, where appropriate, nationally. Access All Areas explores accessibility in its widest sense covering the whole life of the school – from the classroom to field trips and from school meals to special events. Its goal is to help everyone feel included, understood and able to enjoy the same opportunities at school.</p> <p>Over the next three years, the project will focus on:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consulting with pupils about accessibility and inclusion;</li> <li><input type="checkbox"/> Improving awareness of these issues within schools, the local authority and nationally;</li> <li><input type="checkbox"/> Working with Scottish Borders Council to ensure pupils' views have an impact on the local authority's work and Accessibility Strategy</li> <li><input type="checkbox"/> Making inclusion real, in accordance with the 'Curriculum for Excellence' and the Additional Support for Learning Act.</li> </ul>	
29	<b>Balicherry Farm care farm</b>	Care Farming	Caroline Matheson <a href="mailto:balicherry@btinternet.com">balicherry@btinternet.com</a>
30	<b>North Harris Trust – example of community ownership</b>	<p>In 2003, the people of North Harris in the Outer Hebrides successfully purchased the land on which they live and work.</p> <p>Since then, the North Harris Trust has started the long road back to re-establishing itself as a thriving confident healthy community.</p> <p>The poster and display illustrate where we came from, where we are, and our future aspirations. We learned from others and now through Community Land Scotland hope to pass our experience on, not only to other potential community landowners, but also to organisations that are and want to be associated with this successful sector.</p>	David Cameron <a href="mailto:camerontarbert@btinternet.com">camerontarbert@btinternet.com</a>

## Appendix 2: List of Event participants

	<b>Name</b>	<b>Affiliation</b>
1	Anne Hendry	Associate, Joint Improvement Team
2	Tony Homer	Independent Consultant and Associate of the Joint Improvement Team
3	Norman MacAskill	Rural Policy, Scottish Council for Voluntary Organisations
4	Andrew Midgley	SAC Researcher
5	Sarah Skerratt	SAC Senior Researcher
6	Jane Smernicki	SAC Communications & Outreach Executive
7	Artur Steinerowski	University of the Highlands and Islands Centre for Rural Health, Researcher
8	Mike Stevenson	Thinktastic
9	Ian Welsh	Long-Term Conditions Alliance Scotland
10	Mike Woolvin	Dundee University, Researcher / Volunteer Development Scotland
11	Kay Barton	Scottish Government: Deputy Director, Health Improvement Strategy Division
12	David Green	Chair, Cairngorms National Park
13	Betty Ann Bryce	Organisations for Economic Co-operation & Development
12	David Cameron	Former Chair, North Harris Trust
14	Colin Campbell	Development Manager, Social Capital Scotland
15	Bronwen Cohen	Children in Scotland, Chief Executive
16	Mags Currie	University of the Highlands and Islands Centre for Rural Health, Inverness
17	Jamie Dent	Chief Executive, Dumfries & Galloway Small Communities Housing Trust
18	John Farrington	University of Aberdeen
19	Fiona Garven	Director, Scottish Community Development Centre
20	Dave Godden	Co-director, Centre for Rural Health, University of Aberdeen
21	Ros Halley	Co-ordinator, Dumfries & Galloway LEADER
22	Ronnie MacRae	Director, Highlands Small Communities Housing Trust
23	Mike Martin	SG: Deputy Director, PIOD, Health; Director JIT
24	Alistair McKinlay	Community Regeneration
25	Patricia McLachlan	Aberdeenshire Council, Housing & Social Work
26	Hugh McLean	Former Director, Atlantis Leisure, Oban
27	Keith Morrison	DARD (Northern Ireland), Head of Rural Policy
28	Alasdair Munro	Director, Centre for Health Sciences, Inverness (UHI)
29	Mike Palmer	SG: Deputy Director Public Health Division
30	Wendy Peacock	Head of Programmes, Better Health, NHS Health

	Scotland
31	Rob Rae Scotland's Futures Forum, Scottish Parliament
32	Eric Samuel Head of Policy, Big Lottery Scotland
33	Stephen Sandham Scottish Government Housing
34	George Thomson Volunteer Development Scotland, Chief Executive
35	Ian Welsh Chief Executive LTCAS
36	Margaret Whoriskey SG: Assistant Director, Joint Improvement Team
37	Fiona Williams Institute of Rural Health, Wales
38	John Bain Head of HR, Berwickshire Housing Association
39	Ingrid Campbell Robertson Trust
40	Ann Clark University of the Highlands and Islands Centre for Rural Health
41	Gus Collins South Ayrshire Council
42	Jackie Doe NHS
43	Christine Ferguson Head of Community Care, Shetland
44	John Howie NHS Health Improvement Programme Manager
45	Thomasena Health Improvement Programme Lead : Building Lochhead Healthy Communities; NHS Dumfries
46	Bill Logan Girvan Youth Trust
47	Deirdre McCormick SG: CNO Directorate Nursing Officer Children, Vulnerable Families, Early Years
48	Sarah-Anne Munoz Research Fellow, Centre for Rural Health, UHI Millennium Institute
49	Amy Nimegeer Research Fellow, Centre for Rural Health, UHI Millennium Institute
50	
51	Martin Robb Care Farming Scotland Board Member
52	Gaener Rodger Acting Co-director, Centre for Rural Health, UHI Millennium Institute
53	Kate Skinner Independent consultant; health and social services
54	Ninian Stuart Falkland Stewardship, Fife
55	David Ogilvie Policy and Strategy Manager, Scottish Federation of Housing Associations
56	Daye Tucker Farmer, and Care Farming Scotland Steering Committee member
57	Paul Vaughan SOLACE, Rural Scotland Group Member
58	Graham Watt Professor of Primary Care, University of Glasgow
59	Sara Bartram Well North Outer Hebrides
60	Dawn Blyth Ratray Equally Well Project
61	Tony Brighton Angus Cardiac Group (replaces British Lung Foundation Project)
62	Heather Buchan Cafe Connect, Aberdeenshire Can Do Community Recycling, Aberdeenshire
63	Kirsty Cathrine Forestry Commission Scotland - Branching Out
64	Sara Collier Children in Scotland - Access all Areas
65	Nicola Cottrell Aberdeenshire Signposting Project and the Aberdeenshire Post Natal Depression Support Network
66	David Dunstan Auchencairn Enterprise Centre, Dumfries & Galloway
67	Karen Fletcher Angus Cardiac Group (replaces British Lung Foundation Project)
68	Lynne Garrett Telehealth, Argyll
68	Yvonne Hendry Director, Pulteneytown People's Project
69	Kathleen Houston Working Health Services
70	Julia Howatson Healthy Valleys Initiative, South Lanarkshire

71	Rhona Kivlehan	Momentum, Grampian
72	Jude Knox	Aberdeenshire Signposting Project and the Aberdeenshire Post Natal Depression Support Network
73	Chris Lamont	Rattray Equally Well Project
74	Angus MacKiggan	North & West Sutherland Anticipatory Care Project
75	Caroline Matheson	Care Farmer, Black Isle
76	Ronnie MacRae	Achtercairn, Gairloch, Highland
77	Lesley McCranor	Healthy Valleys Initiative, South Lanarkshire
78	Katrina McNab	CEO, Pulteneytown People's Project
78	Hugh McNish	Forestry Commission Scotland - Branching Out
80	Angus A McWilliam	Forestry Commission Scotland - Abriachan Mental Health Project, Highland
81	Karen Nicoll	Aberdeenshire Signposting Project & Postnatal Depression Network
82	John North	The Pitscurry Project, Aberdeenshire
83	Gordon Snedden	Angus Cardiac Group
84	Barbara Stearn	Well North Dufftown
85	Tony Teasdale	Rural Stirling Housing Association
86	Maria Throp	Highland Community Care Forum & Greenspace Project
87	Pauline Watking	Port William Youth Sport Centre
88	Steven Wray	Support from the Start
89	James Ogilvie	Forestry Commission Scotland