Health, Wellbeing and Regeneration in a Cold Climate

A report from the 2009 SURF Annual Conference

West Park Centre, Dundee
26th February 2009
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"Bold and innovative regeneration has a crucial role to play in strengthening communities, tackling poverty, and reducing inequality. I welcome the emphasis SURF has placed on the important link between successful regeneration activity and improved levels of health and wellbeing for individuals, families and communities."

Alex Neil MSP, Minister for Housing and Communities
1 Introduction

SURF is Scotland’s independent regeneration network, sharing information and promoting discussion so as to help shape, policy, opinion and the delivery of successful regeneration efforts in Scotland. We aim to stimulate constructive debate about community regeneration; to promote and disseminate examples of current practice; and to achieve a higher status for community regeneration on Scotland’s political agenda.

We do this through organising seminars, study visits and lectures; by publishing documents such as a quarterly journal, reports and briefing notes; through organising an annual awards scheme; and by working closely with key policy makers.

We utilise our position as a truly independent forum for our wide membership to explore current practice and experience, and then to positively influence the development of successful regeneration policy.

Through our close links with the Scottish Government and its agencies, we act as a channel for information, consultation and policy proposals based on the knowledge and experience of our membership and the wider networks we connect with.

A key feature in SURF’s programme of events and publications is our Annual Conference.
2 Background

SURF has been working for some time to promote the links between the regeneration and health agendas in Scotland. At our 2008 Annual Conference, it was asserted that, "health and wellbeing is the point of regeneration, not just a factor in it."

With that in mind, and with a view to supporting ongoing national and local government efforts to support a ‘flourishing’ Scotland, despite the difficult economic climate, SURF adopted the linkages between health, wellbeing and regeneration as the main focus of our 2009 Annual Conference.

The purpose of the event was to explore options for linking health and regeneration agendas in promoting wellbeing.

SURF’s greatest asset is its independent network of regeneration practitioners, policy makers and academics. The expertise, experience and commitment of our members and contacts are key to unlocking long-standing problems and meeting new challenges in the future.

Our 2009 Annual Conference was an important step towards further enhancing understanding and co-operative action in future efforts to regenerate Scotland’s most disadvantaged communities.

The one-day event featured expert keynote speakers and a wide range of topical discussion groups, as well as additional interactive activity such as electronic voting and plenary debate sessions. This paper summarises key learning outcomes from the event.

A range of supplementary materials, such as further reading suggestions, a delegates list and keynote presentation slides, can be downloaded from the ‘Knowledge Centre’ of the SURF website at the following link:

Link: http://www.scotregen.co.uk/knowledge/events.asp?sid=2

"When the property boom was in full swing over the last decade, lots of activities were labelled as ‘regeneration’ projects. In fact, many of them were simply commercial enterprises that turned out to be largely unconnected to real and sustainable community regeneration. In the current, very different environment of the recession, it is important to sort out what we can most usefully do together to protect and improve the longer term health and wellbeing of Scotland’s communities. This conference was an important step towards doing that by further enhancing understanding and co-operative action."

Andy Milne, Chief Executive, SURF
3 SURF and the City of Dundee

SURF was pleased, once again, to host its Annual Conference in Dundee.

3.1 Welcome from Dundee

Cllr Kevin Keenan has been Leader of Dundee City Council since May 2007 and has held a number of roles in the Local Authority including Convener of Communities. He is also Chair of Dundee Partnership, which is one of SURF’s key sponsoring members.

Cllr Keenan welcomed the 120 delegates at the Annual Conference on behalf of the City of Dundee. He noted that:

- Dundee is a real city of discovery, producing a wealth of valuable research and related activities. The University of Dundee, for example, is renowned for the quality of its digital and medical research.

- However, community wellbeing is a major area of concern, especially at a time when many council budgets are being affected by the recession

- As an elected representative of the community of Ardler in the north west of the city, he has witnessed changes that have brought about by a general improvement in community wellbeing. The council has had significant success in tackling the graffiti, vandalism, antisocial behaviour, low morale and abandoned housing that previously blighted the neighbourhood.

- There are still, however, a lot of negatives; one-third of the community falls within the most deprived 15% decile of the Scottish Index of Multiple Deprivation. The continued presence of drug and alcohol problems is a further regeneration challenge.

- Dundee, as a whole, has had many successful initiatives tackling a wide range of social, environmental and economic problems. These include schemes providing Employment in Aftercare, Information & Communications Technology Workshops, and Lone Parent Training.

- There is also a great deal of good work being done by a range of innovative voluntary and community organisations working with tight budgets – some Dundee-based projects have recently been recognised in the SURF Awards for Best Practice in Urban Regeneration.
3.2 Welcome from SURF

Ian Wall is a long-standing SURF Board Member. He was Chief Executive of the EDI Group, which he helped create, for seven years until retiring last year. In 2008 he was awarded the Lighthouse Achievement Award for contribution to architecture in Scotland. He has been Chair of SURF since 2006.

Ian introduced the Annual Conference on behalf of SURF. In his opening remarks, he said that:

- The last fifteen years represented an extended period of uninterrupted economic growth. Where did all the wealth generated in this period go?

- Minimum wage, the tax credits system, etc. have all made a positive difference in this time but there have been negatives too – continuing high levels of unemployment, privatisation of public assets, low state pensions, and now a worsening housing problem. Such problems were generally isolated to poorer sections of society.

- Employment had been identified as the best route out of poverty and that is where the main social regeneration effort was made. As unemployment rises dramatically again these policies are being questioned and challenged. Has there been too much reliance on the private sector?

- It can be unhelpful to be overly pessimistic. Realism, however, is needed. Lots of jobs are being lost and poverty is spreading rapidly. Now is the time to act, to look back and see what has worked in regeneration.

- We must distinguish between ‘green shoots’ and the ‘fig leaf’ - painting murals on the side of neglected housing, in the absence of other efforts for example, will not make any meaningful difference to people’s lives.

- Investment will make a bigger impression when it is made in vulnerable people, rather than banks.

- The economist Keynes is being re-evaluated at the moment. One of his messages which is not being picked up in media coverage, was that living standards must be maintained through a recession.

- Genuine success is the winning of the intellectual argument that health and wellbeing is at the centre of regeneration. The scale and nature of Scottish civic society offers an excellent chance of working closely together for a better Scotland. That is what SURF is about.
3.3 Guest Chair, Gregor Henderson

Gregor Henderson is an independent consultant, advisor and speaker in mental health and wellbeing.

He was the Director of Scotland’s National Programme for Improving Mental Health and Well-Being from April 2003 – March 2008. The National Programme is internationally recognised and respected for its work and is recognised by World Health Organisation Europe and the European Commission as an example of good practice in national policy and implementation in mental health. The National Programme’s role is to help transform attitudes, behaviour and actions in the promotion of mental wellbeing for people living in Scotland, the prevention of mental health problems, mental illness and suicide and in improving the quality of life, equality, wellbeing, recovery and social inclusion of people experiencing mental illness.

Gregor provided the following opening context:

- Alex Neil MSP, the incoming Scottish Government Minister for Housing and Communities, has provided a statement to conference delegates (see Appendix C) that calls for ‘bold and innovative regeneration’. This is exactly what is needed in the current financial climate.

- We must share experience to take forward good ideas. How do delegates feel about the future of health and wellbeing in Scotland? The conference should provide reinvigoration alongside proposals for practical action.

- Do we continue to look for regeneration based on investment in property, or on social capital? Has the economic bubble burst, or is it just deflating? These are just some of the important questions that the conference guests were asked to consider.

The Guardian newspaper had, on the day of the conference, produced a poem in praise of Dundee in the style of the “world’s worst” poet, William McGonagall. During his opening remarks, Gregor invited a representative of the Brooksbank Centre, a Dundee-based project that won the ‘Partnership’ category SURF Award for Best Practice in Urban Regeneration in 2008, to read the poem aloud. The poem can be viewed online at the Guardian website. ¹

A presentation on supporting local delivery via the Scottish Government’s ‘Equally Well’ action plan and information on the eight test sites for linking health and regeneration.

Kay Barton heads the Health Improvement Strategy team at the Scottish Government. She advises Ministers on overall policy on improving health, preventing illness and reducing inequalities in health.

She supported the Cross-Government Ministerial Task Force that produced *Equally Well* in 2008. Her team also works on specific aspects of health improvement, including healthy eating, physical activity and healthy weight management.

In the course of her presentation, Kay made the following points:

- The Scottish Government takes the view that health inequalities are caused by a wide range of interlinked and overlapping factors (see diagram 4.1, below). Life circumstances, social environments and early years development are just some of the major determinants.

### 4.1 The causes of health inequalities

- Scottish Government policy is shifting to focus on preventative services, as opposed to simply responding to crises. The long-term nature of policy goals is emphasised.
• One of the goals of present strategy is linking three current national government policies:
  o Early Years Framework (Dec 2008)  
  o Achieving Our Potential (Nov 2008)  
  o Equally Well Implementation Plan (Dec 2008)  

• The government is also encouraging a common approach to the delivery of its policy goals: outcomes are shared between agencies and built into Single Outcome Agreements, local priorities are allowed for, the importance of community engagement is highlighted, and certain roles are devolved to third sector partners.

• The Fairer Scotland Fund is also helping to tackle health inequalities - for example, the resources are being used to provide addictions services and to promote wellbeing through physical activities.

• One important aspect of Equally Well plan to reduce health inequalities lies in the use of test sites. Each of the eight core test sites is a collaboration between public service providers to redesign and transform local services. Prominence was given to improving ‘client pathways’, working within existing budgets, and developing a learning and influencing role.

• The core Equally Well test sites, and their focal points, are:
  o Whitecrook, West Dunbartonshire - targeting the high prevalence of smoking in the area
  o East Lothian - looking at health inequalities in early years in Prestonpans, Musselburgh East and Tranent
  o Govanhill, Glasgow - looking at community regeneration and development
  o Blairgowrie - looking at delivering health inequality sensitive services in a rural setting for people with multiple/complex needs
  o Lanarkshire - focusing on sustained employment and barriers to people finding employment
  o Fife - focusing on anti-social behaviour in relation to alcohol and underage drinking
  o Dundee - focusing on methods of improving wellbeing
  o Glasgow City - looking at integrating health into current and future city planning

• Planning can significantly affect health and wellbeing. For example, in Glasgow there is evidence to show that planning influences: the conditions people live and work in; access to facilities and services; lifestyles; social networks; and, ultimately, the general quality of life (see image 4.2, below).
4.2 Planning and health in Glasgow

- In the long term, the Scottish Government plans to develop environments that promote healthy weight and improved mental health.

- Related to this, intermediate and short term measures include:
  - Health considerations incorporated in planning strategies and decisions
  - Encouragement of active living through planning mechanisms
  - Reductions in the gap in environmental quality between different parts of the city
  - Improvements in the perception of local residents about their own neighbourhood and quality of life
  - New tools for planners and communities
  - Work on specific planning projects
  - Awareness, training and learning

- The government has achieved some success already in the form of community engagement and consultation, developing partnerships between health bodies, schools, police, housing providers etc., and in early action on physical surroundings.

- There has also been a focus on further service improvements, enhancements have been made to community and family capacities, and goodwill and respect between agencies has been consolidated.

Progress on putting the Equally Well implementation plan into practice is ongoing, and updates are available from the relevant page of the Scottish Government website. ⁵

⁵ [http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce](http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce)
5 Northern Approaches – Thor Rogan

A presentation on the approaches to supporting wellbeing being pursued by one of Scotland’s comparable European neighbours.

Thor Rogan is Deputy Director General in the Norwegian Ministry of Health and Care Services, where he leads on policy regarding mental health and drug abuse services. He is the former Managing Director of the National Centre for Child and Adolescent Psychiatry, and also of the Agency for Children and Family Affairs in the Municipality of Oslo.

Thor elaborated on a range of insights at the conference:

- Norway has a population of 4.7 million, which is similar in size to Scotland’s, but the Scandinavian country is four times the size.
- In contrast with Scotland’s 32 local authorities, there are 430 municipalities in Norway. Each municipality has a key role in primary health care and social services, providing (among other things) GP services, health visitors, housing, and support for children.
- Norway can be described as a ‘small, fortunate country’. It is proud of maintaining a low unemployment rate (4%), stable growth and a high GDP per-capita (NOK 482,000 or €61,000).
- Although most of the population enjoy a high standard of living, a small minority live in what the government define as, “a situation characterised by poverty”.
  - Poverty is measured in relative terms, and permanency is taken into account. For example, 3% of the Norwegian population has been living on an income below 50% of the average (median) for over three years, and in the same time frame 6% has been living on an income below 60% of the average.
  - Welfare and poverty policy in Norway is underpinned by several national strategies:
    - National escalation plan for Mental Health (1998-2008)
The main policy priorities are to maintain:

- A universal, generous Social Insurance Scheme
- An open market economy with public regulations
- Tripartite public and corporative consensus policy
- Active labour market policies – high participation rates and low unemployment
- A balance of individual rights and obligations
- Public responsibility and general taxation
- Support to combine work and family life / care

Norway’s Social Insurance Scheme includes all citizens and businesses as mandatory members. It covers unemployment, pregnancy, birth & child-care, sickness, medical and vocational rehabilitation, disability, old-age and death (when benefits can be passed to next of kin).

Expenditure on this scheme is approximately NOK 250 billion annually. This is 11.2% of country’s GDP, or 36% of the total expenditure of the state’s fiscal budget.

Norway’s mental health policy principles are broadly consistent with World Health Organisation goals. Their declaration of Europe, signed in Helsinki in 2005 by 52 European Health Ministers, states that: “We believe that the primary aim of mental health activity is to enhance people’s well-being and functioning by focusing on their strengths and resources, reinforcing resilience and enhancing protective external factors.”

The primary goal of the Norwegian 1998-2008 mental health programme was to, “increase the ability of people with mental problems to master their own lives and strengthen their independence”.

Norwegian mental health policy underlines the importance of fighting against stigmatisation, and the desirability of user involvement and participation. General policy goals are backed up strategies to meet specific challenges.

The mental health strategy had a number of successful outcomes, including a doubling of capacity and establishing local structures at a municipal level as well as specialised services. The Norwegian Government also believes that there is an increased openness about mental health, which has reduced stigmatic effects throughout society.

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6 Available in English: [http://www.nav.no/binary?id=293300&download=true](http://www.nav.no/binary?id=293300&download=true)

7 Available in English: [http://tinyurl.com/qqmbrj](http://tinyurl.com/qqmbrj)

8 Available in English: [http://tinyurl.com/lmfqlq](http://tinyurl.com/lmfqlq)
The 2007-12 strategy on mental health in the workplace focuses on a key arena for mental health promotion. The government seeks to prevent those with mental health disorders being excluded from working life.

Norway has a high percentage of the population (over 20% of the 18-66 working age bracket) on the margin of the workforce due to illness or disability. Approximately half of this group (335,000 people) are permanently outside the labour market on a disability pension.

Individuals within the other half of this group remain part of the workforce, and receive unemployment, sickness or rehabilitation allowances. The 2007-12 strategy aims to improve links between health services and labour market authorities to provide greater support (including individual plans) for those in this group to return to the workplace.

The 2007-10 drugs/alcohol action plan focuses on improving life for the 60,000 heavy consumers of alcohol and 10,000 intravenous drug users that are using Norway’s outpatient clinics and outreach services. This focuses on public health and prevention, more accessible and better quality services and better care for children and next of kin.

The reintegration of prison inmates is also a key welfare and criminal policy priority. A 2008 white paper outlines a range of measurements to improve access for former prisoners to such services as addiction treatment, debt counseling, and general employment, housing, health and education services.

## 6 Success in the Community – Community Mothers South

A presentation on the operation of a successful community wellbeing initiative in a priority regeneration area.

Wendy Drysdale (left) is the Co-ordinator of the Community Mothers South project and Natalie Martin (right) is a project volunteer.

The initiative is a breastfeeding peer support programme involving local women who, as volunteers, provide support and encouragement to new mothers in some of South Lanarkshire’s most deprived communities. Community Mothers South was highlighted in the SURF Awards ‘People’ category in 2008.
In the course of their joint presentation, Wendy and Natalie made a number of key points:

- The Community Mothers South project had two overall objectives:
  - Contribute to improving the uptake and continuation rates for breastfeeding in targeted areas of Lanarkshire
  - Maximise the potential of volunteers in terms of lifelong learning

- Breastfeeding is recognised as the most important health intervention to improving child health. It is simple and cost-effective, and plays a key role in optimal infant nutrition, growth and development.

- The project was informed by the knowledge that people can be more receptive to services delivered by their peers. There is often greater openness and trust between the individual and the peer supporter.

- The project has proved to be highly successful; Lanarkshire previously had the lowest breastfeeding rates in Scotland. The areas targeted by Community Mothers South have since reported rates of 59% (as measured by the number of babies exclusively breastfed after 6 weeks).

- For comparison, the Scotland-wide measurement was 26.4% in 2007/08. The Scottish Government’s national HEAT target for 2010/11 is 33.3%.

- The project makes use of support groups and breastfeeding workshops, and also includes innovative elements such as art competitions for school pupils to raise awareness among young people. In addition, special community events are carried out during National Breastfeeding Awareness Week.

- The project also provides additional learning opportunities for volunteers as well as initial training.
A presentation on the latest research findings from the GoWell project.

Ade Kearns is Professor of Urban Studies at the University of Glasgow. He joined the University as a Research Fellow in 1987. He is also the Chief Investigator of the GoWell project, which investigates the health and wellbeing impact of regeneration activity in Glasgow. He leads on their community health and well-being survey, their tracking study and their study of governance, participation and neighbourhood change.

Professor Kearns made the following key points:

- The broad aims of the GoWell project are:
  - To investigate the health and wellbeing impacts of housing investment and regeneration
  - To understand the processes of change and implementation that contribute to such health impacts – whether positive or negative
  - To contribute to community awareness and understanding, so that residents are better able to engage
  - To share best practice and knowledge with policy-makers and practitioners

- The more specific research objectives are:
  - To investigate how regeneration affects individual and community health and wellbeing
  - To assess the degree to which places are transformed
  - To understand processes that support cohesive, sustainable communities
  - To monitor the effects of regeneration policy on area-based inequalities

- GoWell study areas include transformation regeneration areas, areas surrounding multi-storey flats, and peripheral estates in greater Glasgow. There are four major surveys; the first began in 2006, and the fourth is planned to finish in 2014.

- Regeneration processes impact upon six different types of assets, such as human capital, which in turn influences physical health, social health, and mental health and wellbeing (see diagram 7.1, below).

- Mental wellbeing is very different from mental illness. Mental wellbeing consists of two dimensions – hedonic wellbeing, which describes the subjective experience of happiness, and eudemonic wellbeing, which describes positive psychological functioning, relationships with others, and self-realisation.
7.1 Impacts of regeneration processes

- The GoWell survey uses the Warwick-Edinburgh mental wellbeing scale (WEMWBS), which was developed with NHS Health Scotland. The survey takes 14 items into account, such as an individual’s confidence, optimism and closeness to others. These are converted into a numerical score between 14 and 70.

- In 2006, the mean scores for the Scottish population were 51.3 (66.6%) for men and 50.3 (64.8%) for women.

- The second GoWell ('Wave 2') survey was undertaken in summer 2008, and included 3911 respondents in 15 study areas. The mean scores were found to be very similar to national norms. The data is now being used for statistical modelling to find out more about the relationships between the factors affecting mental wellbeing.

- The WEMWBS items with the most positive responses from the Wave 2 survey were: deciding on things; feeling loved; thinking clearly; feeling good about oneself; and feeling confident. These responses concerned feelings about self, and thinking things through.

- The items with the most negative responses were: having energy to spare; feeling useful; feeling optimistic; and being interested in others. This group of responses were about being able to do things, the future, and relations to others.

- GoWell researchers have examined the trends and relationships between mental wellbeing scores and variables that measure human capital, environmental capital, social capital and residential capital. Findings support the following conclusions:
Being active is crucial to mental wellbeing
People living alone may need support
Providing services in ways that help people feel empowered is important to their mental wellbeing
Community Engagement activity may support positive mental health in areas where mental wellbeing is relatively poor
Providing houses with gardens could contribute to mental wellbeing; but providing good housing maintenance and related services is even more important
High-rise occupants tend to have lower mental wellbeing scores than occupants of houses and all other types of flats.
Mental wellbeing is not significantly associated with an individual’s length of residence in the same home
Safety is the key important characteristic of the neighbourhood, but the appearance of an area may partly underpin this
Community interaction is important for mental wellbeing
Choice within housing systems is important – people don’t want to feel ‘stuck’ in places they don’t want to be
Progress is important – change in an area’s situation matters more than its relative position at a point in time

Overall conclusions from the Wave 2 findings highlight the value of activity – mental wellbeing is boosted by having a job, education, or community or voluntary service.

Economic regeneration is an important route to this, but not the only one, and perhaps not suitable for high proportion of the population in deprived areas.

Social regeneration activity is therefore crucial, and should combine three things:

1. Personal support for isolated and vulnerable people
2. Help to generate voluntary and community groups
3. Community development works that builds residents’ capacity to influence decisions and events in their area

Physical renewal of areas continues to be important; the built environment, quality, aesthetics and amenities all affect mental wellbeing.
• **Service provision** is equally, if not more, important. How housing and neighbourhoods are managed and maintained so that people feel respected, valued and empowered is key.

• **Empowerment and progress** are also crucial. Feeling empowered locally, supports wellbeing, yet many people don’t have this sense of individual or collective empowerment.

• Deprived areas need to be ‘transformed’ in many ways (economically, physically, socially and politically) to make this possible. People need to see progress, feel progress and hear about progress – regeneration needs a **multi-sensory strategy**.

Further information on GoWell: The GoWell project is a collaboration involving Glasgow Housing Association, the University of Glasgow, NHS Health Scotland, Glasgow Centre for Population Health, NHS Greater Glasgow and Clyde, the Medical Research Council and the Scottish Government. Further information is available from the GoWell website.  

8 Building Positive Links to Wellbeing – Allyson McCollam

A presentation outlining the current and potential linkages between regeneration and wellbeing.

**Allyson McCollam** is Chief Executive at the Scottish Development Centre for Mental Health, and has been involved in the Scottish Development Centre since it was established in 1997.

Allyson’s current interests and related areas of work include: inequalities in mental health; children and young people’s mental health; primary mental health care; community health and community development approaches to improve mental health and well-being; building capacity for mental health improvement through evidence and evaluation.

Allyson has a social science background and a continuing interest in the application of evaluation and applied research to facilitate change.

During her presentation, Allyson made the following points:

• Mental health and wellbeing are resources we cannot afford to squander – especially in a period of recession.

http://www.gowellonline.com
• Fresh scientific thinking, cross-cutting policy opportunities and the value of lived experience have contributed to renewed interest in mental health and wellbeing.

• Mental health is shaped by wider society structures, processes and values. It derives from a combination of, and interaction between, endowment, experience, and the social & physical environment.

• Mental health influences a wide range of other health, social and economic outcomes (see diagram 8.1, below). Good mental health contributes to:
  
  o Physical health: mortality/morbidity
  o Health behaviour
  o Productivity and earning
  o Educational performance
  o Crime/violence reduction
  o Social integration and pro-social behaviour
  o Quality of life

8.1 The causes and consequences of mental health and wellbeing

• There is an uneven and unequal distribution of mental health and the conditions that create it. Key risk factors include exposures to:

  o Discrimination and stigma
  o Violence and abuse
  o Poverty, disadvantage, exclusion and isolation
  o Lack of opportunities to participate, exercise control and be heard
  o Long standing illness/disability

• Current mental health and wellbeing policy is developed under several Scottish and European frameworks.
• The European Union Pact on Mental Health and Wellbeing 2008 \(^{10}\) is a cross-policy initiative that prompts action on the following five themes:
  
  o Youth and education  
  o Workplace  
  o Older people  
  o Prevention of depression and suicide  
  o Stigma and social exclusion  

• Good Places, Better Health 2008 \(^{11}\) is a Scottish Government implementation plan for creating safe and positive environments that nurture better health and wellbeing. It reinforces the contribution of those working in regeneration towards health impact outcomes by highlighting that:
  
  o Better health and reduced health inequalities are central to sustainable economic growth  
  o Physical environment has a key role to play in achieving health outcomes that align with regeneration outcomes  

• Towards a Mentally Flourishing Scotland (TAMFS) 2009-11 \(^{12}\) is the Scottish Government’s mental health improvement action plan. Its main broad objectives are: promoting mental health for all; preventing mental ill health; and supporting inclusion and recovery of people who experience mental health problems.

• TAMFS is designed to be implemented across a variety of settings (family, community, workplace, organisations and society) and at all ages and stages of life.

• The action plan also reinforces cross-sectoral partnership responsibilities (Community Planning Partnerships and Community Health & Care Partnerships), and links into wider health improvement, early years development, education, regeneration and arts & culture.

• There are some common threads in these current policies:
  
  o **Central-local relations**: the purpose of national government in supporting local change and development  
  o **Shift from assuring outputs to enabling outcomes**: by building individual and community capacity and reducing barriers  
  o **Recognition** that health promoting behaviours are contingent on wider social, economic and cultural environments  

• There are also three major challenges ahead:
  
  1. The risks that inequalities will widen  
  2. The opportunity to challenge social values and patterns that are not conducive to our collective mental wellbeing

\(^{11}\) [http://www.scotland.gov.uk/Publications/2008/12/11090318/0](http://www.scotland.gov.uk/Publications/2008/12/11090318/0)  
\(^{12}\) [http://www.scotland.gov.uk/Publications/2009/05/06154655/0](http://www.scotland.gov.uk/Publications/2009/05/06154655/0)
3. It is up to us how we use new understandings of mental health, and hold on to what we know about how change happens within communities.

- There are also steps that can be taken to minimise the damage to wellbeing in economic recession:
  - Addressing barriers to social connectedness and social action so that communities can ‘mobilise’ on issues that matter to them
  - Ensuring the distribution of services and resources does not further disadvantage those most affected by poverty, inequality and deprivation
  - Focusing on root causes of social problems not only on their psychological effects
  - Fostering social resilience and enhancing social and cultural assets

Further information about the work of the Scottish Development Centre for Mental Health is available from their website. 13

9 Discussion Group Feedback

The conference format included the opportunity for guests to share their views in themed policy discussion groups.

The relevant topics included community engagement, early intervention, and the role of local authorities.

9.1 Purpose, Format and Anticipated Outcomes

The discussion groups provided an opportunity to informally discuss particular areas of interest and activity, based on experience and knowledge. Each of the six groups featured an inclusive discussion following a brief presentation by a leading figure with input from panel guests with special expertise.

The outcomes included shared learning, useful networking and a list of several policy proposals that were fed back to the plenary session panel discussion. Details of these suggestions in each policy area follows.

13 http://www.sdcmh.org.uk
9.2 Health, Sport and Regeneration

Key Question: In the context of the current recession, how can we further strengthen the links between sport, health and regeneration in policy and practice?

Guest speaker: Stewart Harris, Chief Executive of sportscotland
Panel member: Penny Lochhead, Director of PMR Leisure
Facilitator: Jim Rafferty, Chief Executive of Capital City Partnership

Policy recommendations:

1. Sport builds confidence & esteem (achievement), gives a sense of belonging (reduced alienation) and directly influences health
2. There is a need for more resources but a greater need for access to existing facilities
3. There are opportunities from recession – using land and facilities for sport provision & re-training displaced employees to work in sport & leisure
4. How decisions on investment of resources are made is important; could we re-invest criminal justice spending in people & facilities?
5. The blockages are in attitudes and pricing at public facilities – more trust is required from schools & centres in letting volunteers in.

9.3 Healthy Places

Key Question: In the context of the current recession, what are the most important policy and practical steps in creating healthy places?

Guest speaker: Deryck Irving, Partnership and Enabling Manager, Greenspace Scotland
Panel guests: Alistair MacLeod, Manager, Ardler Village Trust & David Ogilvie, Policy and Development Manager, SFHA
Facilitator: Edward Harkins, Networking Initiatives Manager, SURF

Policy recommendations:

1. We need a commitment to the use of plain language that ordinary people in real communities can understand
2. Top-level support for champions and championing “what works” – this is especially true for community consultation
3. A planning framework from each local authority is needed on the protection, development and use of greenspace
4. Where healthy communities are the aim – the process will need community ownership at its heart
5. Focus on encouraging and facilitating more use of existing recreational and structural environment
9.4 Healthy Outcomes and the Role of Local Authorities

Key Question: In the context of the current recession, how can local authorities best support the health and wellbeing of their residents and communities?

Guest speaker: Stewart Murdoch, Director of Leisure & Communities, Dundee City Council  
Facilitator: Anne Clarke, Senior Director, NHS Ayrshire & Arran

Policy recommendations:

1. There is a tension between the societal outcomes we want and what we are required to spend money on
2. Is the recession an opportunity to consider what really matters? (e.g. skills training)
3. We should rely more on wisdom of local people who know what is right for their communities, families & themselves
4. The recession requires us to redesign/reconnect in different ways
5. There is scope for more debate about the relative benefits of universal & specifically targeted resources

9.5 Local Links

Key Question: In the context of the current recession, how can communities link more productively with local health services and facilities to better support wider community regeneration and wellbeing?

Guest speaker: John Quinn, General Manager, PARC (Craigmillar Urban Regeneration Company)  
Panel member: Caroline Clark, Public Health Coordinator, NHS Grampian  
Facilitator: Peter D. Taylor, Policy and Development Consultant, CDAS

Policy recommendations:

1. Make sure that physical regeneration is designed to provide things that communities identify as affecting their health and wellbeing
2. Recognise and support the active role of communities in improving their own health & wellbeing
3. Ensure that clinical services respond better to health inequalities and people’s overall needs by locating/working with other services in disadvantaged communities
4. Be prepared to listen to initiatives from community and voluntary groups and to back them with resources,

9.6 Healthy Democracy – Beyond Community Engagement

Key Question: How can greater community involvement support personal and community wellbeing and what can be done to improve this in the context of the current recession?
Guest speaker: Fraser Patrick, Associate Lecturer, University of Dundee

Panel members: Ian Cooke, Director, Development Trusts Association Scotland, Emilie Devlin, Community Representative, Langside & Linn Community Group & Simon Pallant, Policy Officer, Planning Aid for Scotland
Facilitator: George Briggs, Case Officer, Social Investment Scotland

Policy recommendations:

1. Support communities acquiring land & property so that the community becomes “a player” rather than passive participant
2. All significant government policies should be assessed for impact on community wellbeing
3. Challenge the risk-averse culture; risk is part of growing & learning
4. What can the Government do to shift community engagement from mechanistic process to one that is genuinely people-focused?
5. Could a participative event be organised that includes a community arts element and interactive format?

9.7 Early Intervention

Key Question: If early intervention is so vital for the future of health and wellbeing, how can we ensure it is timely, effective and appropriately targeted in the context of the current recession?

Guest speaker: Tom Wood, Special Advisor on Early Intervention, Capital City Partnership

Panel member: Fiona Stuart, Tullochan Trust
Facilitator: Colin Armstrong, Vice Chair, SURF

Policy recommendations:

1. Culture shift from: worst cases to first sign of trouble; projects to sustained programmes; and towards inclusion (“good” kids currently penalised, but inclusion provides role models)
2. Importance of youth work – the glue for wrap-around care
3. Better coordination of existing effort so it is more effective - this will include sharing good practice across silos
4. Ensure continuity of programmes throughout the life cycles – there can be gaps of several years
5. Families are the key – start pre-natal and ensure adult services identify the presence of children
In addition to the discussion groups and electronic voting sessions, the conference featured additional interactive elements. This included the opportunity for delegates to put questions and comments to a panel of keynote speakers, and ‘have your say’ comments boards for guests to contribute written remarks and views on a variety of relevant themes throughout the day.

Some of the suggestions to improve health and wellbeing policy that were made by delegates included the following:

- "Make sure the Commonwealth Games is for everyone in Scotland – engage, listen and act with local communities, and involve volunteers, as the Sydney Olympic Games did."

- "Re-establish Local Health Councils to better link communities with local health services."

- "Getting more folk involved, and challenging the ‘risk-averse culture’, is very important. More and more ‘over-the-top’ legislation on health & safety, child protection, etc. is preventing and killing off voluntary action."
• “Maintain/increase investment in activities encouraging young people to participate in sport – youth football, community fitness classes, etc.”

• “We must make best use of brownfield sites and abandoned shops/offices.”

• “There is a need for greater health visitor resources to impart information on early intervention support to community groups.”

• “A more bottom-up approach would improve community involvement and support wellbeing.”

• “Community Health and Care Partnerships need to be more engaged with communities and in events such as this conference.”

• “Establishing more locally managed allotments would help create healthy neighbourhoods.”

• “Not everything that contributes to health and wellbeing can be counted – but everything can be valued.”

• “Promote/provide training grants to existing and ‘would-be’ fitness instructors/professionals to enable coaching sport/fitness/healthy eating at local community and sports centres.”

• “Open up the debate on what ‘good’ health outcomes are and, how they relate to the way we live (or wish to live) our lives.”

11 Conference Summary and Future Action

Andy Milne of SURF provided a brief closing summary and an outline for future action.

Andy became Chief Executive of SURF in June 2003. Prior to that, he spent 10 years as co-ordinator of the Wester Hailes Representative Council in Edinburgh. From 1987 to 1992, Andy was director of the Bathgate Area Initiatives Team, providing support and co ordination to the voluntary sector across West Lothian.

Having originally studied Architecture, Andy went into independent community work and developed the Wester Hailes Management Agency until 1987. He is a board member of Community Development Association Scotland and Planning Aid for Scotland.
In his closing remarks, Andy stated that:

- When the property boom was in full swing over the last decade, lots of activities were labelled as ‘regeneration’ projects. In fact, many of them were simply commercial enterprises that turned out to be largely unconnected to real and sustainable community regeneration.

- In the current, very different environment of the recession, it is important to sort out what we can most usefully do together to protect and improve the longer term health and wellbeing of Scotland’s communities.

- This conference was an important step towards doing that by further enhancing understanding and co-operative action.

Future related action by SURF includes:

- Two new regular columns in SURF’s Scotregen journal will provide ongoing updates on both the latest research from the GoWell project and updates from the Equally Well test sites.

- In partnership with the Scottish Government, SURF is exploring the development of further learning opportunities from other European governments and bodies that could benefit regeneration efforts in Scotland.

- SURF’s Open Forum series of events will explore two relevant themes - tackling poverty and creating sustainable communities – in greater detail over 2009-12.

- SURF is pleased to highlight and share examples of best practice in community regeneration projects, such as the Community Mothers South project, through its annual awards process. The SURF Awards for best practice in regeneration is delivered in partnership with the Scottish Government’s Scottish Centre for Regeneration.

- SURF is keen to further investigate the role of communal voluntary activity in relation to employment and wellbeing in the recession.

- Through its wide cross sector network and its channels to the Scottish Government policy process SURF will continue to promote the important links between the regeneration and health agendas in Scotland.

For more information about future SURF events and becoming part of the SURF network, please contact our Events and Communications Officer, Derek Rankine, whose contact details are provided below.

Alternatively, visit the SURF website: www.scotregen.co.uk.
Appendix A: Minister’s Statement

Minister for Housing and Communities
Alex Neil MSP

I would like to offer SURF, its members and all delegates my very best wishes for today’s Annual Conference. Regeneration, be it physical, economic or social, has never been more important than it is right now.

Bold and innovative regeneration has a crucial role to play in strengthening communities, tackling poverty, and reducing inequality. I welcome the emphasis SURF has placed on the important link between successful regeneration activity and improved levels of health and wellbeing for individuals, families and communities.

I want to address the challenges we face by continuing to work in partnership. I look forward to discussing future challenges and opportunities with SURF. The Forum has an important role to play, alongside Scottish Government, in assisting those in the regeneration field to share experience and help frame the good ideas which will take us forward.
Appendix B: Selected Delegates’ Voting Results

A full list of results is available from the ‘Event Reports’ section in the SURF website ‘Knowledge Centre’ (www.scotregen.co.uk).

Which of the following sectors best describes the organisation you are representing today?

1. Central Government/National Public Body - 19%
2. Local Government - 14%
3. Community Group - 17%
4. Voluntary Sector - 28%
5. Private Sector - 13%
6. Other - 9%

In very broad terms, which of the three following geographical areas is your organisation concerned with?

1. Scotland-wide - 41%
2. A region, district or city - 49%
3. A single small town or neighbourhood (pop. under 10k) - 10%
Overall, how well do you think current Scottish Government policies work in terms of supporting general health and wellbeing in disadvantaged communities?

1. Brilliant 0%
2. Work very well 15%
3. Work well 31%
4. Work poorly 31%
5. Work very poorly 0%
6. Appalling 8%
7. No opinion 15%

Central Government/National Public Body:

1. Brilliant 0%
2. Work very well 15%
3. Work well 31%
4. Work poorly 31%
5. Work very poorly 0%
6. Appalling 8%
7. No opinion 15%
Local Government:

1. Brilliant: 0%
2. Work very well: 8%
3. Work well: 31%
4. Work poorly: 38%
5. Work very poorly: 15%
6. Appalling: 0%
7. No opinion: 8%

Community/Voluntary Groups:

1. Brilliant: 0%
2. Work very well: 5%
3. Work well: 26%
4. Work poorly: 53%
5. Work very poorly: 0%
6. Appalling: 11%
7. No opinion: 5%

Private Sector/Other:

1. Brilliant: 0%
2. Work very well: 0%
3. Work well: 15%
4. Work poorly: 60%
5. Work very poorly: 10%
6. Appalling: 0%
7. No opinion: 15%
How would you rate progress towards overall improved health levels in Scotland over the last 10 years?

![Bar chart showing the percentage of respondents rating progress from very positive to much worse.]

What should the top policy priority over the next 10 years be?

![Bar chart showing the percentage of respondents supporting different policy priorities.]

- Increasing participation in sport and recreation
- Supporting and resourcing community culture activity
- Improving mainstream NHS health services
- Increasing local decision-making
- Early Intervention – focusing on the next generation
- Anti-poverty initiatives
What needs to improve most to make our efforts more successful?

- More support for, and investment, in community participation: 30%
- Overall investment levels in infrastructure and services: 15%
- Greater coordination between partners: 35%
- Enhanced quality of leadership at all levels: 10%
- More devolution of responsibility and decision-making: 15%
Appendix C: SURF Sponsors

In order to continue to play its role as Scotland’s independent regeneration network, SURF is dependent on the support of its members and, in particular, its 10 sponsoring members for 2009, which are listed below.