



COPE Scotland

past, present and future

Working together, listening to the voices of lived experience and communities since 1991, to create new responses to reduce distress and improve wellbeing.

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www.cope-scotland.org

The Past

In 1991 the first person to work for what is now COPE Scotland walked into the social work department in Drumchapel, which was then in Kinfauns Drive to take up post with the Drumchapel Mental Health Consumer enablement project. (Shortened to CEP then renamed later by the community as C.O.P.E. Caring Over People's Emotions.)

Back in 1991 mental health wasn't really discussed, it was mental illness and probably going out and asking communities "how would you spend this money?" wasn't really the norm either. However, that's what we did; with local volunteers from the Drumming up Health Project we spoke to a lot of people and what emerged was:

1. The need to challenge stigma
2. To offer something within the community which didn't yet exist to support recovery and mental wellbeing



Our original objectives in 1991 were:



To be a community led initiative to empower service users to shape the services they want to see, where they want to see them



To increase community led workshops



To reduce referrals to central statutory bodies, e.g., health board and social work



Work to ensure access to services and information

Our Governance

To be led by the voices of lived experience, we recognised that those voices also had to take a lead role in our Governance structures, steering groups and strategic planning. People could adopt these roles with support, where necessary, from external sources to ensure compliance with all the required policies and procedures for an effective professional organisation. The key to recruitment was that interviews involved people with lived experience who knew the skills, attitudes and values they sought from those delivering support and other panel members who had a different experience to bring to the recruitment process.

Past leading to the present

We actively worked with individuals to address the issues which were of concern to them while working with other partners and the community to explore the issues which perhaps led to distress in the first place and what could be done to mitigate this distress. These are only some examples of the work we played an active role in:

- We were one of the third sector groups involved in the original social prescribing work that led to the development of the now National Community Links Practitioners programme.

- We ensured mental health was on the agenda of the Social Inclusion Partnership in Drumchapel. We became the local champions for the prevention of suicide. We were part of the first cohort for ASIST (Applied Suicide Intervention Skills Training) and MHFA (Mental Health First Aid, learning from which informed the development of Scottish Mental Health First Aid). These programmes were rolled out widely in Scotland. The evidence of the work we have offered in suicide prevention helped contribute to Glasgow City receiving the Suicide Safer Community Award by Living Works.
- We were part of the working group that secured funding for the local healthy living centre, which became Drumchapel Life, which now runs many mental wellbeing programmes.
- We were active on the Drumchapel community safety forum bringing CCTV to Drumchapel to increase people's feelings of safety and security.
- We were part of the original local primary care developments around mental health, which began as the project 'Open doors'. The project then evolved into the Primary Care Mental Health Teams, which are in place throughout Glasgow and beyond. The focus on mental health provision within primary care has shifted significantly since 1991.
- We offered a range of informal interventions to help maintain wellbeing and shared this learning with volunteers and other local groups. Many groups with lived experience are now running themselves through peer led support. Some went on to establish their own SCIO (Scottish Community Interest Company) and secure their own premises. One group now occupies the premises previously occupied by COPE Scotland. The premises were vacated in recognition of the need others may have for space. COPE's focus was never on its own growth and sustainability, but the seeds it could help plant for the future growth of the people and communities it serves.
- Over the years many people offered their time to us in an informal volunteering role, many of whom used the learning to develop new career pathways, start their own groups, or have new skills to offer more formal volunteering around mental health and wellbeing in other charities and groups.





The Present

We were never about growing an empire but an idea. Success for the charity means we are no longer needed to offer these services, as this has become the norm. If we reflect on our original objectives:

To be a community led initiative to empower service users to shape the services they want to see, where they want to see them.

Locally communities have initiatives of their own which they are developing, becoming S.C.I.O.s and designing their service responses. We contributed to this; however, people and communities are now doing it for themselves. We were a catalyst, helping create conditions with others, where people began to find their solutions.

To increase community led workshops.

Communities are now doing this for themselves, and over the years, where we can, we have supported local social entrepreneurs establish their own workshops, as our focus is not on what we can do, but how we can create the conditions for others to pursue their dreams and ambitions.

To reduce referrals to main statutory bodies e.g., health board and social work.



- Some of the peer support groups include counselling provision in their service menu and training for volunteers and members on mental health awareness.
- Glasgow Health and Social Care Partnership (GHSCP) now commission third sector services to offer counselling and stress management.
- More third sector services offer direct mental health interventions; there are very few services now that don't have some mental wellbeing element in their provision.
- We have supported others to secure funding to take forward their ideas, including work with primary care around the Jigsaw project, an initiative between primary care, the third sector, the community and voices of lived experience to improve the connections which supported wellbeing.

To ensure access to services and information.

- We have created many tools and tips for supporting self-management led by the voices of lived experience. We share and care about what we are doing and what others are doing, which helps increase kindness in the world and reduce suffering.
- We produce a 'whits happening' info mag which shares details of services and features pieces of interest to people on a wide range of subjects.
- We have been asked to speak at many events locally, city-wide and nationally on what we have learned since we began and were finalists in the Health and Social Care self-management champions of the year awards for our work in promoting self-management.
- We were one of the founding Cohort of the Q Community. A connected community is working together to improve health and care quality across the U.K. and Ireland.
- We have featured in many case studies, including Iriss, Evaluation Support Scotland, R.C.N. Scotland.
- We were delighted to be involved in the Compassionate Communities Active Learning Programme with the International Centre for Integrated Care and the Health and Social Care Alliance. This involvement fits so well with our ethos of caring and compassion.

Present leading to the future

One to one.

We recognise the one-to-one work which was core to what we did for so many years is now being offered by others. However, we recognise we can't stop what we have been doing overnight. Between 2020 and 2023 we will be gradually phasing out the one to one service. Others are now offering workshops, one to one and informal support. With limited funding to support initiatives, we do not want to find ourselves in competition with the very community groups and new organisations we have seen emerge. We work collaboratively not competitively.



Population based work capacity building and resilience.

We have always committed to more comprehensive population-based work, capacity building and resilience. The impact of COVID_19 on mental health has been significant and may continue to be substantial. While there is a need for direct one to one services, there is also a need for broader population-based mental health programmes, similar to those for physical health and this is where we now plan to turn our attention more fully in the future.





“The true meaning of life is to plant trees, under whose shade you do not expect to sit.”

**Nelson
Henderson**

The Future

We recognise a proactive approach for physical health, e.g., Laws that can help encourage healthier behaviours. Minimum pricing on alcohol, reducing levels of salt and sugar in food manufacturing, smoking bans, and making the purchase of cigarettes more of a challenge. More proactive work by COPE is required around mental health, e.g., mental wellbeing check-ups, just as there are for physical fitness.

Many possible challenges lie ahead as we adjust to a world which we share with the COVID viruses, where global warming and climate change is impacting the natural world, which is vital for our survival and wellbeing. We are transitioning from a direct provider of services to a virtual learning platform that shall share what we have learned since 1991 and develop new responses to the emerging challenges we all face to our mental health and wellbeing.

COPE Digital is our future which offers a variety of tools for people to use themselves or share with others, helping build capacity around mental and emotional wellbeing, reducing distress for individuals, families, and communities and groups and organisations. This online service does not replace professional advice; it is a series of tools that people or groups can use for self-care or self-management. We recognise not everyone may be online, so we want to try and share these resources as widely as possible so that those online are aware of them to share with those yet to connect to the digital age.

There may come the day when COPE Scotland, the charity itself, is no more, and that will be a sign, we have been successful.

The Last Word

No one is an island, and the same holds for projects and organisations. Nothing we have achieved would have been possible without the support and belief of others, in particular, we would like to thank:

Thank
you

- The Drumchapel Mental Health Action group who secured the original Urban Aid funding which made the project possible.
- The Social work staff in Drumchapel offered us the support to start practising.
- The Drumming up Health Project volunteers who worked with us to conduct that first extensive community engagement exercise helped begin the journey to today.
- Scottish Association for Mental Health (SAMH) who offered us space to call our own.
- Kendoon Housing increased the space we had available.
- The late and fantastic John Oliver, who offered us 4,200 square feet of purpose-built premises, we are delighted to share, is now occupied by Men Matter Scotland.
- Jobs & Business Glasgow (JBG) who offered us units which we were able to adapt for our use when we left our premises at Drumchapel Rd.
- The people over the years who have served on our committees, boards, strategic planning events, engaging with us when we have again went to the community and asked, what do you think?
- The people who worked with us over the years and/or provided services.
- Glasgow City Council for core funding us when the Urban aid programme ended. Without that core funding, we would not have secured other funds and become who we are now.
- Drumchapel Social Inclusion Partnership for having faith in Inclusion Now, a project which is now core to our work in helping tackle inequalities.



- Drumchapel Life for having faith in us to seed fund work around resilience and coping strategies.
- Scottish Government and the Health and Social Care Alliance for their faith in our work around exploring new self-management and peer support ideas.
- Q.N.I.S. (Queens Nursing Institute for Scotland) for their support of building kinder communities which developed further thanks to the support of Drumcog, in particular Cernach and Pineview Housing Associations.
- Local partners like the G15 youth project for helping us connect with young people. Drumchapel Foodbank for helping us connect with people challenged significantly by inequality.
- Yoker resource centre offered us space to offer a one-to-one service to the people living in and around Yoker, for whom travelling to Drumchapel was a barrier to support.
- 3D Drumchapel and Parent Network Scotland for helping us connect with parents.
- Glasgow Council for the Voluntary Sector (GCVS), Voluntary Health Scotland (VHS), North West Glasgow Voluntary Sector Network (NWVSN), the Health and Social Care Alliance Self-management Network, Growchapel and many more, who have helped us build the networks which have helped create the change, that none of us alone can achieve.
- This list could get exceptionally long. We cannot include everyone who has helped us get to where we are now, and I am sorry if you are not listed here. We do know who you are.
- The final gratitude must be to the experts with their experience. The communities we serve have led us to where we are now and continue to lead us in where we go next, including what can help raise awareness of gambling harms and reduce risk. Again, we are working with some pretty outstanding individuals and groups.



Without all of you. We would not exist.

“If you want to go fast, go alone. If you want to go far, go together.”

African Proverb



30 years on, we would like to think, this hasn't just been about us, but the road many of us have walked together to help take some suffering out of the world and put a little kindness back in.

Hilda Campbell (the first person to walk in the door of the social work department back in 1991)



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