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SURF : sharing experience : shaping practice

SURF Outcomes Paper

Health Impacts and Regeneration in a Community Planning Context

Thursday 25th May 2006

Golden Lion Hotel, 8-10 King Street, Stirling

Plenary speakers:

Hilary Thomson	Research Scientist, Medical Research Council
Susan McMorrin	Project Manager, 'Up For It' Healthy Living Initiative, Blantyre Health Partnership
Richard Leckerman	Mental Health & Wellbeing Coordinator, Operational Coordination & Support, Communities Scotland

Chair: Edward Harkins   SURF Networking Initiatives Officer

Participants: Ninety participants from community and voluntary sector organisations and intermediaries, the private sector, the Scottish Executive, Local Authorities, Housing Associations, NHS and Further Education Institutions and other partnership bodies and funding agencies, such as Communities Scotland and Scottish Enterprise.

Key Issues arising from plenary presentations and discussion:

- The Medical Research Council's (MRC) systematic review of UK regeneration programmes 1980- 2004 found that **there is little or no research evidence on the health impacts of Area Based Initiatives (ABIs).** There is also very little, and poor quality, evidence that can be derived from past or existing policies. Nevertheless, ABIs are the major means of tackling severe socio-economic deprivation in the U.K. Estimates show that £11 billion plus has been invested over 20 years.

- Delegates agreed that the **lack of impact data does not mean that regeneration does not have an impact on health.** It seems likely that it does, but we don't know what the impact is. We need to be aware that impacts may include adverse effects i.e. be counter-intuitive. For example there is short-term evidence that in social housing, increased rents post-regeneration can mean less money available for food in moderate-income households.

  There was a wish among delegates for more assessments of health and well-being *before* regeneration programmes were under way 'on the ground' in communities. This would provide a basis for more objective measurement of impacts and less reliance on community members' subjective perceptions.

- The systemic review suggested that the **reasons for the lack of data** on the health impact of regeneration include:

  ➢ A lack of political interest in pursuing impact data and evidence-based policy for much of the 1980s

  ➢ Reliance on routine and conventional data collection in the face of problems associated with the gathering and availability of other data

  ➢ Level of resources needed for gathering data to report on impacts on target areas or populations

- There was agreement among delegates that **there is an evident and present need for impact data for the development of evidence-informed public policy**. Evaluations of regeneration programmes should be designed with possible evidence-use in mind. There was a need to:

  ➢ Carefully weigh the usefulness of cheap routine data, against costly 'panel surveys' looking at impacts for large groups

  ➢ Improve 'across the board' the reporting of data – methods, samples response rates, range of effects etc.

  ➢ Construct a relevant and useable typology of regeneration programmes and projects

  ➢ Not to discount the value of qualitative indicators

- The **Scottish Executive's National Programme for Improving Health & Wellbeing** was launched in 2001 and contained a 'Vision for Scotland' with the aim of helping to improve the mental health and wellbeing for everyone living in Scotland and to improve the quality of life and social inclusion for people who experience mental health problems. It has four key objectives:

  ➢ To raise awareness and promote awareness of mental health and wellbeing

  ➢ To eliminate stigma and discrimination

➢ To prevent suicide

➢ To promote and support recovery

Work towards realising the 'Vision for Scotland' in the national programme has produced some key messages:

➢ Good mental health is a fundamental component of our overall health and well-being

➢ Anyone can experience mental health problems and one-in-four of us will experience a mental illness at some time

➢ Suicide prevention is everybody's business

➢ People can and do recover from the even the most severe mental health problems and mental illness.

- The role of the **Mental Health and Wellbeing team in Communities Scotland** was described by team leader Richard Leckerman as aimed at:

  ➢ Raising general understanding and awareness

  ➢ Mapping key influences

  ➢ Designing and delivering customised input

  ➢ Review and evaluation.

- The success of the 'Up for it' health and work initiative in Lanarkshire provides key learning points. **Support for people with health problems returning to the workplace needs to be comprehensive and seamless**, **customised to the individual and be very clearly targeted** in its client groups and in what it's intended to achieve at each stage of the return-to-work process.

- Evidence from the 'Up for It' initiative and the MSC's review **indicates that evaluation of actual impacts of regeneration activities on the health of individuals and communities is very challenging**. For example a Glasgow Caledonian University review of 'Up for It' made a number of significant recommendations on enhancing evaluation work, but these would have been prohibitively costly. The authors of the systematic review of regeneration programmes warn that evaluation is expensive and needs to be very well planned *at the outset of programmes* if there is not to be a lot of wasted expenditure. Collaboration among stakeholders is potentially very useful on ensuring effectiveness and value-for-money. The authors also warn that despite huge expenditures on evaluations in the UK, not many of them report well on what works and what will work better in the future.

- Delegates expressed concern about **a lack of evidence as to whether the findings of evaluations are heeded by policy decision-makers**. Anecdotal references were made to community-level projects with positively evaluated outcomes that are, nevertheless, subsequently subject to a withdrawal of funding.

- **Sustainability of programmes and projects** was a concern for many delegates, particularly with regard to short-term funding. Whilst there was common acknowledgement that community and voluntary sector organisations can often play a potentially critical role, there was a need to provide these organisations with resources commensurate to the role. A particular issue for several delegates was that 'professional' mindsets and bureaucracy were significant barriers to sustainability and 'making an impact'.

- Delegates discussed **the balance between a focus on the individual and a focus of structures and processes in society** when seeking to promote positive mental health and wellbeing. For some delegates this needs to be linked to issues of mainstreaming equalities in public service delivery structures and processes. We tend to see recovery and good mental health as associated with citizenship but active citizenship and healthy communities can be inhibited by structural disadvantages and discrimination on many grounds. This can affect the relationship of the individual and the community they live in and patterns of inequality that are related to discrimination; whether ethnicity, sexual or age.

  Another delegate raised a point similarly related to the individual, and asking if 'Up for it', for example, makes any assessment of what wider forces it is that contribute to ill-health, or cause it – and then feed then planning into planning processes. Susan McMorrin confirmed that the 'Up for it' programme stakeholders sought to work closely with one another and other agencies with a view to learning lessons and seeking to have these fed into review and planning activities.

  Delegates supported Richard Leckerman's observation that **responses to these issues cannot any one thing in isolation and have to be part of an overall approach to combat issues of labelling and ghettoising**. He confirmed that Communities Scotland has an Equalities Co-ordinator and the programme on mental health and well-being is linked in with the equalities agenda. His team have looked at, for example the Black and Ethnic minorities communities, the LBGT and disabled communities etc. He pointed out that we have to be prepared to include aspects of a person personality as part of what they are; we should not just be tokenistic about such matters is we are serious about improving mental health and helping people recover from illness.

- There was interest among delegates around findings that **community development factors were identified as having an impact on health outcomes**, for example:

  - Community engagement

➢ Empowerment

➢ Sense of place and community

Health Impact Assessments (HIAs) was something that many delegates wanted to hear more about and see more development work being done on. Some delegates would value development work to create clear linkages with positive mental health and well-being; there was also interest in following up the interface between HIAs and Masterplans in regeneration programmes.

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Purpose of this Paper: This paper is intended to encapsulate the general flow of this inter-active forum comprising of the above plenary programme and subsequent workshops. It is not possible to reiterate every nuance and detail. The views stated reflect, wherever possible, the broadest consensus views of the forum participants. The paper is, for purposes of context, necessarily repetitive in parts.

Background to the Forum: SURF delivers a national programme of Open Forums with the aim of offering its networking service to all of the main regeneration practitioners across Scotland. This networking activity is funded by Communities Scotland. SURF will continue to act as the independent facilitator for the network, bringing together key players, and produce constructive Outcome Papers to help inform policy decision-making and practice.

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