# Doing it differently

An asset-based
approach to
well-being

A discussion paper by
Fiona Crawford

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## A discussion paper

## by
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*It was a day peculiar to this piece of the planet,*

*when larks rose on long thin strings of singing*

*and the air shifted with the shimmer of actual angels.*

*Greenness entered the body. The grasses*

*shivered with presences, and sunlight*

*stayed like a halo on hair and heather and hills.*

*Walking into town, I saw, in a radiant raincoat,*

*the woman from the fish-shop. 'What a day it is!'*

*cried I, like a sunstruck madman.*

*And what did she have to say for it?*

*Her brow grew bleak, her ancestors raged in their graves*

*as she spoke with their ancient misery:*

*'We'll pay for it, we'll pay for it, we'll pay for it!'*

# Acknowledgements

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# Foreword

SCOTLAND is a country with huge potential - it has breathtaking scenery, extensive cultural heritage, a lively, patriotic and innovative people and a Government explicitly seeking to improve the life experience of its population. However, Scotland has a problem: it faces the same spectrum of health and social issues as the rest of the world's post industrial economies but in a more virulent form. As a consequence, headline indicators such as life expectancy and healthy life expectancy are poor compared to countries of similar wealth and are in an extended period of relative decline. In addition, some public health problems are now well established in trends that show deterioration in absolute terms. Obesity, alcohol-related harm, sexual health and some aspects of mental health are the best known in this category. Perhaps most worrying of all, inequalities in health are worsening. All of this is happening during a period when public health has been increasingly prominent as a policy issue in Scotland. Consequently, there is no better time to ask the challenging question: "should we be 'doing it differently'?"

This important paper reminds us that health emerges from a complex set of personal, interpersonal and social factors that operate over the whole lifespan. It suggests that the headline indicators we use to measure health in Scotland are symptoms of a deeper set of causes that need to be understood before better solutions can be devised. It reminds us of one of the key insights that has driven the new public health movement – that solutions work best when they arise from individuals, groups and communities who are affected by and are struggling with these problems. The paper is also honest in its assessment of how difficult it can be to 'do it differently'.

There are a large number of people in Scotland grappling with these issues. This paper makes an important contribution to their debate and my hope is that it will act as a catalyst for fresh thinking and innovative action.


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# Introduction

SCOTTISH people have great capacity for health, happiness and fulfilment, but they currently experience poorer health than their European counterparts[2] (with growing inequalities in health within the country)[3] . They also have the reputation of labouring under a chronic inferiority complex[4] and lack of confidence in their ability to change their future.[5] Why is that? What can be done to change this?

This report looks at possibilities for doing things differently. It brings together some threads of research and thinking in several spheres and discusses them in relation to factors which create strong and healthy communities. The paper is primarily intended for those who work with or in communities, particularly those in community planning and community health partnerships. Its aim is to stimulate discussion and debate on the perspectives discussed and to look for views on how best to develop these.

One of the key propositions presented here is that there is untapped potential amongst providers of services involved in health improvement to achieve better results, despite a working environment of targets, standards and indicators accompanied by an ever increasing plethora of toolkits and guides. We could achieve more by taking a step back, thinking about what works well and why, what does not and how we can work with each other differently to change for the better.

This paper will start by reviewing the literature on what seems to be significant at an individual level for good relationships, happiness and a sense of fulfilment and confidence in the future. This will encompass early childhood as well as adult experiences and evidence on what influences our health and well-being, materially, socially and emotionally.

Next, some of the current thinking around how communities define and mobilise themselves will be explored with particular emphasis on what makes communities strong, cohesive and functional and what threatens this. The literature on the interaction between the physical and social environment will be also be discussed. Thirdly, transferability and interaction will be discussed with regard to individual well-being and community well-being. Finally, the paper will reflect on how things could be better, particularly with regard to more creative and effective relationships between people working in different service sectors, and also between people in communities and providers of services to those communities.

# What is important for individuals as people?

THERE are some obvious, widely accepted prerequisites for human health[6] and the destructive impact of poverty (both relative and absolute) on health throughout life is very clear.[7] It is also now agreed that physical and psycho-social influences on health start in the womb or earlier.[8]

In considering what is important for individuals in their social/emotional environment, John Bowlby's attachment theory has some interesting light to shed on the importance of early relationships.[9] He proposes that in a healthy parent-child relationship, the parent provides a secure base from which the child can explore and to which s/he can return when tired/frightened. This pattern of behaviour extends into adulthood in the sense that an adult also needs a secure base to return to although s/he will move away much further and for longer than when a child. Bowlby's central argument is that there is a strong causal relationship between an individual's experiences with his/her parents and his/her later capacity to make and retain affectional bonds. Children need a secure base but also encouragement to explore from it. If this is provided, there is evidence that children will grow into adults who also have a secure base which allows them to be self-reliant, trusting, co-operative and helpful.

More recent research supports Bowlby's attachment theory. Kathryn Backett-Millburn and colleagues explored children's views and beliefs around their experience of

their social and material lives.[10] They found that children located inequalities as much in relationships and social life as in material concerns. The children interviewed also spoke of the importance of control over their life and world, of care and love, particularly from parents and of friendship and acceptance by their peer group.

A Scottish needs assessment of child and adolescent mental health carried out in 2003 also echoes Bowlby's proposition on the influence of relationships, but relates this to protection against the development of mental health problems.[11] The research concluded that individual attributes of a child such as an adaptable nature or good self-esteem did play a significant part, but other important factors included peer and family relationships. For children who experienced adversity, consistency in a trusted and confiding relationship seemed to be important in fostering resilience. Resilience can be thought of as the capacity to cope with periods of uncertainty and change and to be able to 'bounce back' from adverse experiences.

So resilience appears to be important for good mental health and well-being. People, families, schools and communities appear to play a vital part in fostering resilience in children.[12] Professor Garmezy agrees that resilience has an important role to play in mental health and proposes that it is important to study forces which help children survive and adapt rather than trying to devise models to stop them becoming ill. He calls resilient children:

*'the keepers of the dream – our best hope for learning how to use the lessons of the past to help ourselves in the future.'[13]*

Research shows that throughout the rest of childhood and during adult life, relationships continue to be important and some would argue, vital for health. But life circumstances exert an important contextual influence. A survey of poverty and social exclusion in the UK found that respondents considered social activities such as visiting friends or family were one of the items thought necessary for an acceptable standard of living.[14] Kawachi and colleagues demonstrated a correlation between strong social networks and lower mortality rates in the USA.[15]

Emotional health has been increasingly recognised as an important feature of an individual's overall health particularly in the development of life skills, self-confidence and self-esteem. There is agreement that emotional intelligence contributes to individual health. Antonovsky looks at emotional health from a different angle starting from a positive position in his discussion of what might determine health and illness.[16] He calls this a salutogenic approach rather than a pathogenic approach (focusing on what the problem is). He identifies 3 factors which he argues equip people to flourish in the course of their lives as well as cope with adverse experiences – he uses the term 'a sense of coherence' to describe this. He defines a sense of coherence as 'a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that:

- The challenges coming from one's internal and external environments in the course of living are structured, predictable and explicable – comprehensibility

- Individuals have the resources to meet the demands posed by these challenges – manageability

- These demands are worth investing in and engaging with – meaningfulness'

Other authors discuss 'happiness' as a meaningful barometer for health and well-being. Richard Layard proposes that high levels of self-assessed happiness are directly associated with a better immune response.[17] Layard also makes the point that although people living in the West are now materially richer than they have ever been from a collective viewpoint, they are no happier and there is some evidence that they are less happy. Income and happiness seem to be directly related although once income rises above $15,000 per head it seems to have no impact on happiness. Low income does appear to impact directly on happiness or perceived quality of life. Scottish research highlighted the issue of social exclusion for families on low income.[18] Participants involved in the research felt that although they had enough money to survive, they did not have enough to participate fully in Scottish society. They also employed a wide range of strategies to manage resources efficiently, many of

which were stress inducing with personal costs. This resonates with Wilkinson's theory of relative deprivation which proposes that inequalities in income and status generate psycho-social stress leading to poorer health and a less cohesive society.[19]

Martin Seligman uses the term 'a meaningful life' in his book *Authentic Happiness* as an important component of what he describes as the 'full life'. He outlines 3 main aspects of authentic happiness or 'the full life':[20]

- The pleasant life – successful pursuit of positive feelings, supplemented by skills of making the most of and amplifying these feelings

- The good life – which is not about maximising positive emotion but is about using individual strengths to obtain abundant and authentic gratification

- The meaningful life – using personal strengths in the service of something larger than the individual

Seligman's analysis could be criticised for focusing on individual, psychological factors and failing to acknowledge the importance of the economic, social and physical environment for individuals' experience and expectations regarding happiness.

Also, the word 'happiness' perhaps evokes a 'motherhood and apple pie' image of what might be regarded as good quality of life. No-one can realistically expect (or probably want) to be happy throughout the course of life. 'Resilience' might be a more appropriate term to use.

So there are interconnected threads that are important for individual well-being, including one's relationships, a sense of meaning in life as well as a sense of 'making a difference' or being a part of something 'bigger' than oneself. Holmes argues that our physical and psychological security depends completely on our connections with other people. He goes on to propose that self-esteem and security are intimately linked with individuals feeling good about themselves when they feel a valued part of a network of family and friends.[21]

In other words, to be fulfilled we may simply need something to do, someone to love and something to hope for.

## What is important for communities?

THE word 'community' has a universally positive connotation despite being a diffuse and disputed term and is used extensively in policy documents. There has been much debate around how best to define a community. A community has been described as a number of people who have some degree of common identity or concerns often related to a particular locality or conditions. But as Chanan points out:

*'Community is not a thing. It is a number of people who have repeated dealings with each other.'[22]*

Communities do not exist in a vacuum: for a geographic community, the quality of community life can be connected with:

- How well that locality is functioning

- How well that locality is governed

- How the services in that locality are operating

- How safe, pleasant and rewarding it feels to live in that locality[22]

The physical environment is integral to the health and well-being of a community. The Appleyard Study[23] found that there was an inverse relationship between volume and speed of traffic along residential streets and perceptions of the 'liveability' of the street, as well as the strength of social networks and social interaction. A recent cohort study found that living in areas with walkable green spaces lengthened the lives of urban senior citizens.[24]

A Glasgow-based study which looked at the relationship between people and place found that there was disparity in provision of services between richer and poorer areas of the city, with the poorer areas having a lower level of services and infrastructure. This amplified individual or household disadvantage.[25]

Work on sustainable development and environmental justice often includes community empowerment and participation as a key strand, and such work with communities will affect well-being and health.[26] The recent report *Sustainable communities: building for the future* lists 12 key requirements including:[27]

- A safe and healthy local environment with well-designed public and green space

- Effective engagement and participation by local people, groups and businesses, especially in the planning, design and long-term stewardship of their community

- An active voluntary and community sector

- A flourishing local economy to provide jobs and wealth

- Good public transport and other transport infrastructure both within the community and linking it to urban, rural and regional centres

A literature review looking at the interface between the urban and physical environment and mental well-being identified 5 key domains that have an impact on this relationship.[28] These are: control over internal housing environment; quality of housing design and maintenance; presence of valued escape facilities; crime and fear of crime, and social participation. It seems to be important to develop, manage and protect the surroundings in which people live to foster positive social interaction and to avoid or minimise the development of distrust and fear within communities.

# What are the links between individuals and communities?

COMMUNITIES are made up of people. The recent research project *Building Community Well-being* identified 3 key factors as important for stronger healthier communities:[29]

- Positive affirmation of worth – feeling valued in terms of relationships with family and friends, but also with respect to more formal relationships (employers, service providers, public authorities)

- Access to a local infrastructure of amenities, services and opportunities – the local availability of adequate housing, paid work, public services, shops, parks, transport links, opportunities for learning and leisure, and sources of information and advice

- Safety and security - both personal safety, particularly in respect of crime, and financial security to support daily living and the ability to plan for the future

Informal social networks and community cohesion also appear to be related.[30] A qualitative research study found that neighbourhood factors including the local area history, work opportunities, local resources and opportunities for community participation played an important role in the development of relationships of trust and perceptions of safety or fear of crime, as well as encouraging population stability.[31]

The idea of social capital and its importance for community cohesion has been the subject of ongoing research and debate. Social capital can be defined as 'networks together with shared norms, values and understandings that facilitate co-operation within or among groups.'[32] Its core idea is that social networks have value both to the people in the network (there is evidence of health benefits and economic benefits) and to 'bystanders'.

There are external effects of such networks e.g. the best predictor of a low crime rate in a neighbourhood is the number of people who know their neighbours' first names.[30] Recent research has highlighted the potential of volunteering for increasing social capital in communities through the development and widening of networks to which individuals and groups can connect, as well as bridging networks that have different levels of power and resources.[33]

The research involved a number of case studies of volunteering projects in different settings and areas.

Common to all was a belief in the detrimental effects of social isolation and the positive impact of community based interaction.

Social capital as a phenomenon has been regarded as a universal good despite ongoing ambiguity around what it actually is and how it operates. The term has appeared with a variety of different emphases in many recent policy documents. The jury is still out on the exact influence of social capital on individual and community health, partly due to some suspicion that it is 'old wine in new skins' and also due to its complex interplay with other factors. Political, social and economic context must be taken into account, as there is a danger that the promotion of social capital can be used as a substitute for economic investment in poor communities and political change at a macro level.

Research in Glasgow has shown that characteristics of neighbourhoods or communities may affect the production and use of social capital or social networks. The study found that levels of trust and cooperation were lower in deprived areas of Glasgow in comparison to affluent areas.[34]

A good neighbourhood has been described as a physical place that is coterminous with a sense of community through providing a setting in which there are opportunities for leisure, recreation and social interaction, and an environment which is safe, secure and protected.[35] Chanan maintains that the 'quality of community life – the independent activities of its residents – is a distinct factor which exerts its own effects.'[22] In other words, there is a vital ingredient within communities, where people live together rather than just live in the same place, that cannot be created by external agencies. We could call this community cohesion, social networks or social capital. These relationships form or dissolve according to shared interests, mutual concerns, overlapping lives as well as history and culture and have an important role to play in making a community a good place to be.

Several reports previously cited,[24-34] as well as Chanan's,[22] emphasise the importance of community involvement or empowerment in overall community well-being. Alison Gilchrist argues that community development work operating in the informal sphere of communities can support and shape social networks to help create flexible, effective and empowering forms of collective action.[36]

There still seems to be difficulty in the measurement of community well-being and this has perhaps contributed to its invisibility. This could arguably hinder the development and monitoring of effective neighbourhood renewal and social justice policies. As part of a Scottish Executive funded project to identify indicators of community well-being, Susan Hird suggests using a framework originally proposed by Chanan which could rationalise and combine the plethora of information already available, as well as begin to collect the more slippery and less visible activities/interactions amongst community and voluntary organisations and individuals which contribute to a well-functioning community.[37] She recommends that key stakeholders decide what themes and indicators are most relevant as well as how best to measure community involvement.

To sum up this section, there is extensive evidence that collective features of a community and its physical and social environment, are important in determining the health and well-being of its members. Some of these features operate below the 'radar' of organisational awareness and are currently not acknowledged or measured in any useful or consistent manner.

# What works and what could be different?

**DAVID** Reilly recommends that a more holistic approach be used at an individual level in therapeutic encounters within the health service. He calls for a greater recognition of how qualities such as compassion, empathy, trust and positive motivation can influence healing outcomes at an individual and an organisational level.[38]

With regard to the relationships between other helping professions and their clients, Amy Rossiter raises some dilemmas in her paper discussing issues around direction in social work education which have relevance for health professionals.[39] She argues that many professional helping relationships sustain the identity of the helper as good, innocent and helpful, obscuring the problem of power and privilege in these relationships and inevitably leading to a kind of legitimised 'trespass.' She uses an example to illustrate her argument where, during voluntary work in a community health centre in the US, she gives a homeless man a bowl of soup. Her own words best describe the dichotomy:

*'Twenty-one years of being a mother means that when scrawny, shaking, dirty guys falling down from drinking Listerine sit in the lobby and eat the soup I give them, I feel nothing but satisfaction that there are some vitamins, some protein feeding that body. It is an addictive gratification. But in my giving the soup, Stephen and I find it hard to recall the fact that it is his right as a human being to eat. My giving soup confirms the dividing practices of haves and have-nots. This gesture trespasses against our common citizenship. The charitable gesture of giving him the soup both helps him and confirms our inequality. My best shot at innocence is also a trespass. I want to trouble the moment of gratification I feel by being conscious that I am giving soup and making class at the same time.'*

This is not to say that any caring activity is invalid, but Rossiter points out that our professional stories of helping can often be partial and fallible. They also dominate the context in which they are used to make some stories visible and others invisible.

Antonovsky's positive approach to the analysis of influences on individual health has already been discussed. It is possible to take a similar approach in working with communities rather than starting with what the problem is perceived to be. Appreciative enquiry is a method for discovering, understanding and fostering innovations in organisations through the gathering of positive stories and images and the construction of positive interaction.[40]

Its appreciative features include:

- Discovering and valuing positive things in a community

- Envisioning a possible future (passionate thinking)

- Engaging in dialogue – discussing and sharing discoveries and possibilities

- Creating the future through innovation and action

Its enquiring features include:

- Description and explanation of where energy comes from in a group and activation of members' competencies and energies

- The application of usable and practical knowledge

- The discussion of possibilities in a provocative and collaborative way

## Appreciative enquiry takes a different approach to traditional problem solving[40]

| Problem solving | Appreciative inquiry |
|---|---|
| 'Felt need' identification of problem | Appreciating valuing the best of 'what is' |
| Analysis of causes | Envisioning 'what might be' |
| Analysis of possible solutions | Dialoguing 'what should be' |
| Action planning (treatment) | Innovating " 'what will be' |
| Basic assumption: organising is a problem to be solved | Basic assumption: organising is a mystery to be embraced |

Appreciative enquiry has clear parallels to Asset Based Community Development (ABCD), developed by McKnight and Kretzmann in the US as a way of counteracting well-intentioned problem-based approaches to 'fix' poor communities.[41]

The unintended consequences of these problem-based approaches were often a destruction of confidence and capacity in the communities themselves, and the development of a culture of dependency and negativity. ABCD rests on the premise that communities can drive development or regeneration themselves by identifying and mobilizing existing (but often unrecognised) assets, and thereby responding to and creating local economic opportunity. In particular, ABCD draws attention to social assets: the gifts and talents of individuals, and the social relationships that fuel local associations and informal networks.[42]

A recent article by Kretzmann, also using the example of a soup-kitchen, as Rossiter did, provides a useful illustration of how ABCD can work in practice.[43] The article describes how a community group involved in running a soup-kitchen for many years gradually realised that they knew a lot about the problems and deficiencies of the people who received the soup but nothing about their abilities and aspirations. So they asked about 500 people a series of questions about their abilities, relationships, ambitions and aspirations. One of the main findings was that more than half of the people who came to the soup kitchen wanted to

be involved in the cooking and not just because it was a skill they had. In the words of those asked:

*"I do not want to be on this side of the table any more, with you over on the other side of the table cooking for me, and serving me. Because as long as you are on the other side of the table and I am over here, you are a human being and I am not, you belong to this community, and are valued, and I am not. I want to come round to the other side of the table and I want to cook with you. And I want to be part of the servers here."*

If we revisit Amy Rossiter's reflections on her relationship with a person accepting soup from her then it becomes even clearer that power differentials are crucial in our interactions with others. For people to build up skills and confidence they need to feel that power and opportunities to make a contribution or feel useful are shared more or less equally with those they relate to. Also, in resonance with David Reilly's recommendations, professionals could build more reciprocity and empathy into their relationships with clients and with each other without necessarily crossing inappropriate boundaries.

In the same way, more formal relationships and partnerships between communities and service providers could learn from more positive and equitable approaches. The Joseph Rowntree Foundation's report *Top-down meets bottom-up: Neighbourhood Management* concludes: [44]

*'As well as engaging communities in decision-making, Neighbourhood Management must open up quality public service employment opportunities to members of local communities and transfer assets into community ownership.'*

A report of action research conducted with 3 different Scottish communities commented:[45]

*'… serious and lasting change for the better will only be secured by striking a new balance of power and responsibility, where communities are given the skills and money to take ownership of their problems and develop appropriate solutions.'*

Andrew Lyon, on behalf of the Healthy Public Policy Network, proposes in the report *The Fifth Wave* that only by mobilising the energy in the form of love, care or compassion within ourselves and others will we provide a basis for positive change in Scotland.[46] Some of the key challenges he presents are:

- To develop systems, organisations and service mechanisms which are capable of dealing with the scale of the challenge of improving health but remain personal and inclusive for staff and the public

- To develop systems which combine science and art, creativity and effectiveness, flexibility and continuity to enable innovation and engagement

- To develop leadership which doesn't micromanage but is able to release the inherent positive energy of people

- To accept that individuality is an inherent part of the way things work – one size does not fit all

*The Fifth Wave*'s conclusions and recommendations echo the philosophy behind asset-based community development, resting on the principle that the recognition of strengths, gifts, talents and assets of individuals and communities is more likely to inspire positive action for change than an exclusive focus on needs and problems.[46]

In 2002, the Scottish Council Foundation investigated perceptions and expectations of a number of Scottish people with a view to exploring what their vision of a healthy Scottish society might be and how it might be achieved.[5] The interviewers reported that shared values, a desire for tolerance, courtesy and kindness existed across all ages and income groups. Conclusions reached in the research report were that 'active security' was important, involving government action to strengthen incentives to work, learn and save and an explicit model of shared responsibility for creating good health. Secondly, integrity throughout the system was vital, including businesses, government ministers, public service workers, parents and employees. This integrity would show itself in various ways including through greater civic engagement and personal responsibility, confident and persuasive leadership amongst public service professionals, honesty and openness from politicians and fair, skilful media coverage.

Carol Craig in her book *The Scots' Crisis of Confidence* maintains that Scottish culture does not encourage us to learn the lessons which help us to become wise.[4] She calls for us to be more tolerant and appreciative of ourselves and others and develop a more pragmatic approach to problems, resisting the temptation to always return to first principles.

*'We need to create the conditions where creativity flourishes, not conformity. Liberating this huge untapped potential would not just benefit individual Scots – Scottish society as a whole would be enriched. Such changes would not create a perfect Scotland but they would create a more vibrant, confident Scotland. A Scotland full of possibilities for people.'*

# How will we know if we are on the right track?

**THIS** paper has already discussed some of the professional, organisational and cultural barriers to the generation of health and well-being in communities. A review titled *Making it Happen*, produced by a sub-group of the Scottish Social Inclusion Network in 1999, called for a transformation of the way statutory workers think, act and work.[47] Specifically, the report recommended that a culture of joint working both within and between organisations should be embedded. More responsive mainstream services should be provided through design and delivery of services around the person, the family and the neighbourhood, and not the producer, the profession or the agency. It called for a focus on securing best value by a better sharing of existing resources across agencies, rather than relying on a pot of gold of challenge funding. It also highlighted the importance of renewal of self-esteem of individuals and communities – with active and engaged citizens involved in decisions about the services they use by right, and who share the responsibility for their neighbourhoods and communities.

One of the Government's solutions to doing it differently in terms of more efficient and equitable delivery of services for people and communities has been to legislate and re-organise services. The *Local Government in Scotland Bill* reinforces a broader approach to health improvement at a community level by placing wider responsibility for the promotion of community well-being on local authorities.[48] One of the main vehicles through which this responsibility will be delivered is community planning. This aims to deliver integrated, responsive services in a more inclusive way, through partnerships between local authorities, health, community/voluntary and business sectors as well as others.

The *Partnership for Care: Scotland's Health* White Paper launched in early 2003 also aims to promote health in a broader sense.[49] A key feature is the replacement of local health care co-operatives with community health partnerships. The aspiration for these community health partnerships is that they will be able to deliver a wider range of local services which will be better matched with local authority services and better able to represent local interests of people in communities within the NHS Boards and partner organisations.

At this point, many of the readers of this discussion paper, particularly those who have experience of previous re-organisations in local authorities and the health service, could well be saying, 'Get real!' or 'We've been here before!'. Some people working in organisations such as these may well (if they are being honest) find the idea of a real shift in the balance of power between service providers and people in communities profoundly unattractive, particularly if they feel under threat. A study in 2002 investigating the capacity building requirements for community planning partnerships (CPPs) found there was ambiguity amongst partners about what community planning actually means.[50] The researchers also found that many CPPs still had to agree the values, attitudes and behaviours necessary to work in a collaborative way, leaving aside the requisite skills and competencies to do this. In addition, self-interest and protectionism are inherent human attributes and despite well-meaning strategies and policies, many people are not remotely interested in the collective well-being or happiness of society at large. Given that community planning is being promoted as one of the main mechanisms for improving community health and well-being, these findings present some clear challenges.

A qualitative study highlighted issues relating to a gap between aspiration and capacity of professionals working with members of local community and voluntary organisations in CPPs, particularly in terms of their understanding of community development principles and their ability to work to a different agenda and time-scale.[51]

On a more positive note, other research commissioned by the Scottish Executive found strong support for the principles underlying the concept of community planning and a strong desire to make it work.[52] The same report concluded that if community planning is to fundamentally change the way organisations operate it will require individuals to change the way they work. In addition, pressure to manage conflicting priorities,

constant organisational change, national versus local priorities and boundary issues all need to be addressed.

*The Fifth Wave* also has something to say about organisational culture. It calls for a real mobilisation of energy within people in Scotland to create a society based on more positive relationships. However, it proposes that the organisational culture, as well as the size and scale of our institutions, tends to douse the commitment, energy and passion of those who join them to do good – this needs to change.[46]

As children, we know that we flourish if we have a secure base in the form of stable, positive, encouraging relationships from which we can safely explore and return to in order to try out new ideas/experiences – there is no reason why this should not be as important to us as adults also. Unfortunately, Carol Craig asserts that sectors of Scottish society are unreceptive to new ideas proposed by individuals and can be overtly hostile:[53]

*"If you say something different in Scotland you may be attacked for it and -*

*The attack could be personal*

*It could impugn your motives*

*Question your right to speak*

*You won't be given the benefit of the doubt or for judgement to be suspended till a later date.*

*God help you if you get your facts wrong.*

*So it is easier, and safer, just to keep your head down below the parapet and avoid being shot at. In other words,*

*Conform*

*Leave the country*

*Gird your loins for the onslaught."*

This also needs to change.

# Conclusions

**SCOTLAND** has a lot to celebrate - with regard to health improvement, the evidence base is building up, clear strategy and policy are in place and there is much good work underway on the ground. But although Scottish life expectancy has improved overall, healthy life expectancy has not. Recent analyses of health and well-being of communities across the UK paint a gloomy picture of Scotland.[54,55] At a European level, Scotland is lagging behind European neighbours and inequalities in health within the country have grown.[2]

So what can we do?

We have a number of possibilities for 'doing it differently' as individuals, communities, organisations and policy makers. This necessarily involves us taking the time to reflect on what we are currently doing both individually and with others. We need to be prepared to challenge our own and other people's assumptions and where necessary, be prepared to stop doing some things that don't work rather than persevering with 'more of the same'.

## At an individual level

If emotional intelligence and resilience is vital for childhood development and healthy adult relationships should we place more focus on optimising conditions for attachment and development of emotional intelligence? If we accept that a sense of control or coherence as individuals is important for our health and well-being, how can we help people take back control of their lives at an individual level?

## Possibilities for action might include:

- More intensive antenatal and postnatal support for parents and families (as suggested by the Scottish Council Foundation in the *Early Endowment* report)[56]

- Changes to the way education is delivered (particularly in secondary schools), including a greater focus on mental well-being and self-esteem of staff and pupils as well as use of more innovative methods. The Community of Philosophical Enquiry project in Clackmannanshire is one example of this type of approach[57]

- More wide-spread family-friendly policies in the workplace, appraisal systems that take more account of co-operation and team working, greater use of sabbaticals and secondments

Although at an early stage, work is underway in Scotland to promote positive mental health and rebuild confidence and self-esteem amongst Scottish people.[58,59] Time will tell what impact initiatives and programmes of this sort will have on this aspect of health and well-being.

## At a community level

*The Building Community Well-Being* report provides important messages for the creation of strong, healthy communities.[29] Significant influences include:

- Feeling that you matter and have a role, are useful and able to make a contribution

- Choice and involvement: feeling involved in decisions that affect your life and the lives of those around you, having your views heard and respected

- Having hope, feeling valued, having a sense of progress and future prospects for yourself, your children and grandchildren

- Feeling proud of what you are part of, what you have achieved individually and collectively

These influences resonate with the commentaries of Antonovsky,[16] Layard,[17] Seligman[19] and Craig[4] on factors important for individual well-being.

We know that people and communities respond to positive rather than negative approaches. We could use and build on these approaches in Scotland rather than focusing on deficiencies and problems. A good example of this kind of approach was the *Imagine the Clyde* event that took place on the Waverley paddle steamer on 22 June 2004.[60] A diverse network of people came together to sail 'doon the watter,' to share their experiences of the Clyde and to take part in discussions about the future of the river and its surrounding areas. By bringing a wide group of interested people together

to think about the river, new ideas emerged and associations were formed which will in turn stimulate new partnerships and plans.

In the planning, implementation and evaluation of community-based initiatives, it is becoming clear that we need to use a wider range of qualitative and quantitative methods. There are multiple sources of evidence in the world today, but a tacit acceptance that science and rigour are worth more than other broader and less tangible dimensions. If we accept that public health is 'the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society'[61] then maybe we need more use of 'art' in public health. Success or failure, particularly of community-based interventions, is sometimes judged by evaluations which use unrealistic outcomes. Community-based interventions themselves are often established under constraints with regard to funding and indicators of success which lack context and set them up to fail. Perhaps we need to think more about making the important measurable rather than the measurable important.

Indicators of community involvement are being piloted in England and Wales as an attempt to capture the 'hidden ingredient' in communities that can contribute to community well-being. Should we consider conducting a similar exercise in Scotland or would a further set of indicators be another manifestation of a bureaucratic response to an issue based on people and their relationships?[62]

## At an organisational level

*'Performance management related to multiple targets of questionable value dominates organisational culture in Scotland. This stifles creativity and can be counterproductive.'[4]*

Can community planning and community health partnerships really contribute to 'doing it differently'? The *Making it Happen* report suggested that senior officials making policy are probably as much of the problem as the solution.[47] *The Fifth Wave* report states that:

*'Enthusiastic individuals are necessary but not sufficient – they must be working in an appropriate environment.'[46]*

Should we foster an organisational culture that rewards co-operation and creativity as well as promoting a healthier work-life balance? If we were able to operationalise the challenges laid out in the concluding remarks of *The Fifth Wave* then we would value individuals more than structures and systems. As organisations we also need to find more effective ways for people to feel that they can be involved and can make a difference to the things which matter most to them at local level. Perhaps we would then be able to pursue a vision of health that embraces elements such as confidence, aspiration and resilience, as well as building healthier and more integrated public health policy with regard to more rapid health improvement and equity in health outcomes for the Scottish population.

There are several worrying trends apparent in the health of Scottish people – these include increasing health inequality between deprived and affluent areas, increasing suicide rates in young men, rapidly growing rates of obesity with all of its attendant health and economic consequences, increasing levels of alcohol-related admissions to hospital and increasing levels of workplace stress-related illness.[3,55] These trends appear to be worsening despite our best efforts. There is a growing feeling in some circles that current approaches are not making the difference we would hope for. Perhaps we need to look further upstream and focus more on determinants of health and well-being rather than on specific behaviour and life-style? There is good evidence that information and education on health can only be acted on when a range of other circumstances are in place.[61,63,64]

Perhaps we should also review and assess the role that our 21st century societal values and collective priorities have played in our current health profile. At a societal level, there is growing interest and debate around the pace, priorities and meaning of life in Western developed countries in the 21st century – this debate has great resonance for our individual and collective health in its broadest sense.[65,66,67] Clive Hamilton proposes that the social basis of discontent in modern society stems from

loneliness, boredom, depression, alienation and self-doubt.[67] Poverty and inequality are obvious mediators but Hamilton maintains that current social structures, ideologies and cultural forms also prevent people from realising their potential and leading satisfying lives in their communities.

Surely it is within the gift of Scottish people and those in positions of power to change this?

An excerpt from Edwin Morgan's poem written to honour the opening of the Scottish Parliament catches some of the essence of the themes raised in this paper and provides a fitting conclusion:[68]

*'What do the people want of the place? They want it to be*

*filled with thinking persons as open and adventurous as its*

*architecture.*

*A nest of fearties is what they do not want.*

*A symposium of procrastinators is what they do not want.*

*A phalanx of forelock-tuggers is what they do not want.*

*And perhaps above all the droopy mantra of 'it wizny me' is*

*what they do not want.*

*Dear friends, dear lawgivers, dear parliamentarians, you are*

*picking up a thread of pride and self-esteem that has been*

*almost but not quite, oh no not quite, not ever broken or*

*forgotten.*

*When you convene you will be reconvening, with a sense of not*

*wholly the power, not yet wholly the power, but a good*

*sense of what was once in the honour of your grasp.*

*All right. Forget, or don't forget, the past. Trumpets and*

*robes are fine, but in the present and the future you will*

*need something more.*

*What is it? We, the people, cannot tell you yet, but you will know about it when we do tell you.*

*We give you our consent to govern, don't pocket it and ride away.*

*We give you our deepest dearest wish to govern well, don't say we*

*have no mandate to be so bold.*

*We give you this great building, don't let your work and hope be other than great when you enter and*

*begin.*

*So now begin. Open the doors and begin.'*

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