

1st Meeting of the Stakeholder Forum Short Life Working group on Health Inequalities
1st December 2009

Background

The first Equally Well meeting was held on the 1st December in the Scottish Government building St Andrews House in Edinburgh. This was the first meeting of the short life working group that was set up as part of the Tackling Poverty Stakeholder Forum which brings together central and local government, COSLA, the third sector and people with direct experience of poverty issues. The short life working group was proposed by Kay Barton who is leading on the Health Improvement Strategy in Scottish Government. The areas of focus were: Alcohol and Violence, Early Years and Young People, Mental Health and Healthy Diet and Exercise.

A pre-meeting was held on the 19th November with a wider group of activists the outcomes of which were then reflected in the meeting with policy makers by the four activists listed below. This was to ensure a wider representation of the issues important to people.

List of participants

Kay Barton	Health Improvement Strategy, Scottish Government
Fergus Millan	Healthy Living, Scottish Government
Emma Hogg	Mental Well Being, Scottish Government
Melanie Welldon	Young People and Employment, Scottish Government
Lorna Ashcroft	Deputy Head of Community Safety Unit, Scottish Government
Sarah Welford	Policy and Parliamentary Officer - Poverty Alliance
Caroline Mockford	Community Activist for Poverty Alliance
Anna Stuart	Chair of Cassiltoun Housing Association
Dennis Moore	Community Activist - Sign Poster Project – Aberdeen
Karen Mclean	Community Activist - Scottish Drugs Forum - Edinburgh

Kay Barton started the meeting by giving some information on the Equally Well strategy and on the Ministerial Task Force that has been set up to oversee the strategy. Kay emphasised that Equally Well was not just looking at services but was trying to go deeper than this and to look at the underlying causes of health inequalities and attempting to address that.

Kay explained that today's meeting has been set up to get input from people living in communities affected by poverty so that this can be fed into the report made for the Ministerial Task Force who will be meeting again in March and May 2010.

The policy makers present at today's meeting are all responsible for writing Scottish Government policy and advising the relevant ministers in their area of

work. They also lead on the practical implementation of policy, working with Local Government, police and the health service.

Introductions

The floor then got handed to the Scottish Government policy makers who introduced themselves and gave more information on the work that they are involved in.

Kay Barton and Fergus Millan are responsible in the areas of Health Improvement in terms of encouraging people to make small changes in health and diet. Fergus looks particularly at diet and screening for cancer etc. They advise Nicola Sturgeon (Deputy First Minister and Cabinet Minister for Health and Wellbeing) and Shona Robertson (Minister for Public Health).

Emma Hogg is responsible for Mental Health Improvement which focuses on three core areas: Positive emotions over negative emotions, being in control of your life and making and maintaining relationships. This area looks mainly at suicide, self harm anxiety and depression.

Melanie Welldon works in the lifelong learning directorate on 'More Choices More Chances' which looks at young people and how to keep them engaged in education. She works under Fiona Hyslop – Minister of Education.

Lorna Ashcroft is the Deputy Head of the Community Safety Unit which falls under the Justice Directorate and looks at the following: crime reduction, violence; particularly knife crime and anti social behaviour. She works under Kenny MacAskill (Cabinet Secretary for Justice) and Fergus Ewing, (Minister for Community Safety).

Process

Sarah Welford then explained the process by which we are here today. She briefly explained the project that she is working on at Poverty Alliance called Evidence Participation Change which aims to bring policy makers together with people who have direct experience of poverty in order to create spaces for discussion where people can be better informed of realities on the ground and vice versa people on the ground can be better informed on Scottish Government anti poverty policy. One of these spaces is called the Stakeholder Forum which is looking specifically at Scottish Government responsibilities and in particular at the Achieving our Potential framework. This is a process that hopes to get voices heard on the framework and provide an ongoing assessment of the strategy. The meeting today was a suggestion from Kay Barton at the Stakeholder Forum which took place in September.

Sarah then explained the process that people had come through to get to the meeting today; a pre-meeting was held on Thursday 19th November where a wider input was given and the presentations given today represent the wider discussion that was had at this pre-meeting as well as drawing on personal experience. Then another meeting was held last Friday to go over what everyone had written to ensure that everyone was happy with the statements.

Sarah also stated that the people in front of us today are really active in their community, fighting against poverty everyday and that this was a really great opportunity to be sat around the same table discussing the issues with the people responsible for making policy on these areas. This is something that we very much welcome and hope that this can be replicated in other areas in the future.

The activists then gave their presentations on the different areas (**please see annex 1 for individual presentations**).

A discussion took place during and after on various different issues including alcohol foetus syndrome and the lack of information that is available in doctors with regards to this and also a lack of training of doctors in being able to identify potential cases.

Overall the responses to the presentations were very positive and there was a general consensus around the table that more input from grassroots activists was needed on Government policy.

“There is nothing quite like hearing it from the people who eat, breathe and sleep these issues”

“Very powerful but if we were to set up something on a regular basis it would have to be very well managed so that we don’t put too many demands on people”

“Really very interesting. I will definitely bring some of these issues in when speaking to other people”

“It is clear that we need to involve people with experience of the issues so that we get a deeper understanding of why people make the choices that they do”

There was also mention of how good services do exist but that they were not across the board. A question was asked of what the role of Scottish Government was in terms of monitoring how well Local Authorities are delivering on the Equally Well strategy and the response was that at very high level (SOA level) there has to be agreement on the priorities but less influence on what actually gets delivered on the ground. Melanie stated that they are in contact with the 32 Local Authorities and sit on more than 2 meetings a year with the partnerships but those partnerships will not give information on what things are looking like on the ground. Sarah suggested that this is where processes such as the one we are having now and the Stakeholder Forum are useful in getting that grassroots information.

Other main things that people mentioned in reaction to the presentations included:

- The need to look at NHS Services and support that is given to families.
- Access to counselling for children of which there is already a ‘heat’ target to try to decrease waiting times, however there is not enough capacity

within services at the moment to make a huge reduction so it is a slow but ongoing process.

- How practitioners need to be given more skills to engage with and understand mental health issues in order to respond better to them.
- The need to address domestic violence amongst women but also amongst men.

The meeting ran out of time to go any further with the issues but it was agreed that Sarah would send over the interventions by e-mail to Kay Barton who will distribute them amongst her colleagues present today.

Kay then suggested that they take time to think over what they had heard today and for them to come up with a document outlining what they think should be taken forward and then we would arrange a meeting at the beginning of February to discuss this further before they feed the report into the Ministerial Task Force who are due to meet in March.

Second Meeting of the short life working group on Health Inequalities 16th February 2010

The second meeting that took place was a follow up meeting where the policy makers present at the first meeting had the chance to respond to the issues raised by the activists. In between the first and second meeting, the Scottish Government team had taken away the activists' views and perspectives and investigated what was happening to help with these, both within Scottish Government and more widely in local areas across Scotland. **Full details of this can be found in Annex 2** under the different area sub headings.

The same participants were present as in the first meeting save for Jean Paul Little who took the place of Melanie Welldon from the Life Long Learning Directorate.

Review Meeting of the Ministerial Task Force

Kay reported on 16 February that the Ministerial Task Force had its first review meeting in January and had agreed to concentrate on a few very important things, where they felt that the 3 social policy frameworks were not yet having enough impact, or perhaps where more effort was needed because of the recession and the extra problems that is causing. The priority areas are:

- Support for families in children's very early years
- Improving the health of looked after children
- Ensuring that schools and teachers improve the health and wellbeing of their pupils in everything that they do
- Reducing problems associated with alcohol, drugs and violence
- Improving the health of offenders, particularly women offenders, because there is a big effect also on the health and wellbeing of their whole family.

- Trying to reduce the numbers of people living in persistent poverty over a long period of time. The recession is making this particularly difficult, as people who have not worked for a while are likely to find it even harder to get a job

These priorities fit quite well with the big themes and issues that the activists think are important. Kay is arranging for the activists' views and Scottish Government responses to be part of the ideas and proposals that the Task Force will consider and may include in their report in June. That report is going to be influential in deciding what Scottish Government, local authorities, health boards and others do in the future.

One of the strong messages that came out of this meeting was that a huge amount of work and initiatives are in place but that this is not necessarily reaching all communities. Activists were surprised at the amount of things that do exist and this raised important issues around communication of information and of ensuring that if something good exists in one area then lessons must be learnt from that and replicated in other areas.

It was decided that the outcomes of the short life working group on health inequalities would go to the Ministerial Task Force which is reviewing the 3 social policy frameworks. The full report for this can be found in Annex 2. A meeting a small group made up of some of the Task Force members will be set up before they write their final report. This will take place on April 15th with Shona Robison, Minister of Public Health and Carol Tannahill, Glasgow Centre of Population Health.

Annex 1
Community Activists contribution to the 1st Meeting of the Stakeholder
Forum Short Life Working group on Health Inequalities
1st December 2009

The following extracts are the compiled contributions of the community activists that took part in the Equally Well meeting held in December 2009. The themes we were asked to provide input on were: Alcohol, Drugs and Violence, Early Years and Young People, Mental Health and Health Diet and Exercise. The contributions were based on the views of a wider group of people that took part in the pre-meeting held in November, as well as the activists own personal experience.

Alcohol, Drugs and Violence

The alcohol drugs and violence section of the meeting was covered by Anna Stuart who lives in Castlemilk and is chair of the Cassilton Housing

Association, Glasgow and Karen McLean who is part of the Scottish Drugs Forum who brought the perspective of someone with experience of addiction issues.

Anna Stewart

Having lived in Castlemilk for 30 years and helped start up the very first housing corporation in Glasgow, I am really concerned about the problems we have now in our area.

In the early eighties the area I live in was one where a tenancy lasted three weeks due to harassment and a local gang called the 'Tay' ruled and destroyed the area. None of the gang worked and their source of income was their 'giro' and the money they made from goods they had stolen from shops and peoples homes.

Saturday nights were like Hill Street Blues. When police cars came into the area they were jumped upon and when the police officers came out of the cars they were hit by beer cans and bricks.

There was no investment from the District Council to the houses and after a clearance programme they moved out and the Co-op was formed. We started with 90 houses and now have 1200.

For years the problem with drink and drugs was small but now it has started up again and it has become a real problem with the age group starting at 12/13. These kids can be seen staggering about the street at 3 and 4 O'clock in the morning.

It is the same kids that get picked up by the police every week and taken home to their parents so why is nothing done about it?

We know that many of these kids are smoking as well so drugs will probably be involved.

One of the other problems we have is that the CCTV cameras are picking incidents up and when reporting them to the police there is no action as the police seem to prioritise the calls.

The relationship with the police has improved a little bit due to an exercise called EPIC where all partners made a presence in the area over a 12 week period funded by community planning. The public have no faith in the police because if they phone regarding an incident there is very seldom any response.

Violence related to drugs and drink in Castlemilk is very high. There is a court case just finished in the High Court where a youth killed a friend at a park – they were high on cocaine, cannabis and drink.

The violence also comes into the family home when teenagers stagger in drunk and fight with parents. The police usually are called out and the son or daughter removed after they have smashed the house up and threw punches at their parents. This is why we have to stop them drinking at an early age.

They complain that there is nothing to do - they need facilities, but within their own area because territorialism is very high in the peripheral estates. All the youth clubs and football pitches are now closed and sports activities run by the council are too expensive.

Karen McClean

Tackling Poverty

- People are being taken off their benefits and put onto JSA. Some of these addicts are living and have been living in active addiction for many years and are not ready to go back to work.
- Taking drugs has an impact on your physical appearance and this puts employers off. It makes it difficult to get a job.
- Health issues tend not to be addressed if people are actively using. When you are using your priority is getting drugs. Everything else comes after. There is no structure in your life so there is no space to think about other health issues.

Women's Aid

- Any women who goes into a refuge should be made to feel safe.
- Opportunities should be in place for fast tracking prescription services and various counsellors should be available.
- Key NHS services should be aware of signs of domestic violence as many women will not admit to domestic violence for many months and years.

Holistic approach

For addicts to recover, many issues need to be addressed such as accommodation, poverty, past trauma.

- There needs to be quicker more effective housing routes for the homeless.
- Quicker more effective offers of counselling as the majority of addicts have some major trauma in their lives either from childhood or during their active addiction.
- Cognitive Behaviour Therapy is good to help raise awareness of self and help to raise self esteem. Then it is possible to move on to eventual employability but there needs to be education and training opportunities.

- Just collecting a script is not enough - structure, various therapies, help issues, accommodation need to be looked at. In order to recover, addicts need the whole package to see that a new way of life is possible.
- There is nothing in the community for addicts to show them that another way is possible. Putting people on methadone is not enough. More counselling and support services are needed.
- There is a gap in services where children can go and speak to people about their problems if they live in a family with drug problems. Although there are social workers, children and parents are scared to speak to them due to the risk of children being taken away. In Edinburgh there is a play group called Sunflower for 8-10 year olds where they can get counselling but this should be extended to other ages. Even when parents have become clean, the issues don't automatically go away for children.

Causes and symptoms

Addiction doesn't discriminate. Addiction is both drugs and alcohol. People use drugs and alcohol for the same reasons. The same difficulties lead people to misusing drugs and alcohol.

Issues of poverty and disadvantage need to be taken into account when dealing with addiction issues. The symptoms such as crime and trying to tackle it with methadone prescriptions is necessary but this on its own is not enough. This would be missing the point, the causes need to be addressed and these tend to be highly connected to issues of poverty and disadvantage.

Mental Health Issues

The following contribution was made by Dennis Moore who is a community activist in Aberdeen who works on the sign poster project for older people.

With over 10 years experience in Mental Health Employment Development here in Aberdeen although semi retired now I still stay in touch with the services (or the lack of services here). What I find really tragic and unforgivable is that I still see Mental Health Service Users walking around the city, still unemployed, with very limited job opportunities, not being able to access supported employment in Social Enterprises and telling me that services like drop ins and user networks are being closed. They also inform me that services within health care is very limited and in some cases have been cut and that it is extremely difficult to obtain more than an initial assessment.

What is more difficult to understand is that Aberdeen, through the statutory, health and voluntary sector used to have a very vibrant and positive approach to mental health. In fact in 1989-2002 it was very much in the forefront of developing new services in particular for adults wishing to return or access employment services, training or further education.

The problems appear to be much the same around the country as discussed with my colleagues at the meeting in November.

- I understand Doctors only received 2% on mental health training during their initial training.
- There seems to be a lack of CPN (Community Psychiatric Nurses) available in Doctors practices
- I know in Aberdeen there is only one counselling service available with a long waiting list. Just a 45 minute initial consultation and then it could be 3/6 months before the next. The rest of the counsellors in the city are private.
- I certainly heard from people I know and ex clients that on many occasions, especially on the initial consultation the policy seems to be medication first from doctors.
- Aberdeen has 3 very good social enterprise and businesses, but again there are limited places available. So if the place is full, you could wait for up to 6 months to year for an appointment. This in it self is a major problem and causes tremendous strain and pressure on people. This in turn leads to a whole of range other disadvantages, leading to drug, alcohol and in some cases even violence.
- Two of these social enterprises have over the last year had a policy that clients can only be trained and work for two years and then have to move on. I understand that nothing is provided in the way of a support service after they have left. As some of these enterprises only provide low skilled work, the chances are they will still be unable to access open employment either part or full time. Now with rising unemployment and the recession with us, the disadvantaged have become more vulnerable and excluded and are more likely to become victims of poverty.
- Mental health problems don't discriminate, on age, gender, race and religion. It affects 1 in 4 of the population in Scotland and has also been treated as a Cinderella Service within the health and social sector in that in comparison to other services for example learning difficulties there is not as much funding. Funding has been taken out of health and put into social care.
- It also affects people who have had a good standard of education, hold professional jobs and have earned a good living wage but find themselves mentally unwell, lose their job, unable to find work because of their illness. In some cases they lose their home. During the period they are unwell, they don't only need medical help they also need practical support. Like home repairs, gardening, help with their children and financial education.
- People with limited job skills and a poor standard of education are even worse off, because they have very little opportunities to pull

themselves out of their situation and will possibly be on long term benefit

- People who have mental health issues are very easily stigmatised and employers are not willing to take them on.
- People who are on incapacity benefit are being taken off this but there are no jobs and no support from employers.
- I have been involved in mental health matters for 10 years, I have seen some progress in these years, but being honest I still see many ex clients in the same downward spiral. With services being reduced and cut they have very little opportunities to progress.

In conclusion, poor mental health has a devastating impact on people's lives and it should be one of the top priorities of the Scottish Government to provide excellent, sustainable and holistic services within our communities. I know these are difficult times and finances are stretched. But the wealth of our nation is its 'People'.

Early Years and Young People

Caroline Mockford is a community activist who lives in Govan and she made the following contribution on the Early Years and Young People section.

The following recommendations are the representative views of mothers in my community, myself and the Stakeholder Forum of Poverty Alliance, all of whom have a vested interest in children.

NO.5 FOETAL ALCOHOL SYNDROME

As well as conducting this survey, the Scottish government should also show pictures and highlight to parents what could happen to their children if they developed foetal alcohol syndrome.

NO 6. NHS BOARDS SHOULD IMPROVE BREAST FEEDING RATES IN DEPRIVED AREAS AND AMONG DISADVANTAGED GROUPS.

1. There have been some good initiatives regarding breast feeding classes in deprived areas and in affluent areas a positive impact has occurred but in deprived areas, many mothers have dependency on anti-depressants/alcohol/drugs; many mothers also exist on unhealthy/fat laden foods.

Is their breast-feeding milk actually going to more harm than good to their babies?

It might primarily be better to re-educate these mothers on healthy eating habits, so their breast milk will benefit their children.

NO 8. THERE SHOULD BE A RANGE OF SERVICES THAT IDENTIFY NEED AND PROVIDE SUPPORT TO THE MOST VULNERABLE CHILDREN AND FAMILIES.

1. There seems to be ample support for adults with medical health issues, but children's mental health seems to have been ignored. Access to quicker mental health diagnosis and treatment for children is required. The current waiting list for CAMHS (Child and Adolescent Mental Health Services) is approximately 2 years! How to access these services should be advertised, as many parents are unknowledgeable about how to do so.

2. More support in the form of counselling for abused children and their parents is required, as well as waiting times to access these services, (reduced from 6 months to 1 month).

If young children are not helped immediately, they can become teenagers/adults, many of whom end up with drugs/alcohol/suicide and mental health issues. (Break through for Women)

3. Children on the autistic spectrum should not be expected to wait 1.5 to 2 years for a diagnosis.

NO 9. THE GOVERNMENT SHOULD CONTINUE THEIR SUPPORT TO CHILDREN WHO LIVE IN HOUSEHOLDS OF ALCOHOL OR DRUG MISUSE

1. They should also include the provision of more nurseries for these children enabling them to achieve equal life chances who are on maintenance prescriptions to enrol in support/counselling lessons.

NO 11-14. CURRICULUM FOR EXCELLENCE

1. Teachers who work in deprived areas need to be trained to understand the impact that poverty has on their students.

2. How can the Government guarantee jobs to students who remain in education (aged 16+) in areas of deprivation, especially in the current recession. " Why bother to get an education, when there are no jobs anyway".

3. If jobs are being guaranteed to students who remain in education (aged 16+) what happens to those who have dropped out of school?

4. The Government need to ensure all subjects their pupils require, are available so pupils can achieve their full potential.

(As no higher history was available to a pupil who required it to become a teacher, the pupil decided not to follow that routine and left school, now relies on benefits - a waste of talent).

5. Children should be offered chances to take up the opportunities for new experiences which could lead to their future employment i.e. Rolls Royce engineering sponsoring outward bound experiences to female pupils which included engineering classes (bridge building), government sponsored initiative such as this should be implemented especially in deprived areas.

6. Schemes for apprentices have proved to be working with more applicants than placements available, these schemes need to be increased.

7. In one school healthy eating was encouraged by the provision of free fruit every afternoon and smoothie making classes were introduced. This should be encouraged in all schools through government spending.

NO 14. PHYSICAL ENVIROMENT THAT PROMOTES HEALTHY LIFESTYLES FOR CHILDREN

1. Where can green spaces be found in built up urban areas? Are existing parks in deprived areas a safe environment to take children to? Many are full of broken alcohol bottles, used syringes, dog fouling, no toilet facilities and gangs of disruptive youth. Can measures not be implemented to improve these existing areas with safety issues for children taken into account?

2. In some areas the nearest park is a bus ride away. Green spaces are good if they are accessible but you need transport to get to them. Buses with pram spaces are limited.

NHS24

Regarding nhs24 this is a vital service for many in poverty especially single parents/ parents who have children with disabilities. Many people living in poverty do not have access to a landline only a mobile phone, whose costs for calling NHS 24 are often over 5 pounds.

This is a vital service and people in poverty are being penalised and their children are at risk if this service does not become free, especially with the current swine flu epidemic

Healthy Diet / Exercise / Weight

The following contribution was written by Nell McFadden, MBE who is based in Inverclyde and who sits on various different chairs of community groups.

Exercise

1. Exercise facilities are sometimes too expensive and not easily accessible. This restricts the use for many people.
2. Safe cycle paths are needed if you want to encourage people to cycle. Financial support is required if you want people to buy a bike.
3. Most authorities have walking programmes where anyone can take part. There is free swimming for OAP's and young folk in Inverclyde which is really positive, however there are many hidden costs as you still have to pay for transport and lunch costs. Some slimming clubs also encourage members to meet and walk together once a week and give good healthy eating recipes.
4. People who are healthy are happy but more needs to be done. More green spaces and opportunities to take part in outdoor exercise are needed.
5. Some parts are havens for drug users with discarded needles and bottles. Some areas need managing.

Children

1. Child health weight intervention is a target and Active Children Eating Smart is a new childhood obesity intervention developed by NHS Greater Glasgow Health Board and Clyde, piloted for three years in Community Health (Community) Partnership areas, targeted at children and families of children aged 5 to 15 years old with a BMI of 98th percentile. It aims to assist children to lose weight or, not gain weight.
2. Primary schools in Inverclyde and beyond are promoting healthy eating at lunchtime. Fruit and vegetables are included and pupils are encouraged to drink water instead of fizzy drinks. There are now health group committees in schools.

Healthy Eating

1. It is obvious that many parents need cooking classes. In Inverclyde a group called Stepwell has included healthy eating with cooking schools

- which teach people how to make good healthy meals. This has been a real success story.
2. Healthy eating and exercise of whatever kind needs to be to a high priority. We all need to be more health conscious, not just the authorities. We need to take responsibility for our health.
 3. The Government can help by starting with young mothers and primary schools. We need to be re-educated about the benefits of healthy eating and exercise.
 4. Food initiatives that deliver good quality food at reasonable prices is very positive. Fruit and vegetables need to be affordable.

Vulnerable groups

1. In Inverclyde homeless people can come to a venue issuing a free dinner every week.
2. Drug users have chaotic lives – eating healthily does not always fit into these lives. There needs to be more healthy food available at the centres that people go to.
3. Some groups need more specific actions. Mainstream initiatives can often miss out people that need it the most. Things are happening but are not targeted appropriately for these vulnerable groups.

General

1. Free health checks needs to be made available to everyone including school children. More money is needed in Schools. Early child assessment.
2. There is a need for school nurses to be brought back.
3. More mothers are being advised to breastfeed their babies but 12,000 midwives are needed.
4. Resources need to be targeted at reducing health inequalities in the long term.
5. Encouraging staff in the work place to take exercise during their lunch break – the councils are leading on this and it is really positive and in Inverclyde our local hospital.

Annex 2

Report of the Tackling Poverty Stakeholder Forum short life working group on health inequalities 16th February 2010 To be submitted to the Ministerial Task Force Meeting

Background

This is a paper about the views of a group of people directly affected by poverty and health inequalities. It has been written to inform the Ministerial Task Force review of the Scottish Government's 3 linked social policy frameworks: Equally Well, The Early Years Framework and Achieving our Potential. Each of these frameworks is not only looking at improving public services, but trying to go deeper than this and examine the underlying causes of poverty and poor health and the need to make sure that all children get the best start in life.

In its review, taking place at the moment, the Ministerial Task Force wants to:

- Gauge how well key organisations, including Scottish Government, have been able to respond so far to the principles and recommendations in Equally Well, and
- Make additional recommendations to give impetus to the vision for tackling inequalities set out in the 3 linked social policy frameworks, especially as current and future public sector budgets will be very tight.

The group held two meetings, on 1 December 2009 and 16 February 2010, to bring people with different experiences of poverty and inequalities together with policy makers who are responsible for writing Scottish Government policy and advising the relevant Ministers in their area of work. The Scottish Government people also lead on the practical implementation of policy, working with local government, police and the health service, for example.

Who we are

The Poverty Alliance activists were:

Anna Stuart, Chair of Cassiltoun Housing Association in Castlemilk
Dennis Moore, Sign Poster Project, Aberdeen
Karen Mclean, Scottish Drugs Forum
Caroline Moxford, Community Activist, Poverty Alliance
Nell McFadden, active in the Scottish Pensioner Forum and several other local organisations in Inverclyde

The Scottish Government policy makers were:

Kay Barton and Fergus Millan: responsible for health improvement, encouraging people to make small changes in exercise and diet. Fergus also looks particularly at screening for cancer etc. They advise Nicola Sturgeon (Deputy First Minister and Cabinet Secretary for Health and Wellbeing) and Shona Robison (Minister for Public Health).

Emma Hogg: responsible for mental health improvement which focuses on three core areas: promoting good mental wellbeing (this includes increasing feelings of confidence and being in control of your life and promoting key life skills such as problem solving and decision making), the prevention of suicide, self-harm and common mental health problems (anxiety and depression) and improving the quality of life of those experiencing mental health problems or mental illness (areas such as social inclusion, physical health, stigma and discrimination and recovery)

Melanie Weldon and John Paul Liddle: work in the Lifelong Learning Directorate on 'More Choices More Chances' which looks at young people and how to keep them engaged in education and employment. They work under the Cabinet Secretary for Education, Mike Russell.

Lorna Ascroft: the Deputy Head of the Community Safety Unit which is in the Justice Directorates and looks at the following: crime reduction, violence; particularly knife crime and anti social behaviour. She works under Kenny MacAskill (Cabinet Secretary for Justice) and Fergus Ewing (Minister for Community Safety).

EPIC

Sarah Welford of the Poverty Alliance brought the activists together. She is working on a project at the Poverty Alliance called Evidence Participation Change (EPIC) which aims to bring policy makers together with people who have direct experience of poverty. This is in order to create spaces for discussion where people can be better informed of realities on the ground and vice versa people on the ground can be better informed on Scottish Government anti poverty policy. One of these spaces is called the Stakeholder Forum which is looking specifically at Scottish Government responsibilities and in particular at the Achieving our Potential framework. This is a process that hopes to get voices heard on the framework and provide an ongoing assessment of the strategy.

What we did

The two meetings needed a lot of preparation by the activists. They had held a pre-meeting before 1 December and worked up presentations and papers, representing the wider discussion there, which they brought along on 1 December. There had been another preparatory meeting to go over what everyone had written, to ensure that the whole group was happy with the inputs.

For the second meeting on 16 February, the Scottish Government team had taken away the activists' views and perspectives from 1 December and

investigated what was happening to help with these, both within Scottish Government and more widely in local areas across Scotland.

Kay reported on 16 February that the Ministerial Task Force had its first review meeting in January and had agreed to concentrate on a few very important things, where they felt that the 3 social policy frameworks were not yet having enough impact, or perhaps where more effort was needed because of the recession and the extra problems that is causing. The priority areas are:

- Support for families in children's very early years
- Improving the health of looked after children
- Ensuring that schools and teachers improve the health and wellbeing of their pupils in everything that they do
- Reducing problems associated with alcohol, drugs and violence
- Improving the health of offenders, particularly women offenders, because there is a big effect also on the health and wellbeing of their whole family.
- Trying to reduce the numbers of people living in persistent poverty over a long period of time. The recession is making this particularly difficult, as people who have not worked for a while are likely to find it even harder to get a job

These priorities fit quite well with the big themes and issues that the activists think are important. Kay is arranging for the activists' views and Scottish Government responses to be part of the ideas and proposals that the Task Force will consider and may include in their report in June. That report is going to be influential in deciding what Scottish Government, local authorities, health boards and others do in the future.

The next part of this report summarises the issues and problems that the activists raised and the responses by Scottish Government people. The issues have been grouped together, so that Scottish Government responses can follow each section. In fact our discussion was more wide ranging and prompted the activists to share more personal experiences as we went along.

Healthy Eating and Exercise

The activists' points included:

- There should be better information about healthy food and it should be more affordable and accessible, for example through food coops and fruit barras
- Schools should teach more cooking skills and so should organisations working with adults in the community

- It should be easier and cheaper for people to take exercise, for example, swimming and cycling
- Weight management and slimming can be as important for older people as for younger ones
- There should be more encouragement for women generally to breast feed

Fergus responded about some of the current national work:

- The school curriculum is being improved through the new Curriculum for Excellence. This has health and wellbeing as a theme running across all subjects taught in schools. The Task Force does feel that teachers may need more skills to make this work, however.
- Teaching cooking in school may be a problem if the school does not have the right facilities. Scottish Government funds a mobile cooking bus that turns into a classroom and can be booked for cooking lessons, by schools and by community groups. He is giving details of how to book it to Sarah.
- Another way to improve health and wellbeing of children through schools is to look at new ways for school nurses to work. Scottish Government is funding pilots in 4 parts of the country to explore this and they are helping with better support for families and making children's transitions e.g. between nursery and primary school, work more smoothly.
- Recipe for Success, the Scottish Food and Drink policy launched in June 2009, says that healthy food, sustainably produced is very important. There is a lot of work on making healthy food more affordable and accessible, for example, through enterprising ways to support networks of food coops. Community Food and Health Scotland is the umbrella body for local healthy food groups, supporting them in various ways, including making small grants to local groups.
- Scottish Government is concerned that girls and older women are not taking enough exercise. There are some interesting projects locally e.g. encouraging girls to take up dance, but many of these are not yet widespread enough. Fergus agreed that costs of transport and meals could be a problem as well as the cost of leisure facilities. So could people's lack of confidence and we need to look at how to improve support on all of this.
- Healthy eating for young women, even before they get pregnant, and for very young children is really important as it does a lot to determine people's health later in life. Fergus agreed that ante-natal services run by midwives and then support for families by health visitors are really important. The Task Force is looking at how the professionals can get better at giving the most support to the people who need it the most.

Alcohol, Drugs and Violence

The activists' points included:

- Services need to take a whole-person approach to supporting people's recovery from drug and alcohol problems. This means providing the right kind of treatment, when people need it, but also looking at underlying causes of addiction and previous trauma, helping to sort out accommodation, domestic violence issues and health needs unrelated to addiction.
- There is not enough support for children affected by their parents' drug or alcohol problems, and support for children often stops when the parent is clean, although the children may be deeply affected still and need help.
- There are not enough activities for young people to do, so they often drink too much and cause a nuisance in their community. Communities feel that the police response to anti-social behaviour by young people is insufficient.
- Parents should take more responsibility for young people's behaviour, particularly with regard to early drinking and the alcohol culture that we live in.

Lorna responded that Scottish Government and other current work includes:

- "Road to Recovery", the Government's drugs strategy, is focused on all services and organisations working together to support the recovery of individuals. Alcohol and Drug Partnerships have been established to help local services work together effectively;
- Children affected by parental substance misuse are a priority, and the Strategy says it is very important that support for children is built into local services planned by the new Alcohol and Drug Partnerships;
- The newly established National Recovery Consortium also has an important role to play in helping to promote recovery across Scotland;
- Local community safety partnerships of public sector organisations and others are encouraged to understand better the reasons for young people's anti-social behaviour and look at how to improve things for young people themselves and for victims of offending behaviour. Some of this is about encouraging different organisations to work better together and to share information about clients, while respecting confidentiality;
- Part of the support we provide to practitioners working in community safety and anti-social behaviour is to encourage them to share experiences and to publicise their activity locally;
- There are some good examples of interesting local services e.g. Glasgow Community Safety services. This brings together professionals like social workers, teachers, nurses, youth workers. An example of what they do is a 6 week programme of work with a young offender's whole family, to understand the young person's offending behaviour, link them and the family up to the services they need and try and prevent the need for a formal Anti-Social Behaviour Order. Good examples like this need to happen more widely across Scotland though.

- Using funds recovered from crime we run the Cashback for Communities programme which provides diversionary activities for young people to increase the opportunities they have to develop their interests and skills in an enjoyable, fulfilling and supported way, in their local areas. The difference this programme is making to young people's lives has been heavily publicised in local media.
- We are supporting 6 pilot projects to develop community engagement in finding local solutions to community safety issues. We will also be publicising the progress of these pilots among practitioners in local media.

Employment Opportunities

The activists were keen to see:

- More supported employment opportunities
- More support for young people leaving school to get good work experience, apprenticeships etc
- More use by the public sector of community benefits clauses in their contracts, for example, making sure that local people are employed on such contracts
- More understanding and support for people who have mental health problems or have had them in the past, to be able to work

John Paul and Emma described some of the things the Government is doing at the moment:

- Putting in place a 16+ Learning Choices guarantee for every young person to have a school or college place, training or an apprenticeship, a volunteering opportunity, or other forms of work or learning, by December 2010. This is especially challenging as there will be a large group of school leavers in June 2010.
- The Government is working hard with local partnerships of schools, colleges, employers and others to deliver this guarantee.
- There will be activity agreements, which are packages for the most vulnerable young people giving them intensive advice and guidance on learning and employment.
- The Government has learned from consulting on activity agreements that they need to involve young people in designing services to support them. It is also very important to include community and Third Sector providers of services.
- The Government is reviewing careers advice for young people, whether it comes from bodies such as the Careers Service or from teachers, social workers, youth workers, parents etc. It is difficult sometimes to separate out careers advice from other advice young people need to deal with issues in their lives such as health problems.

- If young people stop going to school, it is very important to follow this up straight away. It can be hard to re-engage young people once they have not been attending school for a while.
- The activists still felt that there are lots of young people hanging around who do not seem to be getting the benefit of new government programmes. Sometimes good local projects stop because their funding has dried up. The sorts of change the Government is now bringing in should be about permanent services, not time limited projects whose funding is vulnerable to cuts.
- There needs to be better support for people with mental health problems to hold down a job in mainstream employment. Scottish Government will be piloting “Individual Placement and Support” for people with mental health problems. Rather than helping people with mental health problems who are not working to get jobs by providing training, development and sheltered work to prepare and then place the person in paid employment IPS seeks to get people into competitive employment first with training and support on the job. A key strength of the IPS model is that it brings employment specialists into clinical teams and provides individualised support for the person and their employer.

Mental Health Problems

The activists were concerned about:

- Children with mental health problems not getting help from the NHS when they need it and their parents not getting good support either
- People with problems with their mental health and wellbeing needing better access to psychological therapies, such as cognitive behaviour therapy

Emma said Scottish Government are:

- Increasing the trained NHS workforce in child and adolescent mental health services. It takes time and increased resources to train professional staff. There is a target for the NHS that, by 2013, no one will have to wait more than 26 weeks for these services.
- Working with NHS Boards and other partners to continue to address and progress the recommendations made in *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care* and other related policy documents.
- Taking forward a specific commitment to expand and improve access to psychological therapies for all ages. The Scottish Government is working closely with NHS Education for Scotland (NES) and NHS Boards to deliver this

commitment to meet patients' needs better and sooner. This includes the needs of particular groups of people, for example, older people, people with learning disabilities or drug and alcohol problems. Scottish Government is also committed to developing an NHS target for access to psychological therapies over this year for announcement in 2011-12.

- Funding 2 pilots on improving access to self-help therapies for people with mild to moderate depression or anxiety. *NHS Living Life* is run by NHS24 and involves 5 regional NHS Boards; "*WISH*" pilot (Widening Access to Self Help) is hosted by NHS Greater Glasgow and Clyde and involves 3 other regional Boards.

Emma will share more detailed briefing with Poverty Alliance on all of the work that is going on in these areas at the moment.

Other Issues

The activists raised some other points that didn't fit into the above categories:

- Foetal alcohol syndrome, which can severely damage babies and affect children's development. Pregnant women and parents need more information to recognise early warning signs.
- Calls from mobiles to NHS24 should be free.
- The recession is likely to have a particularly bad effect on Third Sector projects. There should be more financial support for social enterprises, especially those creating employment opportunities.

Kay has looked into these issues and provided the following feedback after the 16 February meeting:

- Scottish Government takes foetal alcohol syndrome very seriously. There is an Equally Well recommendation about it. There has already been some work identifying issues such as promoting public awareness, training and support to communities and service providers, agreement and guidance across Scotland on how doctors make a diagnosis, development of routine data collection systems and partnerships with the Third Sector to support parents and communities. A small team is being recruited, dedicated to addressing all of this and this should be in place by the end of March. Kay will make sure that the activists' views are given to the new team and that they follow up the activists' concerns.
- There has been a petition to the Scottish Parliament on calls from mobiles to NHS24. There has been some progress. The telephone number 111 has now been allocated by OFCOM for access to non-emergency unscheduled health care, like that provided by NHS24. There will be 3 pilots in England, making calls to 111 free to all callers, including those using their mobile. The Scottish Government and NHS24 are going to

- learn from these pilots and a decision will be made in Scotland when the pilots finish about whether to adopt the 111 route for calls in Scotland.
- Emma said that Breathing Space, a helpline for people who are feeling down or depressed, already takes free calls from people using 3 of the large mobile providers and talks are going on with another 2 big mobile providers to make calls free from their users too.
 - Scottish Government does understand that tight public sector budgets may mean funding for Third Sector services and projects is at risk locally. There are some central funds to help: a Resilience Fund which took applications for funding in October and November 2009 and an Investment Fund which helps established Third Sector organisations improve their capacity and financial sustainability. There are also other kinds of support for Third Sector organisations, for example, advice to aspiring social enterprises, financial management training, training in how to write tenders when bidding to provide services and mentoring for the Third Sector.
 - The Scottish Government knows that, in spite of this kind of support, local organisations are still facing funding pressures and the Task Force will look at some possible future options to help.

General Issues

Sarah raised two general points in December and February:

- How important it is to share good practice across Scotland, so that it is known about outwith the local area where it started. Scottish Government does try and promote good practice to local government and to the NHS, but perhaps there is more to do to make sure that activists and their communities know about interesting ideas that work well.
- The role of Scottish Government in making sure the recommendations and action in the 3 social policy frameworks are actually put into practice locally, through community planning partnerships and the single outcome agreements that these partnerships now have with Government. The single outcome agreements are at quite a high level, so the Government has less influence on what is actually delivered on the ground. This is something to consider in the Government's continuing relationship with community planning partnerships across the 32 local authority areas in Scotland.

Working Together in the Future

The activists discussed their experiences of working in some local partnerships, such as Alcohol and Drug Partnerships, NHS Patient and Public Forums. Some of these experiences have been good: the activists' views have been heard, respected and acted upon. In other cases, it feels more tokenistic and activists' voices are heavily outnumbered by people from big organisations. Sometimes

there needs to be a better balance on such forums. In other cases, the professionals needs to think differently about the ways their groups engage and make decisions.

The Scottish Government people at the meeting were very positive about these 2 meetings.

There is nothing quite like hearing it from the people who eat, breathe and sleep these issues”

“Very powerful but if we were to set up something on a regular basis it would have to be very well managed so that we don’t put too many demands on people”

“Really very interesting. I will definitely bring some of these issues in when speaking to other people”

They put forward some ideas for national policy forums that the Poverty Alliance and activists might want to get involved in. Groups linked to Road to Recovery e.g. the National Recovery Consortium were mentioned as good at involving service users and people who have had drug problems in the past. There are several groups in the Mental Health and Wellbeing field that would benefit from activists being involved.

The Scottish Government people will talk to their colleagues in other policy areas about different and better ways to engage people from local communities with an interest in the issues in national policy groups in the future.

What Happens Next?

Kay will arrange for this report to go to the Ministerial Task Force reviewing the 3 social policy frameworks, and for a discussion with a small group of Task Force members before the Task Force writes its final report.

Sarah and Kay will talk about how to feedback this group’s work to the EPIC Stakeholder Forum on 26 March. The subjects we discussed are of interest to the Forum. So is the way we organised the group, so that we prepared carefully, listened to each other and following up between meetings on what we had heard, with proper feedback.