The national intermediary and network for voluntary health organisations in Scotland

Key Messages

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# Engaging in Effective Community Advocacy

**Public Health Scotland and Voluntary Health Scotland Event**

1 February 2023

This was an online event attended by 55 people from across the public health workforce, all of them practitioners with a wide range of roles in the public and third sectors. Lovetta Williams, Workforce Development Lead, Public Health Scotland, opened the event by explaining this was part of the learning into practice work Public Health Scotland was undertaking to bring colleagues from across the sectors together to learn about equalities related issues. She highlighted other events were also taking place on this.

Claire Stevens, Chief Executive, Voluntary Health Scotland, introduced her organisation, as the national intermediary and network for voluntary health organisations across Scotland. She highlighted VHS was secretariat to the health inequalities Cross Party Group and encouraged attendees to join the mailing list of the CPG. Claire introduced our speakers from across the third sector to discuss community advocacy. The full presentations are available on the VHS website.

## Sophie Bridger, Policy and Campaigns Manager, Chest, Heart and Stroke Scotland and Chris Docherty, Community Engagement Coordinator, Chest, Heart and Stroke Scotland

**Health Defence:** Sophie took us through Chest Heart and Stroke Scotland's (CHSS) approach to community advocacy and their wider work in helping people recover from chest, heart and stroke conditions. She highlighted the Health Defence project which currently operates in Glasgow and offers a range of services, from free health checks to specialist physical activity support. Maryhill was chosen because it's a low income community in North West Glasgow. Sophie noted that incidence and mortality was higher for heart disease and stroke in low-income communities. She emphasised this project was about working with the community, firstly by going to where people are. CHSS ask the community what they need and support them to advocate for their own health.

**Health Literacy:** Chris explained this project aimed to move away from the passive approach to care where your doctor is in charge and drives your care. CHSS are trying to flip this so people have access to their own health information, understand it and can act on it. Health literacy is key to the project. Chris recognised the challenges people face in accessing health services at the moment, he felt this project provided support for people who may be struggling to get an appointment. CHSS reach out to people who might not be engaging with services and follow up with people after they've had their blood pressure checked with information about what it means. He said it was a luxury to be able to offer people health checks as they can give people time which a GP often can’t.

**Health Advocacy:** We heard about the importance of empowerment as it gives people the confidence to advocate for themselves with their GPs and health services. CHSS link up with other community organisations too such as walking football. They offered to take the blood pressure of players before a game, which is an example of going to where people are. People who get checked then become ambassadors and support other people to get checked and understand their own health.

### Ese Johnson, Development Manager for Minority Ethnic Health, Waverley Care

**Ethnic Minority Health Development Project**: Waverley Care supports people living with blood borne viruses and provides people with sexual health information. Ese spoke about their Ethnic Minority Health Development Project which is led by the community it is designed to benefit. They listen to community perspectives and bring community gatekeepers together to understand where the knowledge levels within communities are on how to access services and what interventions work for those communities. Waverley Care co-produce accessible services and information with communities and carry out evaluations of services to constantly improve them. Their media representation is also very important, especially through Jambo Radio. Ese underlined the power of sharing information and redefining narratives.

**Living Experience**: Ese reflected on his journey into community advocacy and how his own narrative had changed with his lived experience of HIV. One of Waverley Care’s five pillars was leading the way in advocacy. He highlighted the value of people’s living experience and helping people to live and advocate for themselves. He spoke about the importance of knowing when to adapt projects and end them depending on how the community feels. He underlined the importance of overcoming power imbalances along with ensuring accountability in community advocacy.

**Lessons Learned**: Ese shared some insight about when community advocacy can go wrong, for example when advocates are sent without resources to advocate for, just for the sake of community involvement. It’s important to check people are in the right place to engage with advocacy. Importantly, we must not take silence as acceptance. Ese felt silence sometimes happens when we ask the wrong questions, that’s why the community needs to be involved in drafting questions and providing insight on knowledge levels.

There are wider benefits from effective community advocacy, such as building people’s confidence to self-advocate in other areas of their life. Ese emphasised the need to “get comfortable with discomfort” when engaging with ethnic minority communities.
In summary, he highlighted building trust, transparency, listening, addressing power imbalances and experience evaluation as vital in community advocacy.

### Liz Rowlett, Partnership Integration Engagement Officer, Stirlingshire Voluntary Enterprise and Clacks and Stirlingshire TSI

**Third Sector interfaces:** Liz spoke from the perspective of the third sector interface (TSI). She explained each local authority had a TSI, with a core grant from the Scottish Government and often some grant money from the local authority. The TSIs are a network of support for third sector organisations and there is also a national network of TSIs. They connect, organise, deliver, fund, develop, network, train and volunteer. They are an important stakeholder in community planning and health and social care.

**TSIs and Health**: Liz explained how Clacks and Stirlingshire TSI supported organisations citing the Community Mental Health and Wellbeing Fund and the Ideas Innovation, Improvement Fund. They are part of the Health and Social Care Partnership commissioning consortium which is based on thematic areas such as mental health. They are also looking to establish wellbeing hubs with primary care services, the TSI has been very involved in things like the Place Standard in communities and the effect this has on people’s health. They are also doing some Third Sector Workforce Development, by asking where skills gaps are and what needs might be.

**TSI Projects:** Liz took us through some of their specific projects such as the Community Link Workers (CLW) project. She explained CLWs can offer people more time in consultations and continued support after their “clinical need” has ended. CLWs can signpost people to a raft of organisations best able to meet their needs. The TSI can provide information and advice too, such as community directories. They also encourage organisations to register on the ALISS database to support social prescribing practices.

### Breakouts:

The workshop then split up into breakout sessions focusing on the following questions:

1. How can you develop community advocacy in your role? And are there any barriers or enablers?
2. What lessons can be learned from community focused interventions developed by the third sector?
3. Can this approach mitigate the impact of health inequalities?

Some of the insights shared were:

- **Funding:** Public health interventions need to be more community focused but the short-term funding cycles create a barrier to partnership working with the third sector. The third sector needs public sector partners to advocate on their behalf for longer term sustainable funding to ensure interventions can be embedded in communities.
- **Short-termism:** Short term pilot projects also create a similar barrier and break down people’s trust in services. There were concerns about projects which are sometimes developed in the third sector, picked up by health boards and then dropped. We need to see a commitment to maintain projects which are proven to work.

- **Targeting under-served groups**: There was a feeling that when we talk about proportionate universalism as an approach to service delivery, we aren’t doing the targeted bit as well as we need to be, which is leading to health inequalities. In community advocacy we need to ensure that less heard voices are brought in, not just the loudest voices.
- **Preventative spend**: Additionally, we aren’t investing enough in preventative spending, which perpetuates the constant cycle of crisis interventions.
- **Policy**: There was a feeling that top-down approaches to policy don’t work, we need to be engaging with communities as the starting point.
- **Partnership working**: Effective partnerships were seen as a big enabler for supporting community advocacy and for people developing community advocacy in their own role. Working in partnership means every organisation doesn’t have to have all the resources. We should be working with organisations who are already in communities to help make connections. We need to build partnerships within our own sector and across other sectors.
- **Volunteers**: The number of people volunteering since the pandemic has dropped, one of the reasons for this is likely to be the cost of living crisis. This is having a big impact in communities and attention was drawn to a recent Volunteer Scotland report on the cost-of-living and volunteering.
- **TSIs**: The third sector interfaces are really key to helping make connections in communities and their role in scaling up successful partnerships and projects is key.
- **Time and trust:** We need to be patient about the time it takes to reach, engage and build trust with people. It is also important to be mindful of the individual when trying to engage people with lived experience, e.g. if someone is undergoing cancer treatment they may have less or more capacity for this, depending on their personal situation.

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