PLEASE NOTE VENUE OF MEETING

INVERCLYDE ALLIANCE BOARD

MONDAY 7 OCTOBER 2024 – 1pm

A meeting of the Inverclyde Alliance Board will be held on Monday 7 October 2024 at 1pm within the Municipal Buildings, Greenock. Partners may attend the meeting in person or access the meeting by remote online access. Seperate Webex invites have been issued for the meeting. In the event of connectivity issues, the join by phone number in the WebEx invitation can be used. Please note this meeting will be recorded.

Information relating to the recording of meetings can be found at the end of this notice.

BUSINESS

1. **Apologies for Absence**

2. **Minute of Previous Meeting** (copy attached)

3. **Matters Arising**

4. **Inverclyde Alliance Board Action Tracker** (copy attached)

5. **Inverclyde Communities Mental Health and Wellbeing Fund for Adults** (copy attached)
   Year 3 Report
   Report by Charlene Elliott, Chief Executive, CVS Inverclyde

6. **Presentation by Chris Paul, Chief Executive, Man On! Inverclyde**

7. **Partner Update**

8. **Inverclyde Partnership Plan Biannual Progress Report April 2024 to** (copy attached)
   October 2024
   Report by Ruth Binks, Corporate Director Education, Communities & (Please note
   Organisational Development, Inverclyde Council appendices 1, 2
   and 3 to follow)

9. **Inverclyde Child Poverty Local Action Report 2024/25** (copy attached)
   Report by Ruth Binks, Corporate Director Education, Communities &
   Organisational Development, Inverclyde Council

10. **Community Learning and Development Partnership 3 Year Plan** (copy attached)
    2024-27
    Report by Ruth Binks, Corporate Director Education, Communities &
    Organisational Development, Inverclyde Council

11. **Locality Plan Engagement** (copy attached)
    Report by Ruth Binks, Corporate Director Education, Communities &
    Organisational Development, Inverclyde Council

12.   **NHS GGC Mental Health Strategy Refresh Public Engagement**   (copy attached)
        Report by Kate Rocks, Chief Officer, Inverclyde Health & Social Care
        Partnership

13.   **Date of Next Meeting – Monday 2 December 2024**

        Enquiries to **– Lindsay Carrick –** 01475 712114

Please note: this meeting may be recorded or live-streamed via YouTube and the Council's internet site, where it will be capable of repeated viewing. At the start of the meeting the Chair will confirm if all or part of the meeting is being recorded or live-streamed. You should be aware that the Council is a Data Controller under the Data Protection Act 2018. Data collected during any recording or live-streaming will be retained in accordance with the Council's published policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site or YouTube. If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. In making this use of your information the Council is processing data which is necessary for the performance of a task carried out in the public interest. If you are asked to speak at the meeting then your submission to the Board will be captured as part of the recording or live-stream. If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact the Information Governance team at dataprotection@inverclyde.gov.uk.

INVERCLYDE ALLIANCE BOARD

MONDAY 17 JUNE 2024

THE BEACON ARTS CENTRE, CUSTOM HOUSE QUAY, GREENOCK

Present: Councillors E Robertson (Chair), G Brooks and L Quinn (Inverclyde Council), Mr R Turnock (River Clyde Homes), Chief Superintendent G McCreadie (Police Scotland), Dr B Von Wissman and Dr J Asplin (NHS GGC), Ms D MacDonald and Ms F Simpson (Scottish Government), Mr D McCarrey (Scottish Fire & Rescue Service), Ms K Wallace (NatureScot), Mr A Comrie (Strathclyde Passenger Transport), Mr S Frew (Scottish Enterprise), Ms L Bayston (Skills Development Scotland) and Ms V Cloney (CVS Inverclyde).

In attendance: Ms L Long, Ms R Binks, Ms M Rae, Mr N McIlvanney, Mr T McEwan, Mr H Scott, Mr R Scullion, Mr C McLellan, Ms R Braddick, Ms L Carrick and Mr C MacDonald (Inverclyde Council), Ms K Rocks, Mr S Bryan, Mr I Hanley and Ms G Hughes (Inverclyde HSCP).

Prior to the commencement of business Board Members and officers were given a tour of the facilities on offer at the Beacon Arts Centre by Directors Lesley Davidson and Karen Townsend.

APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Councillor McCabe (Inverclyde Council), Ms C Elliott (CVS Inverclyde), Ms S Rae (West College Scotland), Mr R Cowan and Mr S McMillan.

Councillor Robertson welcomed Ms Dehra MacDonald, Ms Rhoda Braddick and Ms Laurence Bayston to their first meeting.

MINUTE OF PREVIOUS MEETING

The minute of the meeting of 18 March 2024 was submitted and approved.

MATTERS ARISING

There were no separate matters arising.

INVERCLYDE ALLIANCE BOARD ACTION TRACKER

There was submitted an action tracker arising from previous decisions of the Alliance Board.
Decided:
(1) that the actions on the tracker be noted; and
(2) that the revised action tracker be submitted to the next meeting of the Board taking account of the comments made at the meeting.

NOMINATION FOR ALLIANCE BOARD VICE CHAIR

There was submitted a report by the Corporate Director Education, Communities & Organisational Development, Inverclyde Council advising on the nomination for Alliance Board Vice Chair.
Decided: that Chief Superintendent Gordon McCreadie, Police Scotland be appointed as Vice Chair of the Inverclyde Alliance Board.

INVERCLYDE PARTNERSHIP PLAN BIANNUAL PROGRESS REPORT OCTOBER 2023 TO MARCH 2024

There was submitted a report by the Corporate Director Education, Communities & Organisational Development, Inverclyde Council providing a progress report on the implementation of the Partnership Plan 2023-2033. The Board heard a presentation by the Corporate Director Education, Communities & Organisational Development providing oversight and delivery of the Partnership Plan. Thereafter Ms Binks answered a number of questions from members.

Decided:
(1) that the amendments to the terms of reference and group delivery structure be noted; and
(2) that progress made towards the implementation of the Partnership Plan be noted.

LOCALITY ACTION PLANS

There was submitted a report by the Corporate Director Education, Communities & Organisational Development, Inverclyde Council presenting revised Locality Action Plans for approval.

Decided: that the revised Locality Action Plans be approved.

COMMUNITY LEARNING AND DEVELOPMENT PROGRESS VISIT REPORT

There was submitted a report by the Corporate Director Education, Communities & Organisational Development, Inverclyde Council informing the Board of the recent Education Scotland progress visit to assess Inverclyde's Community Learning and Development (CLD) Partnership.

Decided:
(1) that the positive outcome of the progress visit be acknowledged;
(2) that the progress visits recognition of practice worth sharing nationally around the youth New Scots engagement be acknowledged;
(3) that the improvement actions recommended by Education Scotland be noted;
(4) that it be noted that HM Inspectors decided there will be no requirement to revisit; and
(5) that thanks and appreciation be conveyed to all staff involved in the visit.

DRAFT COMMUNITY LEARNING AND DEVELOPMENT PARTNERSHIP 3 YEAR PLAN 2024-2027

There was submitted a report by the Corporate Director Education, Communities & Organisational Development, Inverclyde Council presenting the draft Community Learning and Development (CLD) Partnership 3 Year Plan 2024-2027 for the Board to note progress on the development of the plan.

Decided: that the progress made in relation to the development of the draft Community, Learning and Development (CLD) Partnership 3 Year Plan 2024-2027 be noted.

'COMMUNITY MATTERS' – INVERCLYDE COMMUNITY JUSTICE OUTCOMES IMPROVEMENT PLAN (CJOIP) 2024

There was submitted a report by the Chair of Inverclyde Community Justice Partnership seeking approval for the publication of the new community justice plan for Inverclyde, 'Community Matters' – Inverclyde Community Justice Outcomes Improvement Plan (CJOIP) 2024.

Decided: that the 'Community Matters' – Inverclyde Community Justice Outcomes Improvement Plan (CJOIP) 2024 be approved.

GREENOCK TOWN BOARD UPDATE

There was submitted a report by the Head of Service Regeneration, Planning and Public Protection, Inverclyde Council providing an update on progress in assembling the Town Board for Greenock for the Long-Term Plan for Towns fund.
Decided:
(1) that the content of the report be noted; and
(2) that it be remitted to officers to provide an update report to a future meeting.

INVERCLYDE REPORT OF THE NHS GREATER GLASGOW AND CLYDE 2022/23 ADULT HEALTH AND WELLBEING SURVEY AND DIRECTOR OF PUBLIC HEALTH REPORT

There was submitted a report by the Interim Head of Health & Equalities, NHS GGC and the Chief Officer, Inverclyde Health & Social Care Partnership outlining the post pandemic population health status and the findings of the 2023 Adult Health and Well-being Survey for Inverclyde, to inform considerations of the public health priorities for the Inverclyde Alliance Board.   The Board heard a presentation by Dr Jacob Asplin, Speciality Registrar in Public Health Medicine NHS GGC on the health and wellbeing position of the population of Inverclyde. Thereafter Dr Asplin answered a number of questions from partners.
Decided:
(1) that the health and wellbeing position of Inverclyde's population be noted;
(2) that the publication of the Inverclyde findings of the NHS GGC Adult Health and Wellbeing Survey (2022/2023) and the NHS GGC Director of Health Report, and the wide use of both report findings amongst staff, partner agencies and academia be noted;
(3) that the analysis and calls to action within the Director of Public Health report, and their application to planning to capitalise on available opportunities to improve health be noted; and
(4) that the presentation be noted.

ACTIVE INVERCLYDE STRATEGY – ANNUAL UPDATE ON ACTION PLAN

There was submitted a report by the Corporate Director Education, Communities & Organisational Development, Inverclyde Council providing an update on the activity carried out as part of the Active Inverclyde Strategy between April 2023 to March 2024.
Decided: that the progress made during the period April 2023 to March 2024 as detailed within the Action Plan at appendix 1 to the report be noted.

CLYDE CONVERSATIONS 6 REPORT

There was submitted a report by the Corporate Director Education, Communities & Organisational Development, Inverclyde Council presenting a conference report on Clyde Conversations 6.
Decided:
(1) that (a) the success of the Clyde Conversations be noted, and (b) the participation of young people at all levels of planning be acknowledged;
(2) that the key actions detailed in the event plan at appendix 1 to the report be noted;
(3) that the Board continues to endorse Clyde Conversations as a means of engaging young people on issues affecting them; and
(4) that thanks and appreciation be extended to the young people for their participation and contribution.

INVERCLYDE HSCP STRATEGIC COMMISSIONING PLAN 2024-2027

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the new three-year Inverclyde Integration Joint Board Strategic Partnership Plan, 'People and Partnerships, Making a Difference' for the period 2024-2027. The Chief Officer conveyed her thanks to partners for their contributions to the plan.
Decided: that the content of the Inverclyde Integration Joint Board Strategic Partnership Plan 2024-2027 be noted.

INVERCLYDE CARES: ACTIVITY REPORT 2020-2023

There was submitted a report by the Chair of the Inverclyde Community Justice Partnership presenting the Inverclyde Cares Activity Report 2020-2023.
Decided: that the content of the Inverclyde Cares Activity Report 2020-2023 be noted**.**

It was agreed unanimously to allow for the consideration of an additional: Marmot Places Scotland – Report by the Chief Executive, Inverclyde Council

MARMOT PLACES SCOTLAND

There was submitted a report by the Chief Executive, Inverclyde Council informing the Board of the opportunity for Inverclyde to work with Public Health Scotland to undertake a collaboration with University College London Institute of Health Equity (IHE) to become a Marmot Place.
Decided:
(1) that it be agreed that Inverclyde take forward the opportunity to apply to be a Marmot place; and
(2) that it be agreed the Alliance Board lead the self-assessment for submission on behalf of Inverclyde.

DATE OF NEXT MEETING

It was noted that the next meeting of the Alliance Board will take place on Monday 7 October 2024.

Inverclyde Alliance Board Action Tracker

Inverclyde Alliance

Date of Meeting	Action	Progress Update
5.12.22	Presentation on Partnership Development (Morna Rae) Progress the following over 2024/25: Thematic workshops to be arranged, and variety of Board meeting locations and visits to be arranged	June 2024 meeting hosted by Beacon Arts Centre. Future meetings to include partnership workshops and/or host briefings. Discuss potential partner locations for the December Board.
19.06.23	Tree planting in Inverclyde Progress report to be shared at a future meeting with additional input from Clyde Muirshiel.	Report and input from Clyde Muirshiel scheduled for April 2025.
02.10.23	Inverclyde Communities Mental Health and Wellbeing Fund for Adults Year 2 Review Monitoring report to be submitted to a future meeting	Update from CVS at Agenda Item 5.
02.10.23	Alliance Update Report Participation in the research project as a partnership approach be progressed.	M Rae will provide a verbal update to the Board.

Date of Meeting	Action	Progress Update
04.12.23	Inequalities Partnership Update Progress report on the ADP forward plan 24-26	The ADP Strategy went to the IJB in September. The final document will be brought to December 2024 Alliance Board.
18.03.24	Locality Plans Draft revised locality plans to be presented to Alliance Board with additional demonstration of CONSUL platform	CONSUL demo was delivered as an online briefing in August. Locality update paper with more details is being presented at Agenda Item 11.
17.06.24	Additional Investment for Greenock and Inverclyde Report to a future meeting on the progress of the work undertaken by the Town Board	Further update scheduled for December 2024.

Date of Meeting	Action	Progress Update
17.06.24	Results of the health and wellbeing survey	
	27–30-month developmental concern trend data to be considered at future meeting.	Scheduled for June 2025.
	Results of TSI consultation on the survey to be presented at a future meeting.	250 survey responses have been received to 18/09/24. The survey will close mid Oct and an update paper will be available for the December Alliance Board. Three local events have taken place in Port Glasgow, Greenock and Kilmacolm resulting in approximately 20 in-depth discussions. Eight further events are scheduled to take place across the remainder of September.
	Results to be discussed between the chairs of the Alliance Board thematic delivery groups.	Update to be provided at future meeting.
	Scottish Government Alliance Board representative to advise on the status of the Strengths and Difficulties Questionnaire (SDQ)	After the last Alliance Board meeting, Fiona Simpson contacted Richard Foggo in the Scottish Government to put him in touch with Louise Long to discuss the approach further, whilst noting that the lead for this is PHS.
17.06.2024	CLD Partnership Plan 2024-27	
	Draft Partnership Plan presented to Alliance Board in June 2024. Request for partners to consider the proposed plan priorities and provide feedback.	CLD Partnership Plan will be presented at Agenda Item 10.

Date of Meeting	Action	Progress Update
17.06.2024	**IJB Strategic Plan** Outcomes framework for strategic plan to be presented to Alliance Board at future meeting.	Scheduled for December 2024.
17.06.2024	**Marmot Places Scotland** Report presented to Alliance Board in June 2024. Members to contribute to self-assessment for submission.	L Long will provide a verbal update to the Board.

Inverclyde Communities Mental Health and Wellbeing Fund for Adults

Year 3 Report

Background

The 3rd year of the Inverclyde Communities Mental Health and Wellbeing Fund for Adults (the Fund) opened in September 2023 and Inverclyde was awarded £240,739.48 to distribute to organisations delivering services in Inverclyde. The overarching aim of the Fund is to support **community-based initiatives** that promote and develop good mental health and wellbeing and/or mitigate and protect against the impact of distress and mental ill health.

The Fund closed to applications on 30th October 2023. 32 applications were received by the deadline with a total grant request of £449,154.00 which is almost double the grant awarded by the Scottish Government. 21 applications were from new organisations and/or new projects and 11 were for continuation projects. Further details can be found later in the report.

Fund Aims and Outcomes

Specifically, the fund aims to:

- Tackle mental health inequalities through supporting a range of 'at risk' groups.
- Address priority issues of social isolation and loneliness, suicide prevention and poverty and inequality with a particular emphasis on responding to the cost-of-living crisis and support to those facing socio-economic disadvantage.
- Support small 'grass roots' community groups and organisations to deliver such activities.
- Provide opportunities for people to connect with each other, build trusted relationships and revitalise communities.

The Fund directly contributes to Outcome 4 of the Mental Health and Wellbeing Strategy published in June 2023:

"Better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others."

It also clearly supports the three key areas of focus in the Strategy:

- **Promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination.

- **Prevent** mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible.
- **Provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

The Fund also seeks to contribute to the following national outcomes from the National Performance Framework:

- We are **healthy and active**.
- We will live in **communities** that are inclusive, empowered, resilient and safe.
- We **tackle poverty** by sharing opportunities, wealth and power more equally.

Inverclyde Priorities and Criteria

This fund recognises the crucial role that the Third Sector plays in supporting and improving the mental health and wellbeing of people living across Scotland. Together we want to ensure that everyone in Inverclyde is supported to achieve good mental health and wellbeing ensuring that the right help and support is available whenever it is needed.

The aim of the Fund is to ensure that the funding can be used to support identified local priorities in relation to improving mental health and wellbeing.

Inverclyde's funding criteria was developed by considering the following:

- Strategic review of local strategies
- Scottish Government strategies
- Discussion with key partners and partnership groups to ascertain demand and need.
- Consultation and surveys with Community Link Workers.
- Co-production activities with people with lived experience specifically about the fund.
- Ongoing co-production and consultation work undertaken by CVS Inverclyde and partner agencies.

Strategic Partnership Group

To deliver the Fund, Inverclyde Communities Mental Health and Wellbeing Fund (ICMHWF), a Strategic Partnership Group was established, which includes representation from:

- CVS Inverclyde (Chair)
- Inverclyde Health and Social Care Partnership
- Inverclyde Council - also representing the Inverclyde Alliance (Inverclyde CPP)
- Your Voice
- Inverclyde Association for Mental Health
- Inverclyde Carers Centre
- People with lived mental health experience

The Group builds upon existing partnerships, networks and alliances and works together to ensure support to community-based organisations is directed appropriately and in a coherent way.

The Group identified the local priorities and aim to support a range of community-based initiatives funded across Inverclyde which are easily accessible, promote mental health and wellbeing, help people build emotional resilience and prevent individuals experiencing a mental health crisis. Beneficiaries must be aged 16 and over and successful projects funded can only deliver services in Inverclyde

Appraisal Process

Grants are initially assessed for eligibility and one applicant was deemed to be ineligible based on the organisation status.

Applications received were assessed by 2 representatives of CVS Inverclyde and 2 representatives from Inverclyde Health and Social Care Partnership. Each application was scored by the representatives and then the scores were combined, and an average score was calculated. A panel meeting then took place to discuss the scores and to discuss potential approaches to distributing the funds in a fair way.

It was agreed that the quality threshold for any application was a minimum average score of 50% so any application not achieving above 50% were eliminated from the process. This ruled out 7 applications.

In the absence of any match funding to the Fund several different approaches were discussed to enable us to fund as many applications as possible to ensure that the widest number of people could benefit from the delivery of projects across Inverclyde.

Given the commitment for smaller grants to be awarded the appraisal panel agreed that to share the grant to as many organisations as possible any applicant applying for a grant of over £15,000 would have their grant reduced to 80% which meant an applicant applying for £20k would be awarded a grant of £16k.

Grant Awards 2023

19 organisations were awarded grants totalling the full £240,739.48. 10 of the applications were for continuation projects and 9 were for new organisations and/or projects.

Reduced Grants

In total, 10 applicants had their grant reduced, a total reduction of £40,692 in grant to allow more projects to be funded overall. It is hoped that in most cases this will not adversely affect the quality of delivery, but it is likely to affect quantity of delivery.

Grants to Smaller Organisations

Given the Strategic Partnership Group's continued commitment to the ringfenced target of £80,000 to support smaller organisations, applicants that met this criterion were prioritised until the target was met. Most of these awards are for new organisations and/or projects with only 2 being continuation projects (Kidron Project and Lyle Gateway).

Smaller organisations are awarded the following grants:

Small Organisations	Grant Awarded
Compassionate Inverclyde	£9,880.00
Equal Futures	£9,236.80
Kidron Project	£16,000.00
Clyde Coast Radio	£10,600.00
Craigend Resource Centre	£16,000.00
Lyle Gateway	£9,546.00
Inverclyde Faith in Aftercare	£8,738.00
Total Grants	**£80,000.80**

It should be noted that due to the funding available the grant to Inverclyde Faith in After care was reduced by £5762.

Grants to Other Organisations

Grants to medium and larger organisations were then ranked in order of their score, if they applied for more than £15,000 their grant was reduced to 80% of their grant award and organisations were awarded grants in order of their score until the fund was spent. The last grant award had to be reduced further to meet the grant available for distribution by CVS Inverclyde. This has resulted in 8 continuation projects being funded and 4 new projects and/or organisations.

Continuation Projects

Building on successful delivery to date, it is proposed the following grants are awarded for continuation projects:

Applicant	Grant Award - Continuation
Homestart Renfrewshire and Inverclyde	£16,000.00
Parklea Branching Out	£15,955.20
Man On!	£16,000.00
Rig Arts	£13,551.20
Financial Fitness	£10,000.00
Safe Harbour Inverclyde	£16,000.00
Families Outside	£9,824.00
Mind Mosaic Counselling and Therapy	£15,227.28
Total Grants Awarded	**£112,557.68**

New Organisations/Projects

It is proposed that the following grants are awarded funding to deliver new projects:

Applicant	Grant Award - New
Ardgowan Hospice	£14,819.20
Inverclyde Carers Centre	£12,304.00
Morton in the Community	£12,157.80
Moving on Inverclyde	£8,900.00
Total Grants Awarded	**£48,181.00**

Rejected Applications

In total 11 projects were rejected. 7 of these applications did not meet the 50% quality threshold.

The 4 applications meeting the quality threshold, but for which there was not enough funding to support equalled a total grant request of £51,800.

Approved Projects

Below is a list providing further information about the successful projects.

Organisation Name	Project Description	Grant Award - Continuation
Homestart Renfrewshire and Inverclyde	The Community Wellbeing Project delivers intensive wellbeing support to parents in Inverclyde alongside a range of targeted group supports. The project involves wrapping a scaffold of support around the whole family to support mental health and wellbeing. A Wellbeing Support Worker provides additional, focused, one-to-one support to parents supporting them to identify and implement wellbeing tools that work for them and their family, as well as linking to group activities and networks. The project aims to help at-risk families facing a range of inequalities improve mental health and wellbeing, build resilience, reduce feelings of isolation and improve family relationships.	£16,000.00
Parklea Branching Out	The Community Inclusion Programme will support the mental and physical health of young people and adults with learning disabilities and additional support needs. This will be done through a programme of community based inclusive classes, workshops and activities that will be adapted to the individual's physical ability, learning needs, hearing, communication and visual needs.	£15,955.20
Man On Inverclyde	Man On Inverclyde's community approach to wellbeing and crisis will continue to deliver early intervention, barrier free support to the Inverclyde adult community. This is through providing 1-1 support, group-support and community interventions for people to engage in. Support is available for all adults in Inverclyde but will be targeted towards young adults impacted by psychological trauma and ACES (16-24), women impacted by male violence or abuse through peer-support (TALK ON) and adult men who have a disability, neurological condition or ASD.	£16,000,00
Rig Arts	The Creativity in Mind project will provide arts driven mental health support for adults in Inverclyde. Regular weekly sessions in a non-clinical environment are designed to harness the benefits of culture, creativity, and community to enhance wellbeing and support recovery. The project will support symptom management, while building coping strategies and self-esteem. Inverclyde Community Mental Health and Wellbeing Fund will specifically support the expansion of the project to address a need identified through previous delivery: providing targeted mental health support for adults with disabilities and long-term conditions.	£13,551.20
Financial Fitness	CASH – Community, Advice, Support and Help aims to support an additional/new 150 Inverclyde individuals suffering from mental health issues who are also struggling financially. They hope to work with all the groups who currently provide practical mental health support from the Inverclyde Community Mental Health and Wellbeing Fund, to accept direct referrals from these organisations, and support these individuals to be financially more stable and secure.	£10,000.00

Organisation Name	Project Description	Grant Award
	The overall aim of the project is to mitigate against the impact and distress of negative mental health by providing a financial advice service that improves people's financial position which will hopefully contribute towards an improvement in their overall mental health.	
Safe Harbour	The Lighthouse project is a 'softer version' of their core service, enabling the organisation to support more clients while also offering support to family members and other in their support networks. This service provides enhanced telephone support as well as a range of learning workshops, activity-based recovery opportunities and peer support groups, all overseen by experienced emotional support practitioners.	£16,000.00
Families Outside	The Supporting Inverclyde Families Affected by Imprisonment project will provide upwards of 50 days of tailored 1-1 support including practical and emotional advice, guidance and advocacy for families affected by imprisonment across Inverclyde. This support will include the sharing of knowledge on legal and practical matters to do with benefits, finance and housing, as well as more delicate issues to do with stigma and social isolation. Access to specialised support for problems relating to substance misuse, domestic abuse, and mental illness is also available.	£9,824.00
Mind Mosaic Counselling and Therapy	The Building Better Mental Health in Inverclyde project includes a range of groups and courses which support positive mental health and helps build coping skills and resilience. These include a Trauma Resource course which is delivered throughout Inverclyde, a mindfulness-based Living course in partnership with Belville Community Gardens, and Building Better Mental Health, a 6-week course for anxiety and depression.	£15,227.28
Organisation Name	Project Description	Grant Award – New
Ardgowan Hospice	Moving Onwards will deliver a self-management programme to people with life limiting conditions across Inverclyde. This 8-week programme co-produced by those with life limiting conditions and their unpaid carers will provide a forum for participants to explore how to improve their financial, physical, emotional, social and psychological circumstances, empowering people through knowledge, resources and accessibility to improve their wellbeing. The aim is that by the end of the programme, participants will be able to manage things better for themselves, retaining control and choice in managing their conditions.	£14,819.20
Inverclyde Carers Centre	The Health and Wellbeing for Carers Project will provide group activities and facilities which will support better health and wellbeing for carers. Similar activities previously have received positive feedback from carers. Activities will include: an additional Carers Café, creating a 'chill out'	£12,304.00

Organisation Name	Project Description	Grant Award
	space for the 16-25 young carers group, Tai Chi classes, yoga sessions, arts and crafts sessions, and wellbeing sessions in Port Glasgow, Gourock, and online.	
Morton in the Community	Women's recreational football fosters an inclusive environment that encourages women of all skill levels and backgrounds to participate. The primary goal will be to have fun and promote physical wellbeing. Additionally, participants will improve their fitness levels and enjoy the benefits of working as a team. Women's recreational football teams often consist of players with varying skill levels, from beginners to those with more experience. Finally, the programme will provide opportunities for social interaction which improve community connections, build friendships and a sense of belonging thus improving mental wellbeing.	£10,657.80
Moving On Inverclyde	Recovery Connections for All will use dance and sport to help people in recovery develop a peer support network within activities which are good for physical wellbeing, mental wellbeing, connections, and social inclusion. Dance and music are ways for people to spend time together and learn skills that are new, while sports and football are a competitive way to bring people together and share their love of the game. Both reduce social isolation, improve mental wellbeing, gives a focus to a person's time, and allows those struggling financially to be involved.	£8,900.00

Organisation Name	Project Description	Grant Award – Small Organisations
Compassionate Inverclyde	Selfcare 360: Nurturing you Wellbeing will target lone parents, carers and those impacted by loss and bereavement, providing a creative wellbeing package allowing individuals to develop good mental health and wellbeing in a compassionate, safe and inclusive space.

The unique, evidence-based package addresses the physical, mental, emotional and spiritual aspects of health and wellbeing. Activities include 5 weekly wellbeing circles, a capacitor workshop promoting healing, empowerment, and resilience, and a labyrinth walk. | £9,880.00 |
| Equal Futures | Circles of Support Workshops will be delivered by experienced project coordinators, providing families who have a relative with a learning disability with the tools and guidance to be able to grow a network of others around their relative - people who know and care for their loved one. The aim is to teach families how they can build support networks of others who can advocate, guide and support the individual through life and on this personalised support after the inevitable loss of parent carers. | £9,236.80 |

		£16,000.00
Kidron Project	The Life Skills Programme empowers people with practical life skills, and creates connections between individuals, especially peer support, to encourage people to know they have worth and value. Mental wellbeing is encouraged through eating together, being active at each session, opportunities to try new things including gardening, rock painting, singing and breathing exercises and make new friends.	
Clyde Coast Radio	Clyde Coast Radio is an internet radio station with the aim is to provide a fully working radio station in the community where everyone can come along and join in. Training is provided and volunteers are then moved onto a live broadcasting radio produced and presented by themselves. This enables volunteers to get out the house, helping with loneliness and depression Clyde Coast Radio is safe place to meet other members of the community and to join in a type of media that would never be affordable to them otherwise.	£10,600.00
Craigend Resource Centre	The Chit Chat Group is a social welfare programme free to the individual who will then have a dedicated wellbeing development worker who will work with the community centre to help with reducing isolation and loneliness, promoting health and wellbeing while offsetting some of the food poverty impact caused by the cost-of-living impact. Aims will be achieved through fostering of social connections and good wellbeing by a range of relaxing and creative activities including meditation, crafts and board games. A warm meal will also be provided free of charge.	£16,000.00
Lyle Gateway	The recruitment of a Community Development Assistant will aide in the delivery of our weekly activities to the growing number of participants at the service, averaging 300 users per week. Current research shows that the types of activities delivered across creative arts, gardening, singing groups, group exercise, table tennis and access to low-cost fresh food supports participants in being an active member of their community, while improving health and wellbeing.	£9,546.00
Inverclyde Faith in Aftercare	The Building on Resilience 2024 project will expand service delivery by supporting people who are affected by, or at risk of becoming involved in the justice system. Participants will experience additional trauma informed support and be supported to plan and experience varieties of therapeutic wellbeing groups. Additional support will increase capacity, connection, wellbeing and build resilience. Clients will also attend a retreat in Camas in 2024.	£10,238.00

| | | Promotional materials will be produced to increase service capacity, new referrals and through networking, agency presentations and events. SVQ3 Staff training will enhance delivery of quality care and practice to clients. | |

Year 4 of Fund

CVS Inverclyde will administer Year 4 of the fund in Inverclyde and this will open before 30th September 2024.

Eligible community organisations can apply for a grant of up to a maximum of £20,000 from the fund of £237,661.79.

Applications may be accepted from a range of voluntary, 'not for profit' organisations, associations, groups and clubs or consortiums/partnerships which have a strong community focus for their activities. The range of organisations eligible to apply are:

- Scottish Charitable Incorporated Organisations (SCIO)
- Unincorporated Associations
- Companies Limited by Guarantee
- Trusts
- Not-for-profit company or asset locked company or Community Interest Companies (CIC)
- Cooperative and Community Benefit Societies
- Community councils
- Parent councils (subject to conditions)

The application process will be live on 30 September 2024 with all funds distributed to the successful applicants by end of March 2025.

Specifically, the intended outcomes of the Fund remain the same as in Years 1, 2 and 3, and are to:

- Develop a culture of mental wellbeing and prevention within local communities and across Scotland with improved awareness of how we can all stay well and help ourselves and others.
- Foster a strategic and preventative approach to improving community mental health.
  • Support the resilience of communities and investing in their capacity to develop their own solutions, including through strong local partnerships.
- Tackle the social determinants of mental health by targeting resources and collaborating with other initiatives to tackle poverty and inequality.

An evaluation of

Man On! Inverclyde

Prepared by

Dr Jacob Asplin

August 2024

Contents

Introduction

This Report

This report contains the findings of an evaluation of Man On! Inverclyde (MOI) with respect to its activity undertaken as a result of grants awarded under the Scottish Government Communities Mental Health and Wellbeing Fund for Adults (the Fund). The evaluation activities were conducted by Dr Jacob Asplin (the author) of the NHS Greater Glasgow and Clyde (GGC) Directorate of Public Health between October 2023 and March 2024.

Aims

This evaluation was performed as a voluntary collaboration between MOI and the NHS GGC Directorate of Public Health in order to achieve the following agreed aims:

- Evaluate the public mental health impact of a community third sector organisation (TSO) in order to provide evidence of the impact of the Fund.

- Provide constructive feedback to MOI from a public health perspective in order to support MOI in improving service delivery and prioritising future activities.

- Build MOI's capacity for self-evaluation in order to support MOI in its ability to demonstrate its effectiveness to external partners and agencies.

The focus of this evaluation was on the experience of accessing and using the MOI service and not on the circumstances or issues that brought people to the service. Only those activities and time periods supported directly by grants awarded under the Fund, i.e. the Adult Services including Crisis Support, were in scope for this evaluation.

Background

Man On! Inverclyde

MOI is a Scottish Charitable Incorporated Organisation (SCIO) based at its non-clinical Wellbeing Centre in Greenock.[1] Its purposes, within Inverclyde and beyond, include:

- To promote the advancement of mental health and relief of those affected by mental ill-health

- To improve and save lives and reduce rates of suicides

- To increase emotional literacy and suicide alertness skills

- To promote financial inclusion and prevent or relieve poverty

- To provide and remove barriers to recreational activities that improve the conditions of life

Founded initially as a grassroots community group prior to the onset of the COVID-19 pandemic in March 2020, and formally incorporated as a charity in January 2021, MOI has retained a focus on removing the stigma surrounding mental ill-health and in preventing suicides across the community. It seeks to achieve these aims through a relationship-focussed model of peer support, crisis intervention, and suicide safety planning. This is alongside delivering accessible community activities, such as coffee mornings and Football Therapy projects, which remove the stigma to accessing wellbeing support and provide opportunities for its Members to connect with each other.

Raising funds mainly through grant payments from external funders, and supported by the generosity of the Inverclyde public, MOI employs a range of both full-time and part-time Staff as well as being supported by a cohort of Volunteers. Since its inception, the charity has expanded its remit to offer support to both adults and young people of any gender, as well as building links and partnerships with local schools, other third sector organisations, and the regional Third Sector

Interface (TSI): Communities and the Voluntary Sector Inverclyde (CVS Inverclyde). MOI has built a strong reputation and visible presence in Inverclyde and gained significant local and national recognition, including winning the 'Services to Mental Health' and 'Overall Outstanding Achievement' awards at the Inverclyde Health and Social Care Awards in 2021.

The Communities Mental Health & Wellbeing Fund for Adults

The Fund was announced by the Scottish Government in October 2021 to support its response to the mental health impacts of the COVID-19 pandemic, as outlined in the Mental Health Transition and Recovery Plan.[2][3] Now in its third year, the Fund has provided £15 million per year (plus an additional £6 million in 2021/2022) to local mental health and wellbeing projects across Scotland that help to tackle priority issues such as suicide prevention, social isolation, loneliness, and mental health inequalities. It has a particular focus on responding to the cost of living crisis and those facing socio-economic disadvantage.

The Fund is delivered through a locally focused and co-ordinated approach to support community-based organisations in line with local mental health and wellbeing needs. Overall accountability for distributing the Fund at a local level lies with each regional TSI, such as CVS Inverclyde.[4] Over the first two years of the Fund, £580,885 was distributed to third sector organisations in Inverclyde, including £42,000 to MOI, with a further £240,739 allocated to the area for Year 3.[5]

Mental Health in Inverclyde

Inverclyde is a 160 km^2 council area located in the west of Scotland and is one of six local authorities served by the NHS Greater Glasgow and Clyde (GGC) Health Board (see Figure 1). With 78,340 inhabitants, it is the 5th least populous of all 32 local authority areas in Scotland.[6] The area has a rich maritime and industrial heritage, but now faces a number of socio-economic challenges.[7] The coastal towns of Greenock and Port Glasgow contain some of the most deprived areas in Scotland.[8] It is well-established that socio-economic disadvantage is associated with poorer mental health, and that people living in deprived areas may be more likely to need mental health care but less likely to access it.[9-12]
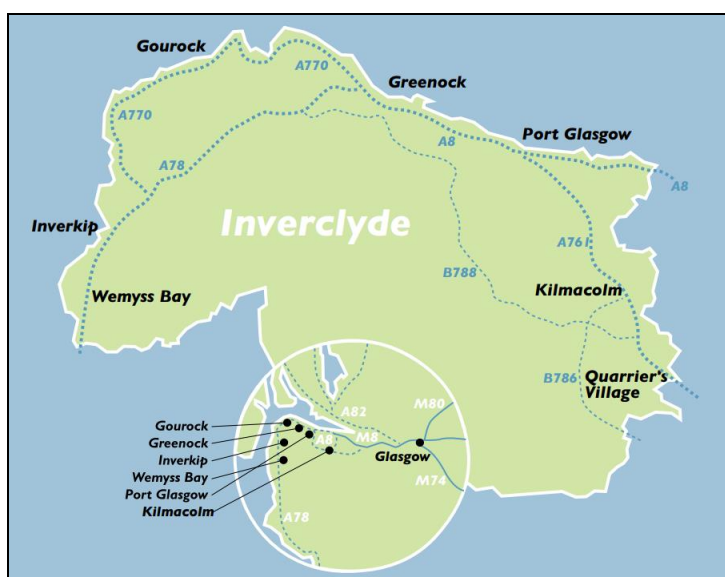

**Figure 1**. Schematic map of Inverclyde. (Source: Inverclyde Council)

Several national surveys and routinely collected health data sources indicate that the need for mental health support in Inverclyde is high. The Adult Health and Wellbeing Survey (HWBS) 2022/23 demonstrated that people living in Inverclyde were less likely to have a positive perception of their mental/emotional wellbeing (77%) when compared to GGC as a whole (81%).[13] Using the validated Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), the HWBS showed that nearly a quarter (24%) of all respondents in Inverclyde had a score that indicated depression, rising to nearly a third (32%) in the most deprived areas, figures that match those for GGC as a whole. Using the same scale, the Scottish Health Survey (SHeS) 2022 demonstrated an overall decrease in mental wellbeing in Inverclyde since 2012 with the most recent data lying below both GGC and national averages and having fallen more sharply than these comparators during the pandemic years (See Figure 2).
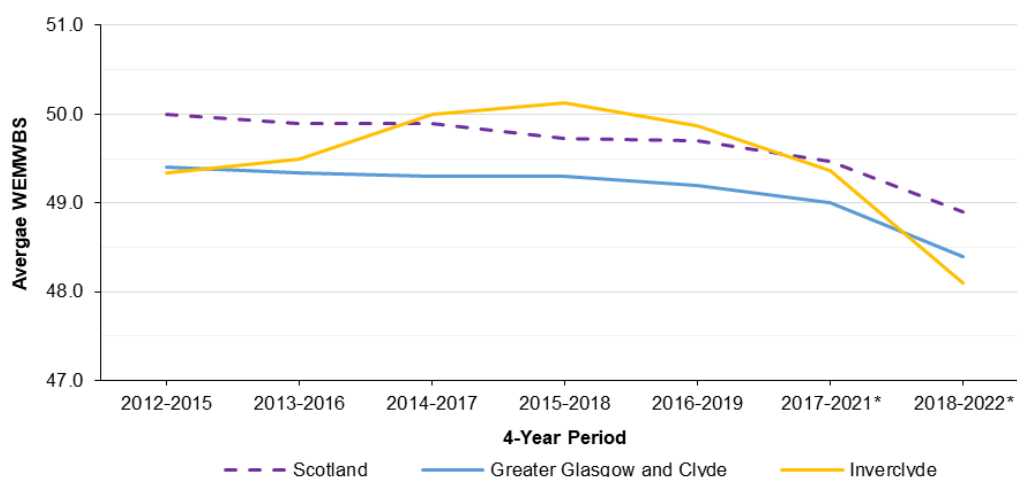
Figure 2. Trends in mental wellbeing, expressed as a 4-year* moving average Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). (Source: SHeS) *No data for 2020

Population health data from Public Health Scotland (PHS) may indicate a relatively high underlying need for mental health and wellbeing support in Inverclyde. The proportion of the Inverclyde population being prescribed at least one drug for anxiety, depression, or psychosis is higher than in GGC and Scotland as a whole and this gap is widening (see Figure 3). To what extent this represents a difference in awareness and health-seeking behaviour is uncertain.
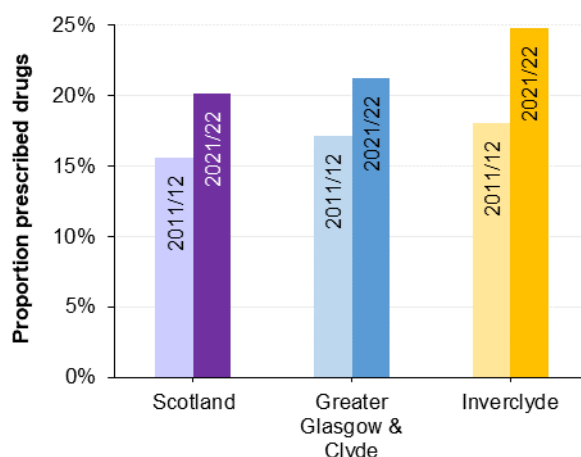
Figure 3. Change in percentage of the population prescribed drugs for anxiety, depression, or psychosis between 2011/12 and 2021/22. (Source: PHS / Prescribing Information System)

The rates of death by suicide in Inverclyde are also a strong signal of the need for effective mental health interventions. Data on deaths recorded as due to intentional self-harm or of undetermined intent (i.e. probable suicide) are available from National Records of Scotland (NRS). After accounting for differences in age structure and yearly fluctuations (using an age-standardised 5-year moving average), Inverclyde experienced a higher rate of probable suicides (19.6 per 100,000 population) than both the GGC region (19.1) and Scotland (16.8) in 2018-2022 (see Appendix 1).

The HWBS also demonstrated that indicators of social health in Inverclyde are less positive in 2022/23 than in 2017/18. For example, there was a large increase in the proportion of people who felt isolated from their family and friends, from 9% to 16%. Again, those in more deprived areas fared worse, being more likely to feel isolated or lonely, less likely to feel a sense of belonging, and having less positive views of access to social support. The Scottish Household Survey (SHS) also collects data on indicators of social health. Nearly one in every five respondents from Inverclyde (19%) indicated that they felt lonely at least some of the time. However, the vast majority (96%) of those in Inverclyde agreed with the statement: 'If I was alone and needed help, I could rely on someone in this neighbourhood to help me', higher than for Scotland as a whole (87%). This perhaps demonstrates that Inverclyde retains a sense of social cohesion, indicating that community-based organisations may be well placed to provide mental wellbeing support.

3

Method

Approach

This evaluation was performed using a collaborative and participatory approach, centring on a Wisconsin-style logic model retrospectively co-produced by members of the NHS GGC Directorate of Public Health and the MOI leadership team (see Appendix 2).[14] A programme of informal observational sessions were undertaken to support this process, helping to familiarise the author with the activities of MOI prior to the evaluation activities.

A logic model is a planning tool which broadly describes the journey of change a project or programme, such as the MOI Adults Service, intends to make.[15] It explains how the activities of the programme contribute to the organisation's aims and helps to clarify the short-, medium- and long-term intended outcomes. It is these outcomes that were used to guide the development and conduct of the planned evaluation activities.

There were three principal activities undertaken for this evaluation:

- Primary data collection via surveys, semi-structured interviews, and focus groups

- Unstructured interviews with staff of partner organisations to provide contextual information

- Analysis of anonymised and aggregated MOI service data (supported by a co-signed Partnership Agreement between MOI and NHS GGC)

Data Collection

Two separate surveys were created: one for Members (i.e. service users) of MOI, and another for the Staff, Volunteers, and Trustees of MOI. Both were online surveys created using Webropol (webropol.co.uk), the preferred survey tool of NHS GGC, and the content agreed upon by MOI leadership. Information regarding the purpose of the evaluation and the data handling arrangements was presented at the beginning of the survey. The surveys were distributed by MOI Staff using direct messaging and the placement of QR codes within the MOI Wellbeing Centre.

Four semi-structured interviews and focus groups were conducted with MOI Members at the Wellbeing Centre at times convenient to the participants. A topic guide for these sessions was shared with and agreed upon by the MOI leadership (see Appendix 3). All sessions were recorded with informed verbal consent given by all participants. Written information regarding the purpose of the evaluation and the data handling arrangements was provided. Key excerpts from the recordings were transcribed and data extracted using a thematic content analysis approach.

Unstructured interviews were conducted with staff of key partner organisations identified by the MOI leadership. These sessions were not recorded to allow a frank discussion and open sharing of opinions. Instead, contemporaneous notes were taken at the time of interview.

In total, 59 individuals contributed their views to this evaluation. This includes:

- 27 respondents to the Members' Survey (see engagement summary at Appendix 4)

- 17 respondents to the Staff Survey (see engagement summary at Appendix 5)

- 11 interview / focus group participants (eight Members and three Members' relatives)

- 6 staff of partner organisations (four Community Link Workers, one High School Principal Teacher, and one CBT Therapist)

Existing Data

Following signature of a Partnership Agreement by both NHS GGC and MOI, anonymised MOI service data was securely shared with the author to supplement the primary evaluation data. This

included non-identifiable information contained within 99 Member Agreements, 2,230 session registrations, 58 Members' Well-being Stars[TM] (outcomesstar.org.uk), 208 self-referral forms, and 222 third party referral forms.

Analysis and Presentation of Findings

The findings of the evaluation were analysed, and presented here, according to Donabedian's three components approach for evaluating the quality of care: structure measures, process measures, and outcome measures.[16] For an evaluation which aims to support service improvement, a fourth component is added: balancing measures.[17] These components can be described as:

- Structure: attributes of the service, such as opening times and staff numbers and attributes

- Process: the way systems and processes work to deliver the desired outcomes

- Outcome: the impact of the service on the member and whether the aims have been achieved

- Balancing: unintended or wider consequences of the service (can be positive or negative)

Data and information from the qualitative elements of the evaluation were synthesised under these component headings and analysed to identify the key themes. These themes are supported, where possible, with the quantitative data derived from the primary surveys, the MOI service data, and the routine and open-source data if applicable.

The findings are summarised into a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis matrix. This is, in turn, used to provide conclusions and considerations for future service developments in line with the three aims of this evaluation and relate to the intended outcomes of the service identified during the logic model process.

Limitations

Whilst best effort was made to ensure a range of views and opinions were included, psychological safety was paramount in the conduct of this project.   Therefore, it is important to consider the findings of this evaluation in the context of its methodological limitations. Although not intended as primary scientific research, several common types of bias in research should be acknowledged as potentially influencing the results of this evaluation:

- All participation in this evaluation was voluntary and therefore the participants may not represent the views of the entire MOI membership or workforce i.e. those unwilling to participate may differ systematically in their views or experience of MOI.[18]

- Similarly, the views of those Members who chose, for whatever reason, to disengage with MOI services are not represented here – this effect is known as survivorship bias.[19]

- Many participants, including all those conducting interviews or attending focus groups, were selected by the MOI leadership. Whilst this ensured these participants were in a stable place to be able to meaningfully participate, it inevitably limits the independence of this evaluation and represents a form of selection bias.[20]

- Other biases, present in all research undertaken using similar qualitative methods, will also have influenced the findings to some extent including: social acceptability bias, recall bias, extreme response bias, and confirmation bias.[21-24]

- Finally, qualitative research methods carry a risk of researcher bias in which the influence of the researcher (the author) impacts the objectivity and validity of the findings. This risk was mitigated by the author's formal training in research methods, consciousness of reflexivity and the use of reflexive methods, and maximising the use of direct quotations in the presentation of the evaluation findings.[25]

Findings – Structure Measures

Structure measures relate to the attributes of the service, such as numbers of staff and opening times of the service. Analysis of the findings under this component identified four key themes: accessibility, staff attributes, facilities, and reach.

Accessibility

Accessibility refers to how easy the service is to approach, enter or use. This may relate to the geographical location, the times at which the service is available, and the eligibility criteria or barriers to using the service.

In general, both Members and Staff had positive perceptions of the accessibility of the MOI services (see Figure 4). Overall, 75% of all survey respondents were promoters of the view that MOI services are accessible, with an average score for accessibility of 9.2 out of 10.
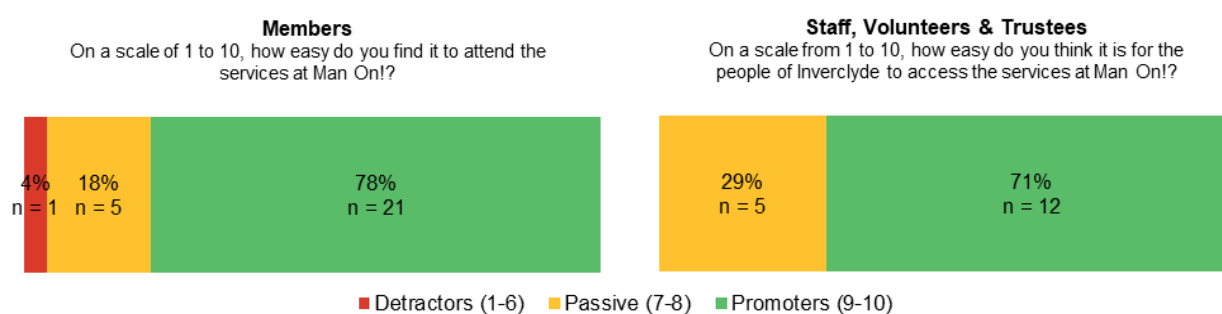
Figure 4. Member and Staff survey responses to questions on the accessibility of MOI services.

There were several specific views raised on the location of the Wellbeing Centre. Many survey respondents viewed the location as 'very easy to get to', 'very accessible', and 'perfect'. One interviewee commented on how the Centre is much more conveniently placed than other mental health groups that they considered as 'super far away, at really terrible times, or non-existent'. Another interviewee pointed out that it was considerably more accessible than the previous location of the Wellbeing Centre:

> 🗨 *"The area's perfect, it's better than where it was … it's much more central as well with plenty of buses and stuff going by and train station is local as well."*
>
> Interviewee, Member

However, whilst recognising that public transport is 'not something that can be controlled' by MOI, other participants described the difficulties when travelling to the Wellbeing Centre and the burden this may place on the member's wider support group:

> 🗨 *"I sometimes struggle to get out the house and use the public transport. I have another support worker from another place that brings me in and that helps. It would be good if Man On! done things like pick you up at home."*
>
> Response to Members' Survey

> 🗨 *"I do think it is very hard for people to get here, unless they have the support of people round about them."*
>
> Interviewee, Relative of a Member

The option to conduct meetings remotely via Zoom, originally implemented in response to the physical distancing measures required during the pandemic, was appreciated by many Members and particularly those with physical impairments. However, one interviewee felt somewhat restricted in participating remotely due to a lack of privacy in the home environment:

> 🗣 *"It was OK but because I've got kids about I couldn't really say too much … I didn't really want them hearing how I was feeling."*
>
> <div align="right">Interviewee, Member</div>

The timing of the remote sessions was also a problem for one interviewee, who found that it clashed with their children's bedtime, but they recognised the difficulty in trying to find a time that 'suited the majority' of attendees. The timing of the various in-person sessions were also frequently commented upon, with many Members wishing for a greater number and variation of session timings. An external partner also recommended that, with greater resources, MOI should consider offering more services at weekends or extended hours. However, it was widely acknowledged that the MOI team is working at full capacity and is providing the best possible service despite being 'strained and spread thinly':

> 🗣 *"I come on a Tuesday, I come on a Thursday … there's other days of the week I could really be doing with something … it'd be lovely to have something else."*
>
> <div align="right">Focus group attendee, Member</div>

> 🗣 *"If the funding isn't there, and the staffing isn't there, there's only so much they can do … they are doing a fantastic job with what they've got."*
>
> <div align="right">Focus group attendee, Member</div>

The provision of Crisis Support was cited as a priority among Members for expansion beyond its current availability, limited to Monday each week. One Member provided an example of how they were left 'kind of upset' at being 'turned … away at the door because it wasn't a day for Crisis Support'; the Member recognised that this was due to the limited resources available to MOI and opined that 'a service like this shouldn't be short of staff'. However, a common theme that emerged throughout the evaluation was the willingness of MOI Staff and Volunteers to be as flexible as possible, often working far beyond the services stated opening times:

> 🗣 *"They've got … set times for Crisis Support but really if you need it you come down and you get help because they know how vital it is."*
>
> <div align="right">Focus group attendee, Member</div>

> 🗣 *"We were here on Christmas Day … through Christmas and beyond, there was two weeks I think [the Member] was here ten, twelve days out of the fourteen."*
>
> <div align="right">Interviewee, Relative of a Member</div>

> 🗣 *"No matter how swamped they are with work, no matter how overrun they are, no matter how difficult their own personal lives may be, they always have time for you."*
>
> <div align="right">Interviewee, Member</div>

The inclusive nature of the services was viewed positively and reflects MOI's intent to provide support to all sectors of society (only perpetrators of domestic or sexual abuse are currently deemed ineligible for support). The lack of waiting lists was seen as a particular strength of MOI by all groups when compared to statutory services. The MOI service data shows that there is a broad appeal across age groups (see Figure 5).
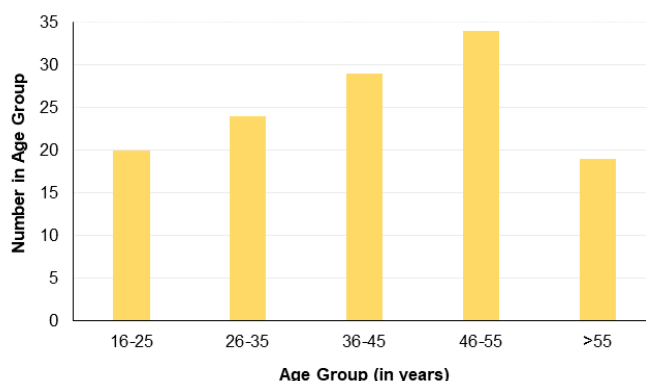
Figure 5. Age distribution of signatories of Adult Member Agreements, November 2022 to January 2024.
The financial inclusivity was viewed as a strength of the Football Therapy session, as was the lower intensity of the focus on mental health:

> 🗣 *"You don't need to pay, you don't need to have boots, like, you can just go and play football … in the centre itself if they're short staffed or … the volume's really high … I can go to the football anyway … if I know that I'm gonna hit a low, I know that they're gonna be a safety net for me … I know they're gonna be there."*
>
> <div align="right">Focus group attendee, Member</div>

However, the membership lacks gender diversity, perhaps owing to the origin of MOI as a service for men at risk of suicide and that it continues to offer fewer sessions aimed specifically at women. Figure 6 demonstrates that the vast majority (84%) of Adult Member Agreements have been completed by those using the pronouns 'He/him'.
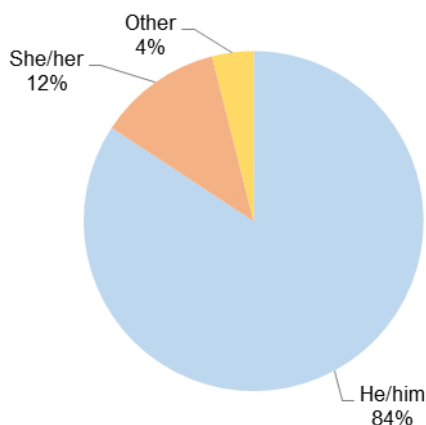
Figure 6. Pronouns of signatories of Adult Member Agreements, November 2022 to January 2024.

Whilst MOI now hosts a weekly Women's Social Drop-in and weekly Women's Online Zoom Call under the banner of 'Talk On', the name 'Man On!' was recognised by one interviewee as a potential barrier to the inclusion of women:

> 🗣 *"Because it does say 'Man On!' it can be a bit intimidating for some women that are maybe scared of men or afraid that they might be intimidated."*
>
> <div align="right">Focus group attendee, Member</div>

This view was also held by a staff member from a partner organisation, who noted that uptake of the service among women was 'good' but suggested updating the signage which 'may not be inviting for women' and that Talk On is 'not as well-known as other services'. However, the MOI Member quoted above held a different view and advised against re-branding the service and suggested that the success of MOI in the community was, in part, due to a strong brand recognition in the local community:

> 🗣 *"I don't think it would be the same if it was called something else … I call our group Man On! as well … I think it would just be weird if it was called something else."*
>
> <div align="right">Focus group attendee, Member</div>

One external partner thought MOI could have an alternative structure or 'vision' for women's services, perhaps targeting 'vulnerable moments' such as maternity, the menopause, or victims of domestic abuse.

There were other potential barriers to inclusion identified throughout the evaluation. One recurrent issue, linked to the scheduling of sessions, was the availability of childcare:

> 🗣 *"It has stopped me doing my CBT therapy because it's only at night time."*
>
> <div align="right">Focus group attendee, Member</div>

"If you were working and you had children, other children, you couldn't manage it … we spent our life just that year … every single day … up and down that road."

<div align="right">Interviewee, Relative of a Member</div>

Both Members and Staff noted that, with greater resources, more could be done to include those groups in society that have additional or specific needs, or those who experience structural barriers to receiving care. This included people who are neurodiverse, people in the LGBTQIA+ community, older people, and people from black and minority ethnic backgrounds.

Staff Attributes

Staff attributes refer to the characteristics and qualities of the salaried and voluntary workforce at MOI, as a function of the recruitment and development process, rather than the ways in which the support activities at MOI are conducted (which is covered under Process Measures).

The Members were unanimous in their views that the salaried workforce is a key asset to the service and central to its success in improving mental wellbeing. 'Lived experience' was seen as a distinguishing factor, differentiating the atmosphere at MOI from that in clinical or other services, and giving the impression that it is 'the most genuine place you can go, with the most genuine people' who have 'been there and they've experienced'.

🔊 *"They also have had this deep trauma themselves, in very unique ways in their pasts, but you can feel that they're using that to benefit you."*

<div align="right">Interviewee, Member</div>

🔊 *"I think it does come back to the fact that they all have experience of how it feels, they know exactly how you're feeling and you don't get that in other services."*

<div align="right">Focus Group attendee, Member</div>

🔊 *"They tell you their problems … they don't act as if they're better than you … they tell you their failures and how it made them feel. … I can talk to them because they know how I feel, they're not judging me … judgement is left at the front door."*

<div align="right">Focus Group attendee, Member</div>

External partners also recognised the Staff as having a number of positive attributes, they are 'warm, supportive, fun, funny, light, but supporting serious issues', 'really wanting to make a difference', 'treat everyone as equals', and take a vocational approach to their role and treat it as 'not just a job' but 'a passion'.

The Volunteers were similarly highly-regarded, with one interviewee particularly impressed by the professionalism of the Volunteers:

🔊 *"Really the way [the volunteers] conducted and presented themselves was with the same courtesy, standards and etiquette and passion as all the other staff members, and you felt that they also really cared … they still had the same dedication."*

<div align="right">Interviewee, Member</div>

The workforce as a whole was viewed as a cohesive and consistent unit, described as 'very much like a family' by numerous Members and as 'open, honest, responsive, and helpful' by one external partner. Embedded professionals, such as the Cognitive Behavioural Therapy (CBT) therapist, were also viewed as part of the 'wider family'.

🔊 *"I think that's what Man On! have got, they have lots of different people … they seem to get people with such strengths."*

<div align="right">Interviewee, Member</div>

Embedding such professionals within the service was considered to have specific strengths; it provides a safe, comfortable and familiar environment for the Member and enables them to 'open up more quickly'.

Facilities

Facilities refers to the buildings and equipment that MOI use, or have access to, in order to deliver the service. In general, Members were content with the facilities at the Wellbeing Centre and that the MOI workforce 'make it work', but many recognised that MOI has 'outgrown' the space available and that the service is 'compromised by the size of this building':

> 🎤 *"This a great place, we're all comfortable for what it is, but it is small and I think the more you grow you need a bigger premises."*
> > *Focus group attendee, Member*

> 🎤 *"At the moment in here there's only the one … group room ... so if it was a bigger building, maybe they could run a couple groups."*
> > *Focus group attendee, Member*

Staff, Volunteers and Trustees shared the opinion that 'the Wellbeing Centre is good' but 'a bigger premises would be better' as 'the main room can sometimes be tight for space' and that 'more space will be needed if it continues to grow'. However, it was also recognised that being busy is 'a good thing' and that being 'tight for space' 'highlights how well the services are being used'. One Staff survey response detailed what the ideal facilities would include:

> 🎤 *"A reception area, at least two large areas for group sessions, quiet breakout rooms, single consulting rooms, a small space for a gymnasium, 2/3 shared offices, a larger meeting room for staff, kitchen and bathroom."*
> > *Response to Staff, Volunteers and Trustees Survey*

One current issue with the facilities, raised on several occasion by both Members and Staff, concerned access to bathroom facilities at the Wellbeing Centre which are located on the first floor and are not wheelchair accessible, presenting a barrier to those with physical impairments.

Reach

Reach refers to the extent or range of the service's influence in terms of both geographical coverage and the settings in which it operates.

Members were of the opinion that there is a greater need for mental health support across the region than MOI is able to meet, given its current resource levels. They suggested that people in areas further afield who 'can't travel that far' or 'can't get transport' could experience the same positive change in wellbeing as themselves if MOI had the resources to 'expand it into a different area' or do 'the exact same as what they're doing but on a bigger scale'.

> 🎤 *"It's all about helping as many people as you can isn't it? So to do that they need more staff or a bigger premises … or even another premises, so maybe one [in Port Glasgow or Gourock] just as a wee bit more accessible … for a wider population … employing more staff and having more of their own facilities."*
> > *Interviewee, Relative of a Member*

Expanding within Inverclyde, having a physical presence in either Port Glasgow or Gourock, was suggested a number of times and was variously referred to as 'satellite centres', 'outreach sessions', or 'another couple of buildings':

> 🎤 *"I'd like to see … outreach sessions where they take the support … somewhere else … We're not the only people in Inverclyde who are struggling, there are people sitting in their*

houses right now who think they're the only person in the world that needs support, it would be nice to get to them as well."

<div align="right">Focus group attendee, Member</div>

MOI's schools programme was viewed positively by younger participating Members and regarded as an effective prevention strategy:

🗣 *"I think one of the things that they do that is good just now, is they are in the schools, and I think to know about a service before you need it is really important … then it's not a scary place to come to."*

<div align="right">Interviewee, Member</div>

🗣 *"I'm so glad that they are [in schools now] … I'm so glad that the next person … the year below me gets to experience that … because it catches it at an early age."*

<div align="right">Focus group attendee, Member</div>

This led to suggestions that MOI could expand the range of settings in which it currently operates, including primary schools, colleges and universities, as well as under-served sectors:

🗣 *"Old folk who have had trauma in their life and may obviously be nearing the end of their life … they suffer immensely … they are completely isolated … and don't receive any of that support."*

<div align="right">Interviewee, Member</div>

Responses in the Staff, Volunteers and Trustees survey contained suggestions of how MOI's reach could be expanded by using a 'whole community approach', 'going to places where people feel comfortable', and taking the service into a variety of different settings such as 'community halls, work places, local hospital, GP practices, chemists, shopping mall'.

🗣 *"Having our own hub is essential but going into the smaller communities, including rural areas is key."*

<div align="right">Survey respondent, Staff, Volunteer or Trustee</div>

However, one focus group attendee cautioned against growing in scale too quickly, suggesting that this approach may risk losing the personal connections and supportive relationships that underpin the success of the service:

🗣 *"The thing about with more of it though … sometimes when it's bigger and bigger … it starts to change … it's fine to grow but it has to stay the same, it has to have the same touch because that's what works."*

<div align="right">Focus group attendee, Member</div>

This was echoed by an interviewed relative of a Member, who suggested a pragmatic approach of service providers or commissioners in other areas replicating the success of MOI, to 'take this model, and use this model', rather than MOI expanding beyond its means.

Findings – Process Measures

Process measures relate to the way the service works and operates to deliver the desired outcomes. Analysis of the findings under this component identified four key themes: service entry, relationship-focussed support, peer support, and future opportunities.

Service Entry

Service entry concerns how people access MOI services, in practical terms, and the associated waiting times before a first attendance. Whilst most of the core weekly services are open to community to attend without prior warning, some of the one-to-one services require referral forms. Referrals can be made by the person seeking support themselves or by a third party.

Analysis of the MOI service data shows that there is a relatively even split between self-referrals and referrals made by a third party. Of the 430 referrals made between March 2022 and February 2024, 208 (48.4%) were made by a third party whilst 222 (51.6%) were self-referrals.

The third parties making referrals can be grouped into the five categories, as shown in Figure 7. Over two-thirds (65.8%) of all third party referrals were received from either a community link worker (CLW) or an existing support worker, whilst a quarter (23.9%) were from either a friend or relative.
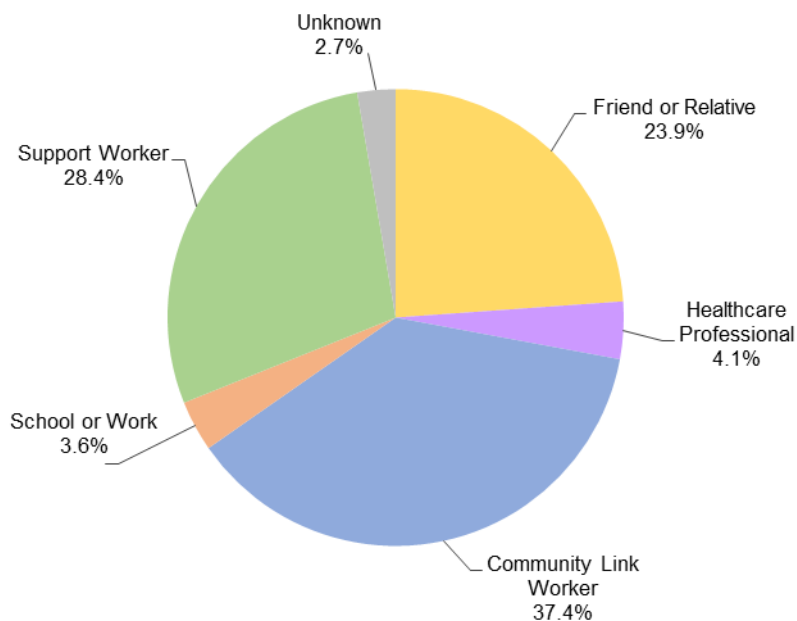

Figure 7. Sources of third party referrals to MOI between March 2022 and February 2024.

This indicates that MOI is well-connected and trusted by other professionals in the community and is perceived by members of the public to be a potential source of effective mental health support for the people around them. Indeed, data provided by the CLW team indicated that MOI received the highest number of onward referrals (81 of 229) by a CLW of any service within the 'Community Hub' category. Whilst this may be in part due to the relative dearth of similar support services in Inverclyde, it also reflects the CLW team's view of MOI's unique strengths: the lived experience of its Staff, the speed of response ('crisis now, help now'), and the consistency that can be offered to people who may have been passed around by other services. The latter is supported by MOI's own service data, which shows that over half (55%) of the completed self-referral forms contained reference to a previous source of mental health support.

The lower contribution to referrals by health care professionals shown in Figure 7 may be partially explained by the location of CLWs in General Practices who refer people to the service on behalf of the healthcare professionals. Similarly, the low number of referrals from schools may be due to MOI's own schools programme removing the need for third party referrals by teachers or other school staff.

Both referral forms ask referees to select one or more types of support required: emotional, social, and/or crisis. Figure 8 displays these selections and how they differ between the self-referred and those referred by a third party. Across all referrals, demand was highest for emotional support (84.2%), followed by social support (55.8%), and then crisis support (30.4%). The most notable difference between the two referral groups was in the greater demand for social support for those referred by a third party (62.2%) compared to the self-referred (49.0%). This may be due to a greater difficulty in self-identifying the need for social support as much as it may indicate a true difference in the nature of support required between the groups.
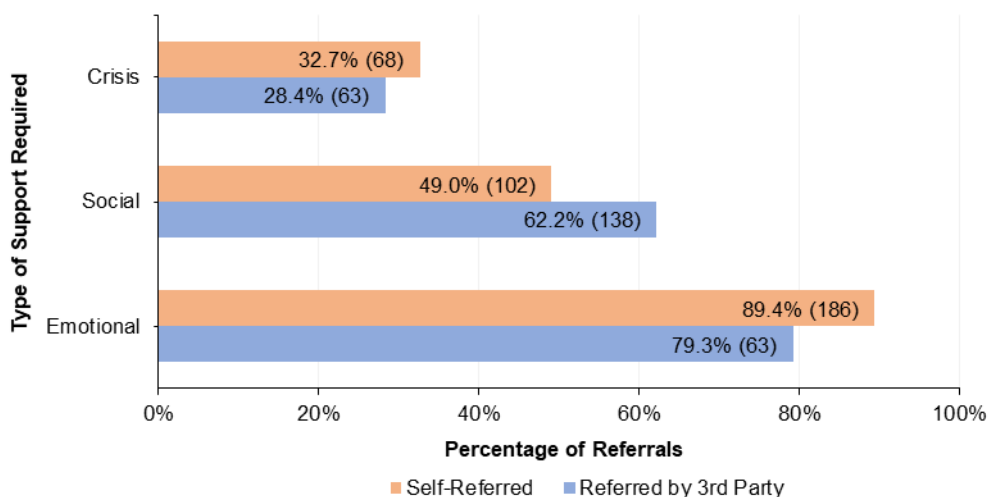
Figure 8. Types of support requested on referrals between March 2022 and February 2024.

The third party referral form also includes 'health', interpreted as physical rather than mental health, and a free text option for the types of support required. Health was selected by 68 (30.6%) of the 222 referrers whilst 15 (6.8%) selected other with the majority of free text responses referring to some form of addiction or unresolved trauma. Overall, this data indicates that the mental health and wellbeing needs of the MOI membership are overlapping, multifactorial, and complex.

Many of the Members who participated in the evaluation activities described their experiences of the referral processes. As another indication of the positive reputation of MOI in Inverclyde, many of these Members had self-referred following a recommendation or direct referral by a relative or friend:

> 🗣 *"It was my wife, I'm from [another local authority] and there's absolutely [nothing] … out there at all."*
>
> Focus group attendee, Member

> 🗣 *"It was just through word of mouth from standing at the school picking the kids up."*
>
> Focus group attendee, Member

> 🗣 *"I had heard about it through social media, my friends had actually said 'Go to Man On!' because I was posting a lot of really dark things on social media … and one of my friends said 'Man On! will help you, I promise you!'"*
>
> Focus group attendee, Member

Others had been referred by a range of third parties, demonstrating that MOI has built relationships with, and earnt the trust of, a broad professional network:

> 🗣 *"I heard about it through the nurse at my school…who was aware of my struggles with my mental health…she said this is an organisation that deals with both suicide and general mental health that is in a very bad state."*
>
> Interviewee, Member

> 🗣 *"For me it was SAMH … this woman phoned me for two weeks to talk to me … during the two weeks she talked me out of suicide twice … she suggested Man On! She contacted Man On! [and] organised crisis support."*
>
> Focus group attendee, Member

One focus group attendee described how the Football Therapy service had provided a fun and low intensity environment through which they were able to enter the more overtly support-focussed sessions:

> 🗨 *"I also saw, like, they had a Football Therapy and … that's not gonna cost me anything and that's one thing that I'm really good at is football so I'm gonna go and see what that's about. … There was two people … from Man On! that was there … and they connected me with someone that was actually at [the Wellbeing Centre]."*
>
> Focus group attendee, Member

The participants also acknowledged the speed at which MOI responded to their referrals:

> 🗨 *"I just went in through the website … and then [Man On!] phoned me immediately."*
>
> Focus group attendee, Member

> 🗨 *"[A member of staff] phoned me back within about an hour and a half."*
>
> Interviewee, Relative of a Member

> 🗨 *"I didn't want to be here anymore … I managed to get a crisis support 1-on-1 and they put a [safe plan] in place, and that was like the very next day."*
>
> Focus group attendee, Member

This absence of prolonged waiting times was seen as a particular strength of MOI by its Members, particularly when compared to statutory services. Likewise, the CLW team saw MOI playing a crucial role in by providing crisis support whilst people wait for appointments at other services. The lack of an 'end date' to the support provided to each Member was seen as a key element of the service by both Staff and Members alike.
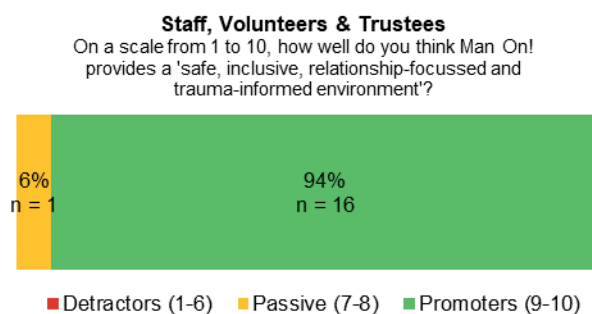
> 🗨 *"Our person-centred approach is vital and each member is treated to their own preferences and expectations … That there is no end date to their support is key which has seen Members using our group service for a number of years now and plays a huge part in there weekly diary for their well-being."*
>
> Survey respondent, Staff, Volunteer or Trustee

Relationship-focussed Support

Relationship-focussed support refers to the attitudes and approaches taken by the MOI team in conducting its services and the atmosphere and environment it creates for its Members.

MOI aims to provide a safe, inclusive, relationship focussed and trauma informed environment. The Staff, Volunteers and Trustees believe they are achieving this person-centred approach, as demonstrated in the Staff survey responses displayed in Figure 9.

Staff, Volunteers & Trustees
On a scale from 1 to 10, how well do you think Man On! provides a 'safe, inclusive, relationship-focussed and trauma-informed environment'?

6% n = 1	94% n = 16

■ Detractors (1-6) ■ Passive (7-8) ■ Promoters (9-10)

Figure 9. Staff survey responses regarding the environment at MOI.

Staff views on the 'most effective thing that Man On! does to support its Members' focussed on its person-centred approach where 'we care about our Members', 'each member is treated to their own preferences and expectations', helping 'people feel equal, valued and listened to', and responding to Members' concerns in a 'non-judgemental and compassionate manner'. The trauma-informed practice and Crisis Support were both regarded by the Staff as 'highly effective' and the 'open-door approach' where the 'people can simply turn up, ring the bell and be supported' was seen as a crucial element of the service.

The Members also had positive views of the environment at MOI, scoring with an average of 9.5 out of 10 in response to the survey question, 'How comfortable do you feel when attending Man On!'? Many Members commented on how this comfortable environment and welcoming atmosphere begins right at the front door:

> 🗨 *"I think the best thing about Man On!, in terms of ethos and atmosphere, is the warmth you feel walking in that door, even before you walk in the door, you ring the bell … big smiling person, wee smiling person, anyone 'Hello! Its yersel', how you doing?'"*
>
> Interviewee, Member

> 🗨 *"I didn't know what to expect on the other side, I really didn't, I just came with no idea, and the first guy that I saw … he shook my hand, gave me hug, and said, 'Right, come on, we'll talk' … that was it, I knew I'd found somebody that could actually support me."*
>
> Focus group attendee, Member

> 🗨 *"[I was] nervous, not really knowing what to expect … but actually it was as if I had never not been there … everybody was dead friendly and welcoming, not just the volunteers and the staff, the actual people that were there in the group."*
>
> Focus group attendee, Member

According to Members, MOI has achieved this by creating a sense of 'community' or 'one big family' by providing a non-clinical setting in which 'there doesn't feel like there's any hostility between people', where there is no 'judgement' or 'competitiveness', and Members can 'feel accepted', 'be yourself', and build 'a good connection with [each other] because we're all here for the same thing'. Several Members commented on the sensitive approach taken during group sessions 'to make you feel at ease':

> 🗨 *"Man On! didn't force you into any situation and they took it very carefully, very delicately, and they got my input every step of the way."*
>
> Interviewee, Member

> 🗨 *"The first thing that was said to me was, 'You can share as little or as much as you like, and you don't need to put your camera or your microphone on … if you need to leave you can get up and leave you don't need to explain why.'"*
>
> Focus group attendee, Member

One Member who attends the Talk On service appreciated the efforts made to ensure the Wellbeing Centre is a safe space for women, particularly during the women's only sessions:

> 🗨 *"Once you're here you don't see any men unless they're walking up and down the stairs or answering the door or you're going to the toilet … unless there's no workers available … but we're always given plenty of notice beforehand in case you didn't want to go … and we usually get to pick what man we get as well!"*
>
> Focus group attendee, Member

The transparency and simplicity of the approach taken by MOI was seen as a positive attribute of the service making it 'easier to understand' and therefore 'easier to … get better'. This is in contrast to the more formal and clinical environment of some statutory services:

> 🗨 *"They keep it plain and simple … they're not sitting with a sheet a paper and, you know, tick boxes, they are there and they are focussed on you."*
>
> Focus group attendee, Member

> 🗨 *"They are just so transparent, it's all so clear … when I'm here, they want me to be here."*
>
> Focus group attendee, Member

This person-centred and relationship-focussed approach was viewed by the Members as a key asset of the MOI approach, distinguishing it from other mental health services. In contrast to 'walking into a doctor's surgery where you see a doctor, like, once a year', or in other statutory

services where they 'sit with a checklist, tick, tick, tick' and 'see you for two seconds, tablets, see you next week', MOI was valued for its focus on the individual, ensuring 'it's never just about a box of people', 'they get to know us personally' and 'they build up a relationship'.

> *"The main difference is they listen here, they listen and they support you."*
>
> Focus group attendee, Member

> *"There's no easy fix for anybody at all really but in here … you have a cup of coffee and a conversation, and that conversation is all about you … it's from somebody that actually you feel as if they care … and then they follow it up … you never feel 100% alone"*
>
> Focus group attendee, Member

Many Members also valued the adaptability of the approach taken by the MOI Staff to 'accommodate different personalities', ensuring the person's individual needs were taken into account whilst affording 'the same respect and dignity that any humans demands and requires'. Where necessary, different activities or 'extra bits, all the add-ons' are used to facilitate a less formal and more open environment in which some Members find it easier to talk:

> *"It is so individual-based. They adapt to the needs and, although I have autism, they didn't view me as autistic or struggling with mental illness. They view me as [me] with [my] needs … that needed to be addressed, and they addressed it."*
>
> Interviewee, Member

> *"I just lose interest pure fast … but [Man On!] understood that … we would go to the gym … [so that] I'm doing something that doesn't leave me bored but I'm still talking."*
>
> Interviewee, Member

> *"It's not just the fact that we were sitting in a room talking … It was, 'Do you want to go for a walk today? Do you want to go for a coffee? Do you want to go down to the sports centre and do a workout? Do you want to go and see this guy that does mixed martial arts?'"*
>
> Interviewee, Relative of a Member

Continuity was another element of this relationship-focussed support that was emphasised during the evaluation. The 'familiar face' that MOI provides to its Members, the frequency of communication, and the near constant availability of informal support were all cited as unique characteristics of the service which were, again, contrasted against those of statutory services:

> *"He sent me [a text] … 'I'm always here even if we've not got a session, just come down."*
>
> Interviewee, Member

> *"Man On! had said, no matter what happens at [the inpatient mental health service] … we will have an appointment with you."*
>
> Interviewee, Member

The Members' relatives that took part in the evaluation also expressed how this wraparound support extended to the family unit. Building trust with the wider support unit in this way had practical benefits for one family, in which they 'had this system where they could contact us immediately and let us know if there was an immediate danger' of suicide and 'every single day … they text us in the morning to see if were OK' whereas 'the CAMHS thing was very sporadic and also very clinical'.

> *"Man On! wasn't just there for [the Member] they were there for [us] … I did have one or two [1-on-1 appointments] myself … he was there for as long as we needed."*
>
> Interviewee, Relative of a Member

> *"It wasn't just [the Member] that was supported at Man On!, it was the [family] unit … we never ever got that from the NHS … they were analysing him, they didn't get our input .. at the Man On! side of things, we were an integral part."*
>
> Interviewee, Relative of a Member

Peer Support

Many of the adult services provided by MOI are centred on a facilitated group peer support model, where Members support each other with their mental health and wellbeing with the guidance of an MOI member of Staff and a Volunteer. This includes the dedicated Men's Peer Support Group and Women's Online Zoom Call (Talk On), and the relatively more relaxed Men's Social Drop In, Women's Social Drop In (Talk On), Men's Coffee & Chat, and Football Therapy. This model of support was also viewed very positively, not only in the help that Members received but in the opportunities to 'contribute to making somebody [else] feel better' and 'bounce ideas and … coping strategies and stuff like that off each other.'

> *"Everybody, all fifteen or twenty or however many is in the room, they've all been in some form of the same as you … they've found one way of coping, maybe somebody else found a different way, but when it all boils down to it, the basic thing is they found the tools to survive and it's been because of the people in this place."*
>
> Focus group attendee, Member

Providing a means to meet 'a whole bundle of new people' 'that had been in the same position' and sharing ideas and concerns with them in 'a place that you come and feel safe' was cited as a key benefit of the peer support approach for many Members:

> *"Say there's fifteen people, they might not be counsellors … but all fifteen of them will have some sort of life story that will tie in with my situation and I think that's what helped me."*
>
> Focus group attendee, Member

> *"Guys from all walks of life … guys wi' maybe a cocaine addiction, maybe a guy that's got a drink problem, another guy that's struggling with depression, or a guy in the same circumstances as me, but we all have something to give."*
>
> Focus group attendee, Member

> *"Talking to the other guys that were there, you could understand, you could empathise with them, they could empathise with you, you could see how they have coped and maybe how they've not coped."*
>
> Focus group attendee, Member

For male Members in particular, MOI provides a space free of the perceived stigma of mental ill-health for 'men fae the West o' Scotland who don't talk' and who might think 'they are just gonna be laughed at … and get told to man up':

> *"I'd never done anything like [peer support] in my life, you see, speak in a room full of strangers and getting upset and crying, but it just felt as though you were accepted while you were there and the minute you came in the door, and it felt right."*
>
> Focus group attendee, Member

> *"Every time I have dropped in there I've never felt more comfortable to cry in front of other men … everybody was always telling me you can feel a certain way, you can cry about it, you're accepted … it's so welcoming."*
>
> Focus group attendee, Member

Several participants described how bonds and friendships had formed between Members as a result of the peer support groups and how 'all of a sudden you've got all these friends' that 'worry about each other if somebody's not here', how 'you care about them as well as they care about you', and have 'got each other's back'.

> *"If there's somebody that comes kind of regularly and they're on the [WhatsApp] chat and they not there, there's always somebody that puts in, 'Noticed you weren't at the group today, are you ok?' and even that in itself is like there is actually somebody out there that cares enough."*
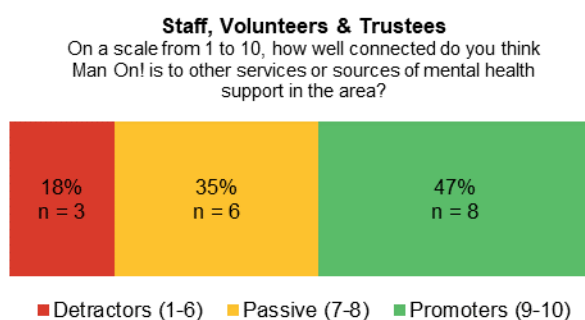>
> Focus group attendee, Member

Other Members described how the peer support model 'it isn't all doom and gloom' and creates opportunities for social interaction and 'some laughs', where 'it's funny but there's a serious edge to it' and 'it's hilarious at times but … we're picking each other up and it's great'.

Future Opportunities

Future opportunities refers to the service developments that Staff and Members would like to see, building on the success already achieved at MOI. Topics that were specifically explored in the evaluation activities included the Staff's views on MOI's integration with other services, opportunities for workforce development, and the Members' ideas on how MOI might grow to offer additional activities or forms of support.

Overall, the Staff, Volunteers and Trustees viewed MOI as well-connected with other services in the area, scoring the service an average of 8.2 out of 10 for its connectivity, as demonstrated in Figure 10. The data on referrals (presented above) supports this view.

Staff, Volunteers & Trustees
On a scale from 1 to 10, how well connected do you think
Man On! is to other services or sources of mental health
support in the area?

18% n = 3	35% n = 6	47% n = 8

■ Detractors (1-6) ■ Passive (7-8) ■ Promoters (9-10)

Figure 10. Staff survey responses regarding MOI's connections with other services.

There were several examples provided in the survey responses of how MOI is connecting with other local, national and international organisations including: sending and receiving referrals from other voluntary and statutory services; working in partnership with schools, local businesses, social care and the Police; participating in suicide prevention conferences within the UK and Europe; delivering workshops at Scottish Government events; and working with the Scottish Recovery Network in delivering peer support training. Despite these successes, some Staff had the view that 'we could always improve', that partnerships and networking are 'vital for us to grow and establish a professional, high standard', and 'the more we work with others, the better support for the community'. One survey response articulated that there is sometimes 'tension within the local 3rd sector around funding and competition' and they felt MOI could have a 'more of a say in strategic matters locally'.

Respondents to the Staff survey felt relatively confident when providing mental health support to the Members, as demonstrated in Figure 11, with a self-assessment average score of 7.7 out of 10. Participating in the various training opportunities already provided by MOI, gaining 'more experience' or 'wider exposure', and ongoing workplace supervision were cited as factors that could develop the Staff members' confidence. Overall, the survey responses gave the impression of a workforce that is eager to learn and that MOI provides a supportive and nurturing culture of continuous workforce development. Ideas for future opportunities were few but included improved 'knowledge around psychology' and undertaking mentorship training with partner organisations.

Staff, Volunteers & Trustees
On a scale from 1 to 10, how confident do you feel when providing support to people with their mental health?

20% n = 3	40% n = 6	40% n = 6

■ Detractors (1-6) ■ Passive (7-8) ■ Promoters (9-10)
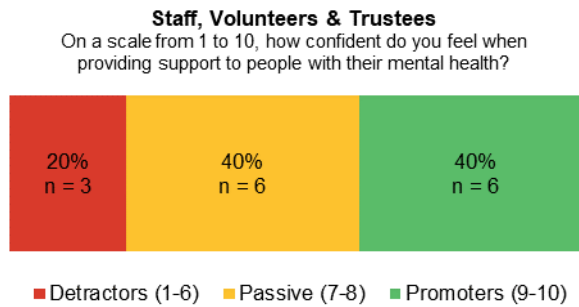
Figure 11. Staff self-assessment of their confidence when supporting Members with their mental health.

Members had a number of ideas and opinions on additional activities that they would like to see at MOI. Often these were activities that had previously taken place, such as 'walks on a Sunday' which 'were really quite popular', and in some cases had left a lasting impression:

> 🗩 *"[We] climbed Ben A'an … it was one of the best days of my life, I'm not exaggerating ... When we came back down we done cold water therapy and it was amazing … it was so good but we've not done anything since then."*
>
> Focus group attendee, Member

Other ideas included a pool tournaments, quiz nights, and camping weekends, not only as a means to socialise but because 'just by having that game of pool … you end up opening up' and 'it'd basically be a session … because you'd be getting all this stuff out'. This is similar to the use of a game of football in the regular Football Therapy sessions, which 'gets a lot of young men who wouldn't be associated with each other to come together and have a good laugh and get to know each other', with the ultimate aim of boosting mental health and wellbeing. Members from the 'Talk On' group report having taken part in activity-based support sessions on a more regular basis, such as aromatherapy, yoga, and nail treatments, but it was recognised that such activities are heavily reliant on having available funding.

One respondent to the Staff survey viewed the 'physical activity and creativity side of things' as 'hugely important', helping to foster 'positive mental health' or to provide 'distraction techniques from thoughts of suicide'. However, one Member cautioned against the idea of regular 'weekend stuff', instead preferring that the MOI Staff are able to maintain the high standard of support delivered in the regular schedule because 'the [weekend] break for them enhances the session the next week because they're not burnt out'.

Other ideas for growth of the MOI services included facilitating a specific group for people with autistic spectrum disorders or other forms of neurodiversity:

> 🗩 *"Sometimes I can be very overwhelmed in here … maybe some training [for staff to support] people that are on the spectrum. There was supposed to be [a group session for people with neurodiversity] but it never came to anything."*
>
> Focus group attendee, Member

It was suggested that such a group would take place in a 'quieter environment away from traffic' and with a greater 'awareness of noise', perhaps with 'some analysis on what colour schemes/objects (such as plants and fidget toys), and lighting make the most comfortable sessions for specific groups.'

Additional funding was the clearest theme to emerged when Staff were asked, "If you could change one thing about the way Man On! supports its Members, what would it be?"

> 🗩 *"I would change funding policies to make sure that Man On! grows with bigger facilities and staffing."*
>
> Survey respondent, Staff, Volunteer or Trustee

> 🔊 *"More funding that is secured long-term to do this work properly, without worrying about the next cut that could limit service delivery."*
>
> <div align="right">Survey respondent, Staff, Volunteer or Trustee</div>

> 🔊 *"More access to funding to grow and support people who are really struggling to access services."*
>
> <div align="right">Survey respondent, Staff, Volunteer or Trustee</div>

> 🔊 *"More funding to enable delivery of a better resourced service which is badly needed in the Inverclyde area."*
>
> <div align="right">Survey respondent, Staff, Volunteer or Trustee</div>

Findings – Outcome Measures

Outcome measures describe the impact that MOI has on its Members and whether it has ultimately achieved its aims. Analysis of the findings under this component revealed two key themes: suicide prevention and sense of wellbeing.

Suicide Prevention

Whilst it is difficult to quantify the number of suicides prevented as a direct result of MOI, just as it is difficult to count any event that has not occurred, many of the Members taking part in the evaluation activities were adamant that they would have died by suicide without MOI:

> 🔊 *"I can 110% guarantee you, if this place wasnae here I wouldnae be here."*
>
> <div align="right">Focus group attendee, Member</div>

> 🔊 *"This service has saved my life by showing me I have a reason to live."*
>
> <div align="right">Survey respondent, Staff, Volunteer or Trustee</div>

> 🔊 *"I'd be dead, I would've taken my life."*
>
> <div align="right">Focus group attendee, Member</div>

> 🔊 *"Without their help over the past few months I may have gone under."*
>
> <div align="right">Survey respondent, Staff, Volunteer or Trustee</div>

> 🔊 *"I'd be dead."*
>
> <div align="right">Interviewee, Member</div>

> 🔊 *"Man On! saved my life, there's no other way of putting it."*
>
> <div align="right">Focus group attendee, Member</div>

> 🔊 *"I was actually saving up my prescriptions … that was my plan … but because of this place I've chucked the pills in the bin and I'm still here … they gave me the tools … to stay alive."*
>
> <div align="right">Focus group attendee, Member</div>

Service data provided by MOI also suggests that it is having an impact on the risk of suicide for its Members. In 2023, 24 (85.7%) of 28 suicide safety plans initiated for Members had been successfully closed, indicating that the work of MOI had contributed to reduction in the Members' risk of suicide.
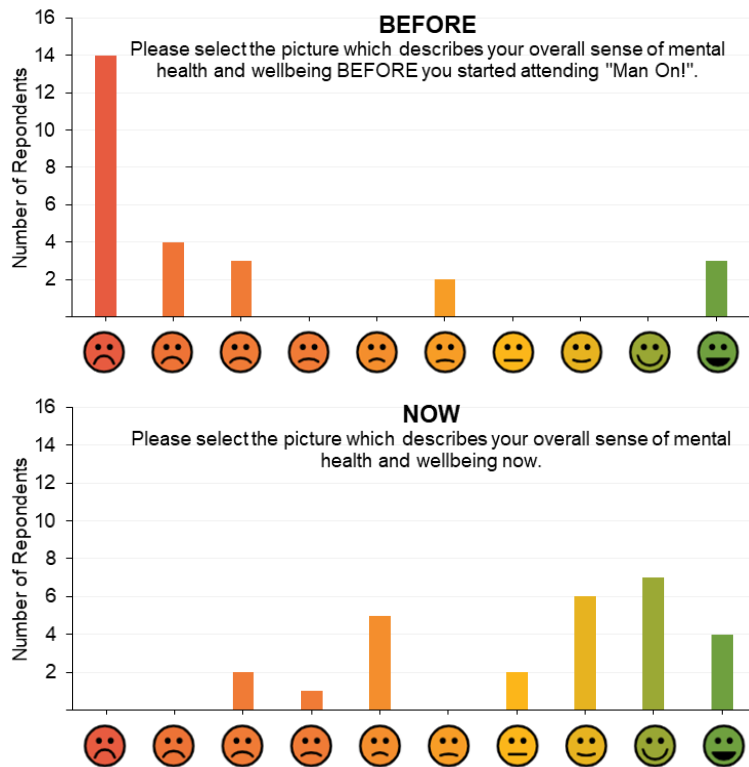
Sense of Wellbeing

The impact of a service or intervention on a person's sense of mental health and wellbeing can be measured in many ways. MOI uses the Well-being Star™ to support and track the progress of some of its Members across a number of self-reported wellbeing outcome areas (scored from 1 to 5) over time. Data from 58 Members who have completed two or more Well-being Stars are summarised in Figure 12. It shows that, on average, progress (a higher score) had been made in every outcome area reported, apart from 'Where I live' which showed no change. The most

<div align="center">20</div>

positive change had been made in the 'How I feel' outcome area: 75% of Members had made progress whilst none had dropped back (a lower score), with an average change in score of +1.83 out of 5. The least amount of progress had made in 'Where I live' (no change), 'Social connection' (+0.82), and 'My health' (+1.00). These were the only outcome areas where any Member(s) had reported dropping back.
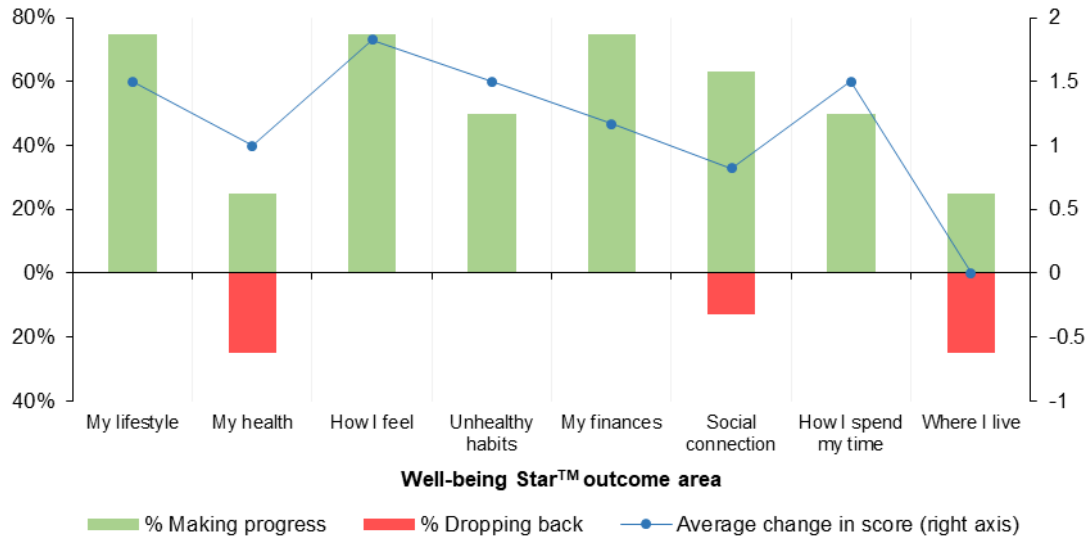
Figure 11. Percentage of 58 Members making progress or dropping back in the eight Well-being Star™ outcome areas and average change in self-reported score (from 1 to 5).

Similarly, responses to the Members' survey demonstrate an overall improvement in the Members' overall sense of mental health and wellbeing, as displayed in Figure 12.

Figure 12. Members' survey responses on their sense of wellbeing before first attendance at MOI and now.

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To support these quantitative measures, many Members articulated how MOI had positively impacted their mood and overall sense of wellbeing during the evaluation activities:

🗩 *"If I hadn't started attending Talk On I don't know where I would be now. If it wasn't for the amazing staff and volunteers I would be in a very different and dark place."*

<div align="right">Focus group attendee, Member</div>

🗩 *"I don't think I'd be dead but I'd be in a worse place, I feel like coming so early has prevented being that dark, I think I caught it a good time to prevent myself gettin' terrible."*

<div align="right">Focus group attendee, Member</div>

🗩 *"I'm happy and I've met somebody and my life's completely turned around ... and it's down to Man On!"*

<div align="right">Focus group attendee, Member</div>

Others were more specific and cited improvements in self-worth such as newfound 'importance and value as a person' and 'that I do deserve to live'. Many Members described how attending MOI equipped them with certain 'tools to manage my mental health', increased their self-awareness and ability to understand their emotions, such as 'learning my triggers', feeling 'much clearer on how to handle situations', and how to 'self-regulate':

🗩 *"Every single day I came and saw [the CBT therapist] was a total revelation that I discovered about my mental health."*

<div align="right">Interviewee, Member</div>

The results of the surveys showed that both Members and Staff believe MOI is achieving its aim of preventing suicides and enhancing wellbeing, on average scoring the service 9.7 and 9.5 out of 10 respectively in this regard (see Figure 13).

Members
Man On! exists to prevent suicides and enhance wellbeing. On a scale from 1 to 10, how well do you think Man On! achieves this aim?

11% n = 3	89% n = 24

■ Detractors (1-6) ■ Passive (7-8) ■ Promoters (9-10)

Staff, Volunteers & Trustees
Man On! exists to prevent suicides and enhance wellbeing. On a scale from 1 to 10, how well do you think Man On! achieves this aim?

18% n = 3	82% n = 14

■ Detractors (1-6) ■ Passive (7-8) ■ Promoters (9-10)

Figure 13. Member and Staff assessment of whether MOI prevents suicides and enhances wellbeing.

Several Members described how MOI has helped to relieve feelings of loneliness and social isolation, how attending the services 'made you feel comforted that you weren't alone', that 'you're not the only person in the world', and how others 'all have the same emotions' and have 'been through the same as you, you know, you're not alone'.

🗩 *"It gets me socialising with people, even if it is sometimes talking about things sometimes that are really dark … there's always a lighter side and … it's a cure for my loneliness."*

<div align="right">Focus group attendee, Member</div>

🗩 *"They have brought me in with other people who I can now meet up for a wee coffee with. Being alone at my age isn't good."*

<div align="right">Survey respondent, Staff, Volunteer or Trustee</div>

🗩 *"I'm a single mother with four kids and [lockdown] was just horrible ... and I think initially it was just for that, well I actually need another adult to speak to here."*

<div align="right">Focus group attendee, Member</div>

The results of the surveys showed that both Members and Staff believe MOI is achieving another of its aims in reducing feelings of loneliness and social isolation, on average scoring the service 9.5 and 9.2 out of 10 respectively in this regard (see Figure 14).

Members
Man On! also aims to reduce feelings of loneliness and isolation. On a scale from 1 to 10, how well do you think Man On! achieves this aim?

4% n = 1	96% n = 26

■ Detractors (1-6) ■ Passive (7-8) ■ Promoters (9-10)

Staff, Volunteers & Trustees
Man On! also aims to reduce feelings of loneliness and isolation. On a scale from 1 to 10, how well do you think Man On! achieves this aim?

24% n = 4	76% n = 13

■ Detractors (1-6) ■ Passive (7-8) ■ Promoters (9-10)

Figure 14. Member and Staff assessment of whether MOI reduces loneliness and social isolation.

Findings – Balancing Measures

Balancing measures describe the wider consequences of the service which may be unintended or unrelated to the service's specified aims and can be either positive or negative. Analysis of the findings under this component identified three key themes: bridging the gap, wider impacts, and recommendations.

Bridging the Gap

'Bridging the gap' refers to the role that voluntary or third sector mental health services occupy that lies between self-care or informal community care (e.g. social support) and formal statutory or specialist healthcare (e.g. NHS mental health services).

Whilst the findings presented here are subject to selection bias (i.e. the participants of the evaluation activities have been 'selected' due to their engagement with MOI), the views expressed by Members regarding their experiences of statutory services were largely negative. These views describe a sense of how statutory services were unavailable, inconsistent or ineffectual for these Members:

> *"[The statutory services view was:] 'We know why you're here and we know you want help but we can't provide you with any of this help, so there's no real point for you to be here.'"*
> Interviewee, Member

> *"I've never come away from here feeling bad, whereas at [the statutory services] I've gone in feeling bad and come out feeling worse."*
> Focus Group Attendee, Member

> *"The [CAMHS nurse] that [the Member] did get on well with, we'd only seen him three or four times … and then it was a case of 'Oh, you're too old for us.'"*
> Interviewee, Relative of a Member

This was in contrast to the views of MOI as an open, available and coherent service, often seen as the only viable option for mental health support:

> *"I would do away with the service that the NHS provide, it's non-existent … if I had my way, I would have Man On! in every village and town in Scotland ... people in crisis need to come that day."*
> Interviewee, Relative of a Member

> *"If we hadn't found this, then there is nothing. That is the bottom line. It's invaluable."*
> Focus Group Attendee, Member

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> 🗨️ *"I feel like Man On! is seamless between what they do, it's seamless … I feel the NHS … they are so disjointed … it should be joined up … this is seamless."*
> <div align="right">Interviewee, Relative of a Member</div>

These views indicate that for those people who feel their mental health needs are not able to be met by NHS or other statutory services, MOI helps to 'bridge the gap' between informal and formal care.

Wider Impacts

Wider impacts are those changes or effects that occur beyond the realm of suicide prevention and mental health improvement. This was not a common theme that emerged from the evaluation; described here is the experience of a single interviewee. However, this experience is included in to highlight the transformational potential of MOI at an individual level.

For this person, MOI had not only served to improve their sense of mental wellbeing, but had a significant effect on their physical fitness and risk factors for ill-health both now and in later life. This included a healthy reduction in body weight and a substantial reduction in the use of alcohol and other substances. There were also rapid improvements in their close relationships, as judged by the Member themselves and a close relative:

> 🗨️ *"Before [Man On!] … I was just out drinking basically every day. As soon as COVID restrictions got fully lifted, I was out like drinking everyday … I got addicted to vaping and I got addicted to cannabis … Now … the last time I drunk was [2 months ago] but that was for my birthday and I literally had like one can … Now I am just pure focussed on … getting my fitness up … just so much better now, better relationship with everyone."*
> <div align="right">Interviewee, Member</div>

> 🗨️ *"In … as little as a fortnight, he stopped drinking, he wasn't going out as much, he was much more respectful to me, he was taking things that I said to him into consideration, him and his dad were getting on a lot better … it was unbelievable."*
> <div align="right">Interviewee, Relative of a Member</div>

The Member assesses MOI as having profoundly altered the course of their life, believing that without it they would 'probably be selling drugs or homeless … or in jail or dead', and that there are wider societal benefits too:

> 🗨️ *"Seeing how much it changed me I was like, Jeez-O! You could do this for so many other people … it would stop prisons getting so full of people making bad mistakes."*
> <div align="right">Interviewee, Member</div>

> 🗨️ *"I think [another relative has sought mental health support] probably based on what he had seen … because he saw you turning your life around [with Man On!] and he was still really miserable."*
> <div align="right">Interviewee, Relative of a Member</div>

The Member's relative considers MOI as a 'Godsend to the community', that it has 'been really needed I feel, given where we live' because of the 'kind of societal things that go on in Inverclyde'. So profound has the positive impact been for this Member that another of their relatives has sought mental health support 'probably based on what he had seen … because he saw you turning your life around'. The Member has now decided they want 'to help other people' by 'doing a bit of volunteering in the community', a decision in which MOI 'has been so influential.'

Recommendations

Recommendations provide a useful insight into the overall effectiveness of the service, as judged by those most familiar with it, and have the wider consequence of drawing a greater number of people into the service. The Members and relatives that took part in the evaluation activities were

unanimous in their unreserved recommendation of MOI to anyone in need of support with their mental wellbeing. This is summarised by the survey responses displayed in Figure 15 and the average score of 9.8 out of 10 for how likely Members are to recommend MOI to somebody else.

Members
On a scale from 1 to 10, how likely are you to recommend Man On! to somebody else?

4% n = 1	96% n = 26

■ Detractors (1-6)　■ Passive (7-8)　■ Promoters (9-10)
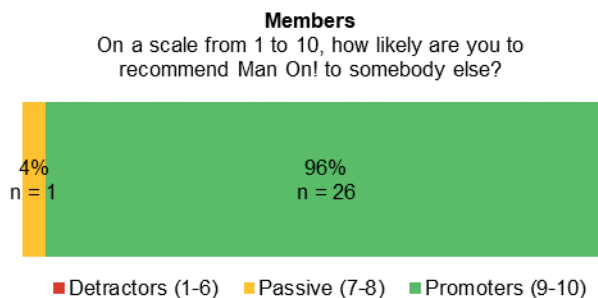
Figure 15. Members views on recommending MOI to others.

The interviewees and focus group attendees were also eager to recommend MOI to others, citing it as 'the best thing for support in the town' and how contacting MOI was 'probably up there in the top three decisions I've ever made':

🗨 *"I would recommend it to anybody, whether it's an adult or a child that's got mental health issues. Try and get yourself a referral to Man On! whatever way you can."*

Interviewee, Member

🗨 *"I'm recommending them to anyone … I tell everyone … Go to Man On!"*

Focus Group Attendee, Member

The free text survey responses from Members also contained similar sentiments:

🗨 *"Come along and see what it's all about. As soon as you've stepped through that door the first time you will never want to leave again they are all fantastic."*

Survey respondent, Member

🗨 *"Don't be afraid to approach Man On! Their support is invaluable and it is all non-judgmental. Walking through the door is the hardest part and you won't regret it when you do. Have faith."*

Survey respondent, Member

One Member summarised the message to people considering contacting MOI as:

🗨 *"I would say, 'It'll save your life, if you need it to' because it had done that for me. I can't emphasise enough. I just, I just wouldn't be here … I am here purely because they gave me the tools to keep going."*

Focus Group Attendee, Member

Findings – Summary

The findings of all four evaluation components – structure, process, outcomes, and balancing measures – are summarised below and grouped into strengths, weaknesses, opportunities, and threats (SWOT analysis). The findings are presented under the identified themes for ease of reference to the findings above.

STRENGTHS

Accessibility
- Convenient location of Wellbeing Centre accessible by public transport
- Inclusive: no-cost and very few eligibility criteria, flexible and adaptable contact times
- No waiting lists for group sessions, very short waiting time for 1-2-1 appointments
- Option for remote sessions for some i.e. Women's online Zoom call

Staff Attributes
- Lived experience a key asset, distinguishing it from other/statutory services
- Vocational approach: cohesive, consistent and diverse team, including external partners

Facilities
- Comfortable, welcoming and functional environment at the Wellbeing Centre
- Use of local community assets e.g. school football pitches, external activity providers

Reach
- Schools outreach programme seen as effective by all involved parties

Service Entry
- Proven third party referral pathways, including via GP-based CLWs
- No time limit to support and good continuity between different elements of the service
- Football Therapy works well as a 'hook activity' for young men in particular

Relationship-focussed Support
- Person-centred and trauma-informed approach viewed as the central asset of the service
- Transparent and uncomplicated support, in contrast to Member experiences of statutory services

Peer Support
- Acts as both a source of mental health support and as a 'cure for loneliness'
- Stigma-free and non-judgmental atmosphere, valued by male Members in particular

Suicide Prevention / Sense of Wellbeing
- Numerous Members state that the service has prevented their death by suicide
- High rate of successful closure of safety plans indicating effective reduction in suicide risk
- Members' self-reported wellbeing shows widespread improvement in many outcome areas

Bridging the Gap
- Meets gap in mental health services for those with needs between self-care and statutory services

Wider Impacts
- Transformational potential beyond mental health and wellbeing at an individual level
- Possible wider societal impacts e.g. improved physical health, reduction in crime etc.

Recommendations
- Unanimously recommended to others by all evaluation participants

WEAKNESSES

Accessibility
- Crisis Support only (formally) available on Mondays 1000-2000hrs
- Women's online Zoom call at a difficult time for some e.g. children's bedtime
- 'Man On!' branding may be intimidating for some, 'Talk On' branding less visible

Facilities
- Demand has 'outgrown' the Wellbeing Centre's capacity (or will soon)
- Bathrooms are not wheelchair accessible

Reach
- People living in remote and rural areas of Inverclyde may be relatively underserved

Service Entry
- Confusion regarding referral forms, many self-referrers using third party referral form

Suicide Prevention / Sense of Wellbeing
- No formal system to explore reasons for non- or dis-engagement with the service

OPPORTUNITIES

Accessibility
- Expansion of Crisis Support to more days of the week
- Expansion of core services to additional sessions and at the weekend
- Provision of childcare to support attendance by parents of young children
- Target women at 'vulnerable moments' (maternity/menopause/domestic abuse)
- Target 'inclusion groups': neurodiversity, LGBTQIA+, older people, BME, rural areas

Staff Attributes
- Recruit external partners from different backgrounds: childcare, personal trainer etc.

Facilities
- Expand to larger or additional premises in order to meet growing demand
- Ideal facility includes: waiting area or reception, two or more group rooms, breakout or single consultation rooms, shared offices, staff room, kitchen, bathrooms, multi-activity space
- Ensure full accessibility of all spaces, especially bathrooms

Reach
- Scale up service to have a 'satellite centres' in Gourock, Port Glasgow, rural areas
- Pick-up / drop-off service, home visiting, 'hybrid' group sessions to reach remote and rural areas
- 'Whole community approach': work places, GPs, chemists, shopping malls etc.
- Share experience across the third sector to replicate the Man On! model in other areas of Scotland

Service Entry
- Expand awareness of third-party referrals to other healthcare professionals
- Implement quarterly review of referral data, including 'Did Not Attend' numbers

Future Opportunities
- Build on good local connections to increase efficiency and reduce costs e.g. joint funding bids
- Consider an internal project to assess future workforce development and training needs
- Build partnerships to meet demand for further physical and creative activity-based support

Wider Impacts
- Perform local asset mapping in order to collaborate with other local services to act on other areas of public health interest: smoking cessation, physical activity, healthy diet, financial inclusion

THREATS

Accessibility
- Vulnerable to changes/cancellations to public transport links
- Risk of disclosure of sensitive information during online sessions may be a barrier for some

Facilities
- Risk of unmet demand for mental health support due to size limitations of Wellbeing Centre

Reach / Relationship-focussed Support
- Rapid expansion of service risks diluting the core ethos of relationship-focussed support

Service Entry
- Risk of overlooking gaps in service coverage without regular data review / analysis

Future Opportunities
- Competition for funding with other TSOs; funding applications too time-consuming
- Lack of a voice in 'strategic matters' may risk duplication of effort and gaps in services
- Growth and expansion (and maintenance) of the service reliant on successful funding bids

Suicide Prevention
- Difficult to measure the number of deaths by suicide prevented

Bridging the Gap
- Risk of Members becoming dependent on the service due to strain on statutory services

Conclusions

This evaluation provides evidence that MOI is operating an effective and popular, no-cost service for those people in Inverclyde who are willing and able to engage with a relationship-focussed and/or peer support model of mental health and wellbeing support. A number of key assets of the service were identified, namely: the lived experience and vocational approach of the MOI Staff and Volunteers; the uncomplicated, person-centred and trauma-informed nature of support; the stigma-free, non-judgmental and 'family' atmosphere at the Wellbeing Centre; and the absence of any waiting lists for attendance at the regular weekly group sessions. These key assets are supported by MOI's reputation and action in the wider community: MOI is the most referred-to service in the 'Community Hub' category by Inverclyde Community Link Workers; the schools outreach programme is considered to be highly effective by all parties involved; and the use of wider community assets, such as school football pitches for the weekly Football Therapy sessions, helps to break down barriers to accessing support for high-risk groups such as young adult men.

A few limitations were also identified, all rooted in a relative a lack of resources i.e. funding and workforce capacity. These include a crisis support service that operates formally on only a single day of the week, a relative difficulty in reaching remote and rural areas of Inverclyde, and limitations on the space within the Wellbeing Centre, the latter being a sign that MOI is somewhat a victim of its own success. Other limitations that were less prominent in the findings, but no less important, concern the male-oriented branding of the service, the absence of a wheelchair-accessible bathroom at the Wellbeing Centre, and the lack of a formal process to follow-up and record reasons for non- and dis-engagement with the service as a means of quality improvement.

Despite these limitations, service data made available for this evaluation demonstrated that MOI Members experience widespread improvement in many self-reported measures of mental health. This is corroborated by the overwhelmingly positive views and experiences described by participants in the evaluation activities. Additionally, there is powerful qualitative evidence that MOI is improving mental wellbeing, reducing social isolation, and saving lives through the prevention of deaths by suicide. Positioning itself between self-care and the statutory services, MOI appears to play an important role in bridging the gap between informal and formal mental health support. This is particularly important for those at-risk populations in Inverclyde that live in some of the most deprived areas of Scotland who may not meet the threshold for NHS mental health services but may be financially excluded from private counselling or talking therapies.

Consequently, this evaluation provides both quantitative and qualitative evidence that the Communities Mental Health and Wellbeing Fund for Adults is having a positive impact on public mental health through the financial support awarded to third sector organisations such as MOI. It has also demonstrated that an even greater impact may be possible through additional funding by allowing successful organisations such as MOI to expand or enhance their service. Supported by the findings of the evaluation, some considerations of how MOI might prioritise the use any additional funding to develop their service are presented below.

Considerations for future service developments

Areas for Growth

There are several opportunities for MOI to grow its service. These include expanding the existing services to additional or multiple days of the week, particularly Crisis Support, in order to meet the growing demand for the MOI model of mental health support. This would require a corresponding expansion in the size of the workforce, both employed and voluntary, as well as larger or additional premises to replace or support the 'outgrown' Wellbeing Centre. The ability to host concurrent group sessions alongside one-to-one appointments is a key consideration for any future premises.

Operating 'satellite centres' in community hubs in, for example, Gourock and Port Glasgow would expand the reach of MOI across a greater geographical area of Inverclyde and reduce any existing barriers as a result of incomplete or infrequent public transport availability. Reaching remote and rural areas is more difficult; options for consideration include a pick-up and drop-off service, home visiting, and the procurement of teleconferencing facilities to convert some or all of the group sessions to a hybrid format (i.e. both in-person and online attendees at the same session).

Providing additional group sessions designed specifically for underserved groups, such as people living with neurodiversity and the LGBTQIA+ community, as well as a bespoke service for women at 'vulnerable moments' such as maternity and the menopause, may be further areas for growth but should be informed by an assessment of need among the Inverclyde community.

Prioritisation and Collaboration

However, expansion of the service carries risks, chief among which are two concerns raised by MOI Members themselves. Firstly, too rapid a growth in size and scale may dilute one of the key assets of the service, the relationship-focussed support, by spreading the workforce too thinly across a greater caseload and geographical area. Secondly, and related to the first, a greater caseload, a more complex service offer, and weekend or out-of-hours work risks Staff and Volunteer burnout, ultimately reducing the quality and quantity of support that can be offered to Members. Therefore, any areas for growth should be considered alongside ways of mitigating these risks, such as prioritisation and collaboration.

Prioritising those elements of the MOI service that are both highly valued and highly attended by Members, such as the holistic person-centred approach and the low-intensity 'simple' and 'transparent' peer support sessions, may help to maximise the benefit that can be gained from limited resources. One strategy may be to perform a local asset mapping exercise in order to determine what alternative mental health support services exist in Inverclyde and what key gaps in service provision MOI aims to fill. In short, MOI cannot be everything to everyone, and any options taken to expand the service should be in consideration of available resources and unmet needs.

Alternatively, or additionally, MOI may achieve more by collaborating with current or new partners. By working strategically with other services and providers in Inverclyde, MOI can avoid duplicating efforts, focus resources on the greatest and unmet needs, and reduce or eliminate the sense of competition for funding with other third sector organisations. For example, the demand for more physical and creative activity-based support expressed by Members in this evaluation could be met through partnerships with local providers rather than through additional recruitment or upskilling of the MOI workforce. Similarly, where mental health needs intersect with other needs, such as financial inclusion or support for victims of domestic abuse, collaborating with other voluntary services and submitting joint funding applications may have a greater impact than isolated bids.

Self-Evaluation

Any growth or expansion of the service should be informed by a process of continual self-evaluation, centred on a robust data collection plan. Through referral forms, Member Agreements, session registrations, Wellbeing Stars, and 'Your Views Matter' surveys, MOI is already collecting a rich dataset from which valuable quality improvement insights can be obtained. MOI should consider implementing a quarterly data review exercise in order to monitor service performance. Additional data collection on reasons for non- and dis-engagement with the service would bring further insights on how the service might reach those with needs not currently met by MOI.

Lastly, the present evaluation has shown that MOI Staff and Volunteers feel supported in developing their skills with regular workplace and external training events. Yet there remains some room for improvement in their self-reported confidence in supporting people with their mental health needs. An internal workforce review and training needs assessment could highlight any areas for additional skills development activity to capitalise on the eagerness of MOI Staff to learn and grow.

Acknowledgements

I would like to thank Rebecca Campbell, Consultant in Public Mental Health at NHS Greater Glasgow & Clyde for inviting me to undertake this evaluation and for your ongoing guidance and support.

I also thank Chris Paul, Sam Magee, Stacey Caldwell and the rest of the Man On! Inverclyde team for your warmth, openness, patience, and enthusiasm to receive independent assessment and critical review of a service you hold very dearly in your hearts. I hope the analysis I have been able to provide helps to facilitate meaningful reflection on your journey so far and informs any future developments of a much-needed and life-saving service.

Lastly, and most importantly, I thank those Members of Man On! Inverclyde that participated in the various evaluation activities. Your willingness to sacrifice your time and energy to share your opinions, views, and experiences has been central to this project. Your stories were both challenging and inspiring to hear, and I am hopeful that in sharing them with me you will have contributed to the mental health improvement of your community.

I wish you all the very best mental health and wellbeing.

Dr Jacob Asplin BMBS MPH DTM&H MFPH
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NHS Greater Glasgow & Clyde

References

1. Constitution of Man On! Inverclyde SCIO, 2023.
2. Scottish Government. Communities Mental Health and Wellbeing Fund for adults: projects awarded funding in Year 2 - 2022/2023, 2023.
3. Scottish Government. Mental Health - Scotland's Transition and Recovery. 2020
4. TSI Scotland Network. Communities Mental Health & Wellbeing Fund for Adults [cited 2024 Apr 8]. Available from: https://tsi.scot/communities-mental-health-wellbeing-fund/ accessed Apr 8 2023.
5. CVS Inverclyde. Inverclyde Communities Mental Health and Wellbeing Fund for Adults 2023/24 [cited 2024 Apr 8]. Available from: https://www.cvsinverclyde.org.uk/our-support/inverclyde-communities-mental-health-and-wellbeing-fund-for-adults-2023-24/ accessed Apr 8 2024.
6. National Records of Scotland. Mid-2022 Population Estimates Scotland, 2024.
7. Inverclyde Council. Inverclyde Heritage Strategy 2019-2029, 2019.
8. Scottish Government. Scottish Index of Multiple Deprivation 2020 [Available from: https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/ accessed Sep 22 2022.
9. Marmot M, Bell R. Fair society, healthy lives. *Public Health* 2012;126 Suppl 1:S4-s10. doi: 10.1016/j.puhe.2012.05.014 [published Online First: 2012/07/13]
10. Delgadillo J, Asaria M, Ali S, et al. On poverty, politics and psychology: the socioeconomic gradient of mental healthcare utilisation and outcomes. *British Journal of Psychiatry* 2016;209(5):429-30. doi: 10.1192/bjp.bp.115.171017 [published Online First: 2018/01/02]
11. Pickett KE, James OW, Wilkinson RG. Income inequality and the prevalence of mental illness: a preliminary international analysis. *Journal of Epidemiology and Community Health* 2006;60(7):646-47. doi: 10.1136/jech.2006.046631
12. Riches E, Pulford A, Whitehead R, et al. Rapid evidence review of the determinants of mental wellbeing: Public Health Scotland, 2021.
13. NHS Greater Glasgow and Clyde, Inverclyde HSCP. NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey: Inverclyde Report, 2024.
14. Taylor-Powell E, Henert E. Developing a logic model: Teaching and training guide. Madison, WI: University of Wisconsin-Extension, Cooperative Extension, Program Development and Evaluation 2008.
15. Evaluation Support Scotland. ESS Support Guide 1c – Developing a Logic Model, 2022.
16. Donabedian A. Evaluating the quality of medical care. *The Milbank memorial fund quarterly* 1966;44(3):166-206.
17. NHS Improvement. Online library of Quality, Service Improvement and Redesign tools: A model for measuring quality care.
18. Catalogue of Bias Collaboration, Brassey J, Mahtani KR, et al. Volunteer Bias 2017 [cited 2024 Apr 8]. Available from: http://www.catalogofbias.org/biases/volunteer-bias accessed Apr 8 2024.
19. Czeisler M, Wiley JF, Czeisler CA, et al. Uncovering survivorship bias in longitudinal mental health surveys during the COVID-19 pandemic. *Epidemiol Psychiatr Sci* 2021;30:e45. doi: 10.1017/s204579602100038x [published Online First: 2021/05/27]
20. Catalogue of Bias Collaboration, Nunan D, Bankhead C, et al. Selection Bias 2017 [cited 2024 Apr 8]. Available from: http://www.catalogofbias.org/biases/selection-bias/ accessed Apr 8 2024.
21. van de Mortel TF. Faking It: Social Desirability Response Bias in Self-report Research. *The Australian Journal of Advanced Nursing* 2008;25(4):40-48.
22. Colombo D, Suso-Ribera C, Fernández-Álvarez J, et al. Affect Recall Bias: Being Resilient by Distorting Reality. *Cognitive Therapy and Research* 2020;44(5):906-18. doi: 10.1007/s10608-020-10122-3
23. Batchelor JH, Miao C. Extreme response style: A meta-analysis. *Journal of Organizational Psychology* 2016;16(2)
24. Klayman J. Varieties of Confirmation Bias. In: Busemeyer J, Hastie R, Medin DL, eds. Psychology of Learning and Motivation: Academic Press 1995:385-418.
25. Olmos-Vega FM, Stalmeijer RE, Varpio L, et al. A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher* 2023;45(3):241-51. doi: 10.1080/0142159X.2022.2057287

Appendices

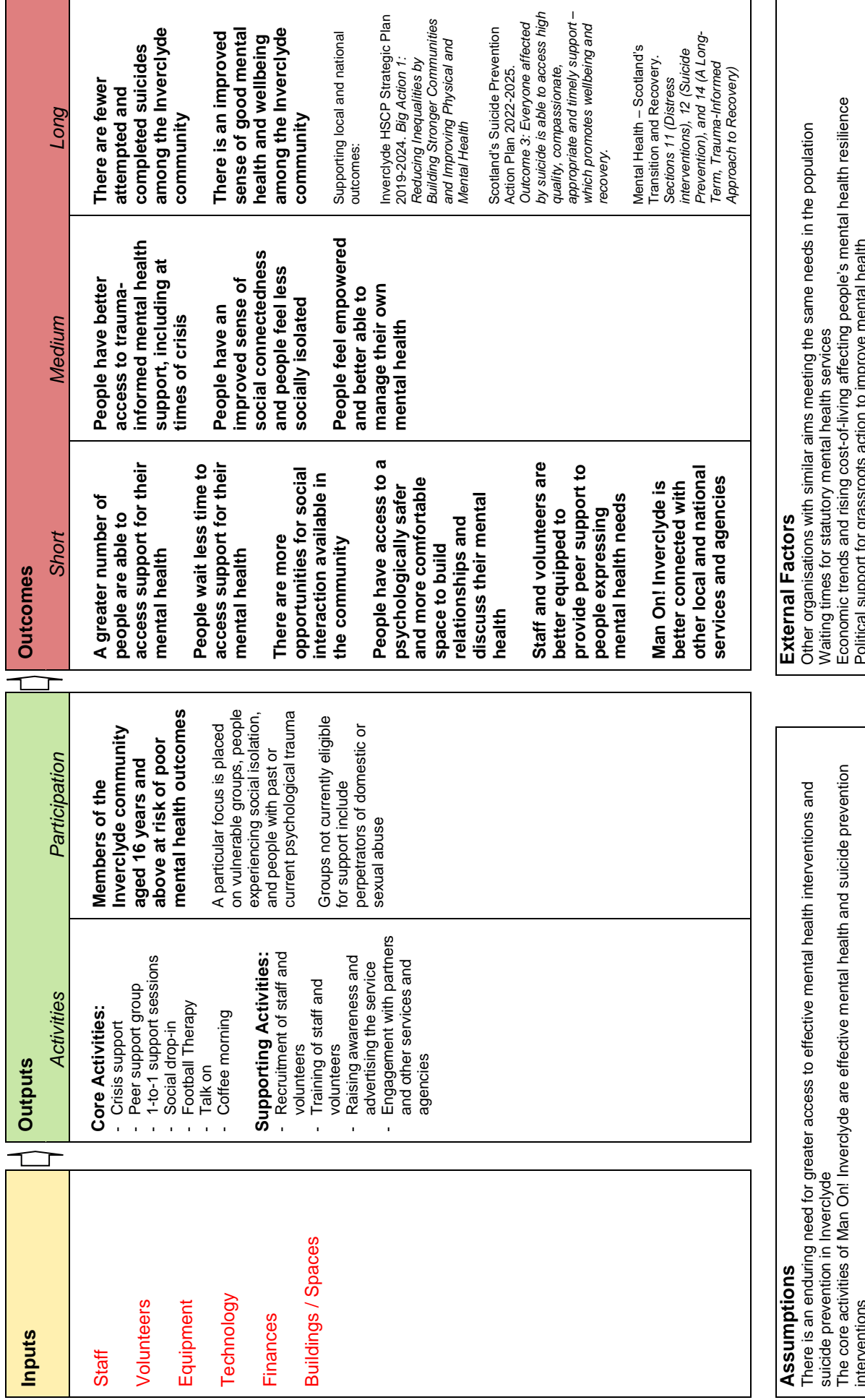## Appendix 1 - Deaths due to probable suicides in Inverclyde
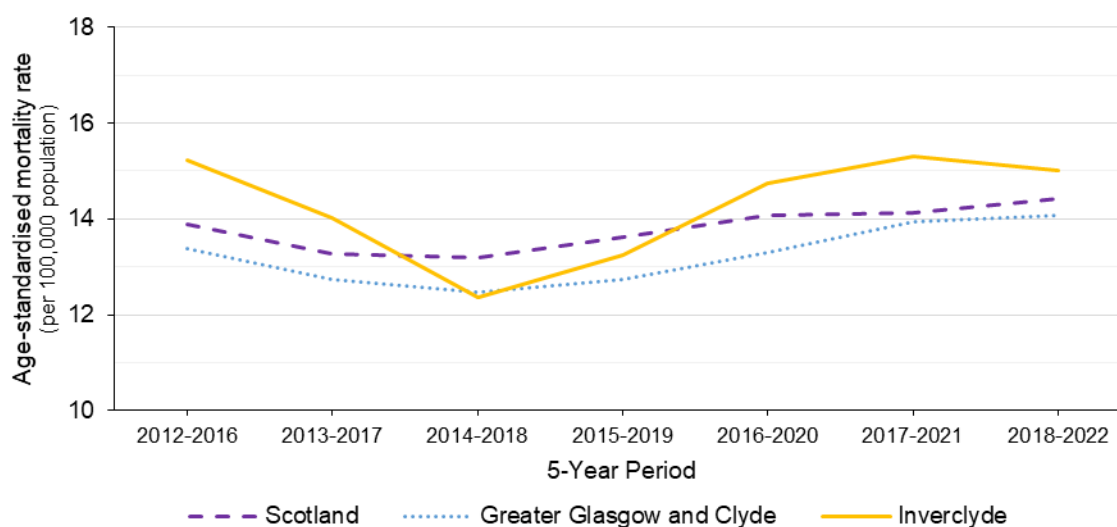
Figure A1. Trends in the 5-year moving average age-standardised mortality rate (per 100,000 population) of deaths due probable suicides. (Source: National Records of Scotland)

Table A1. 5-year moving average age-standardised mortality rates (per 100,000 population) for deaths due probable suicides in Scotland, NHS Greater Glasgow and Clyde, and Inverclyde

5-Year Period	Scotland		Greater Glasgow & Clyde		Inverclyde	
	ASMR	Registered deaths	ASMR	Registered deaths	ASMR	Registered deaths
2012-2016	13.9	3721	13.4	773	15.2	62
2013-2017	13.3	3571	12.7	738	14.0	57
2014-2018	13.2	3560	12.5	723	12.4	50
2015-2019	13.5	3697	12.7	744	13.3	53
2016-2020	14.1	3830	13.3	786	14.7	56
2017-2021	14.1	3855	13.9	823	15.3	57
2018-2022	14.4	3937	14.1	832	15.0	55

ASMR = Age Standardised Mortality Ratio

Appendix 2 – Co-produced Logic Model

Inputs	Outputs		Outcomes		
	Activities	*Participation*	*Short*	*Medium*	*Long*
Staff Volunteers Equipment Technology Finances Buildings / Spaces	**Core Activities:** - Crisis support - Peer support group - 1-to-1 support sessions - Social drop-in - Football Therapy - Talk on - Coffee morning **Supporting Activities:** - Recruitment of staff and volunteers - Training of staff and volunteers - Raising awareness and advertising the service - Engagement with partners and other services and agencies	**Members of the Inverclyde community aged 16 years and above at risk of poor mental health outcomes** A particular focus is placed on vulnerable groups, people experiencing social isolation, and people with past or current psychological trauma Groups not currently eligible for support include perpetrators of domestic or sexual abuse	**A greater number of people are able to access support for their mental health** **People wait less time to access support for their mental health** **There are more opportunities for social interaction available in the community** **People have access to a psychologically safer and more comfortable space to build relationships and discuss their mental health** **Staff and volunteers are better equipped to provide peer support to people expressing mental health needs** **Man On! Inverclyde is better connected with other local and national services and agencies**	**People have better access to trauma-informed mental health support, including at times of crisis** **People have an improved sense of social connectedness and people feel less socially isolated** **People feel empowered and better able to manage their own mental health**	**There are fewer attempted and completed suicides among the Inverclyde community** **There is an improved sense of good mental health and wellbeing among the Inverclyde community** Supporting local and national outcomes: *Inverclyde HSCP Strategic Plan 2019-2024. Big Action 1: Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health* *Scotland's Suicide Prevention Action Plan 2022-2025. Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery.* *Mental Health – Scotland's Transition and Recovery. Sections 11 (Distress interventions), 12 (Suicide Prevention), and 14 (A Long-Term, Trauma-Informed Approach to Recovery)*

Assumptions
There is an enduring need for greater access to effective mental health interventions and suicide prevention in Inverclyde
The core activities of Man On! Inverclyde are effective mental health and suicide prevention interventions

External Factors
Other organisations with similar aims meeting the same needs in the population
Waiting times for statutory mental health services
Economic trends and rising cost-of-living affecting people's mental health resilience
Political support for grassroots action to improve mental health

Appendix 3 – Topic Guide for Semi-structured Interviews and Focus Groups

TOPIC	MAIN QUESTIONS	FOLLOW-UP / RE-FRAMED QUESTIONS	PROBES
ACCESSIBILITY	▪ How did you hear about Man On!? ▪ How easy is it for you to attend the sessions or appointments?	▪ How does this compare with any appointments you have had at other mental health services? (e.g. GP, NHS, counselling) ▪ Did you have to wait long for a 1-2-1 appointment? ▪ Are there any services that you are unable to attend for any reason? Why?	▪ How long did you wait? ▪ What stops you?
SENSE OF WELLBEING	▪ How has Man On! affected your sense of wellbeing? ▪ If you could make one change to the way Man On! supports you, what would it be?	▪ Is there anything specific about Man On! that affects your wellbeing? ▪ How would you describe the effect Man On! has had on your ability to look after your own mental health? ▪ How would you feel if Man On! services were no longer available to you?	▪ Which service or session? ▪ Why would you feel like that?
SUICIDE PREVENTION	▪ How do you feel about the sentence: "Man On! exists to prevent suicides"? ▪ Can you always get help from Man On! when you want or need it?	▪ Where do you think you would be without Man On!? ▪ Have you ever not been able to attend or get help from Man On! when you needed it? Why?	▪ Why is that? ▪ What stopped you attending?
SOCIAL INTERACTION	▪ How has being a member of Man On! affected your sense of loneliness or isolation?	▪ How would you describe your relationships with the people at Man On!? ▪ How do you feel about your opportunities for social interaction?	▪ Is there a specific group or person? ▪ Why do you like/dislike that?
TRAUMA-INFORMED AND SAFE ENVIRONMENT	▪ How do you feel about the facilities at the Wellbeing Centre? ▪ How do you feel about the other places where Man On! services are delivered?	▪ If you could change one thing about the Wellbeing Centre, what would it be? ▪ How comfortable or safe do you feel when accessing the Wellbeing Centre (or other settings)?	▪ What else? ▪ Why is that? ▪ How could it be better?
LINKS TO OTHER SERVICES	▪ How connected do you feel Man On! is to other mental health and wellbeing services?	▪ If you were referred to Man On! from another service, can you describe that process and how could it be improved? ▪ If Man On! has referred you to another service, can you describe that process and how could it be improved?	▪ Which service? ▪ Why was it like that? ▪ What difference would that have made?
CLOSING QUESTION	▪ If there was one thing you could tell other people about Man On!, what would it be and why?	▪ Imagine you have 30 seconds to convince someone to become a member at Man On! What would you say?	▪ Why that one thing? ▪ How has that affected you? ▪ Can you say more?

Appendix 4 – Members' Survey Engagement Summary

Q1. Please select the option that best describes you? (select one):

- Male: 52%
- Female: 48%
- Prefer to self identify, please type: 0%
- Prefer not to say: 0%
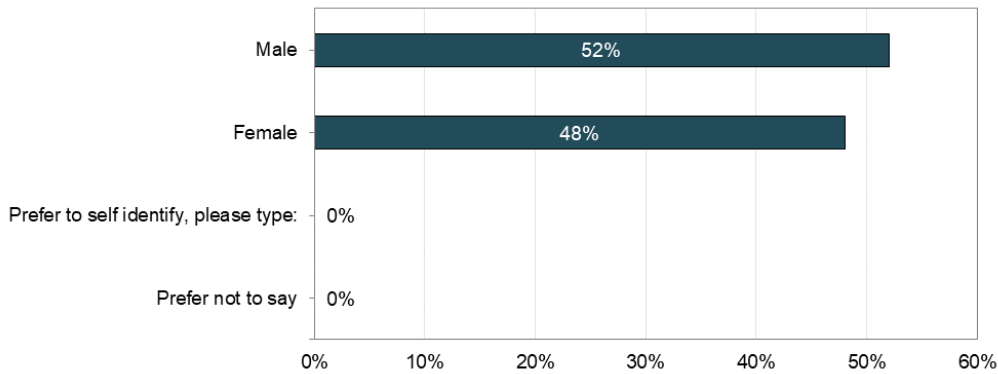
Q2. What age group do you belong to? (select one):

- 16 to 25 years: 11%
- 26 to 35 years: 33%
- 36 to 45 years: 11%
- 46 to 55 years: 26%
- 56 to 65 years: 11%
- Over 65 years: 8%
- Prefer not to say: 0%
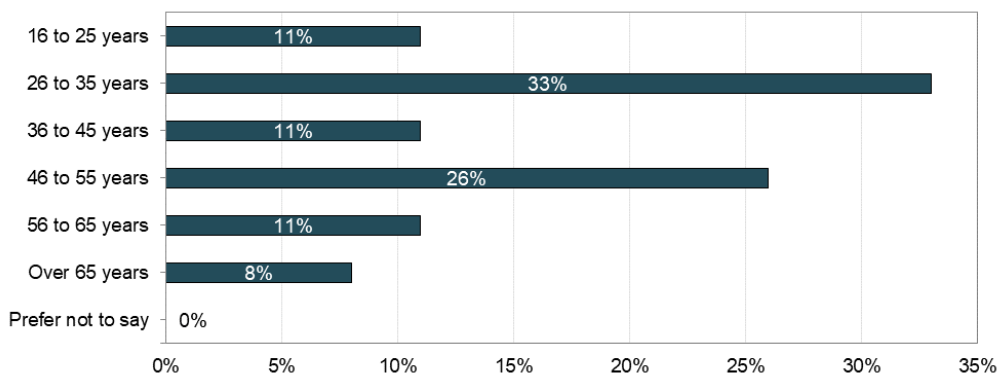
Q3. How long have you been a member of Man On! Inverclyde? (select one):

- Less than 3 months: 29%
- Between 3 months and 1 year: 15%
- Between 1 and 3 years: 41%
- More than 3 years: 15%
- Prefer not to say: 0%
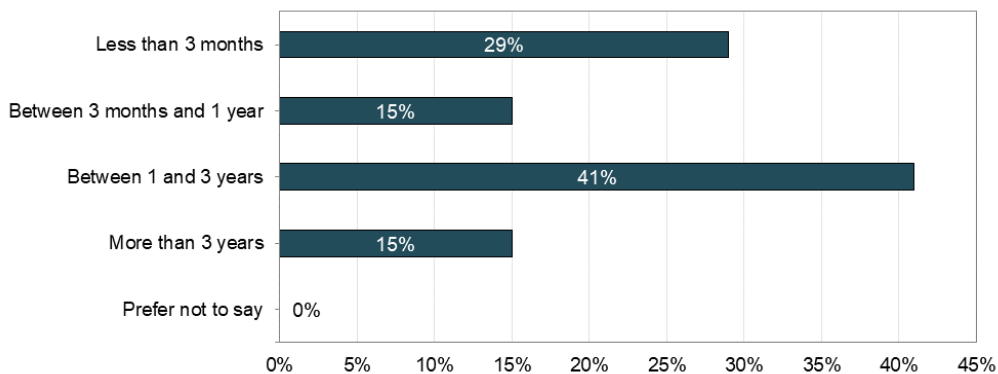
Q4. Which Man On! services do you use regularly? (select all that apply):

- Social Drop-in: 15%
- Football Therapy: 11%
- Coffee Morning: 7%
- Peer Support Group: 26%
- Talk On: 26%
- 1-to-1 Support Sessions: 30%
- Crisis Support: 11%
- Prefer not to say: 0%
- Other (please type): 11%
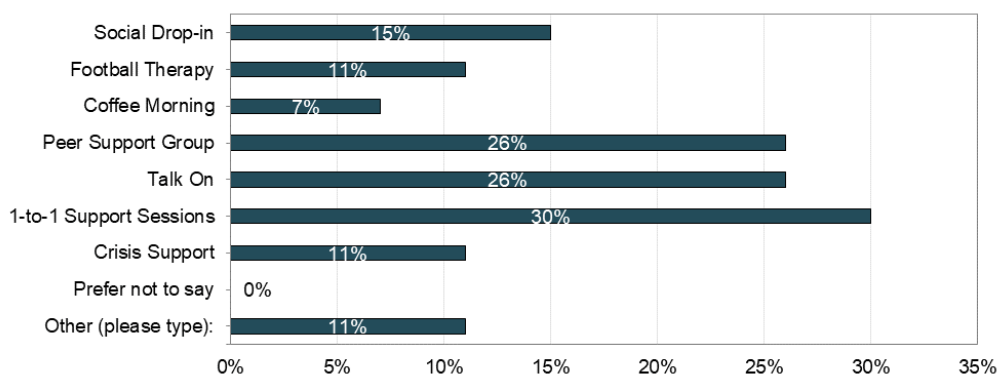
Appendix 5 – Staff Survey Engagement Summary

Q1. Please select the option that best describes you? (select one):
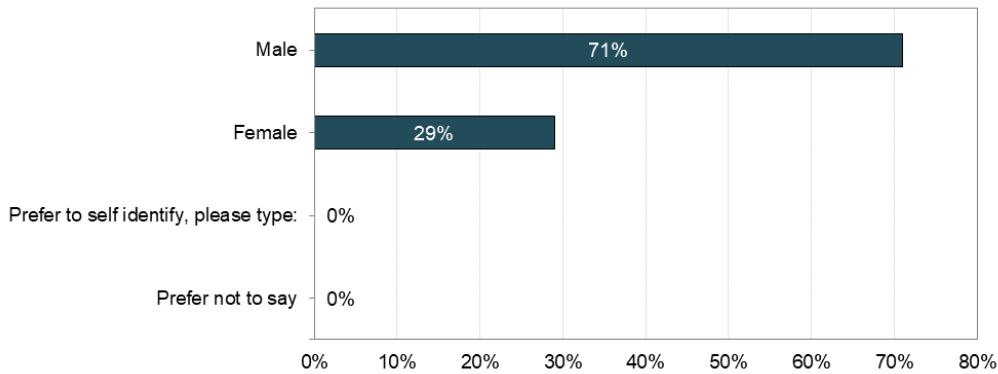
Q2. What staff group do you belong to? (select one):
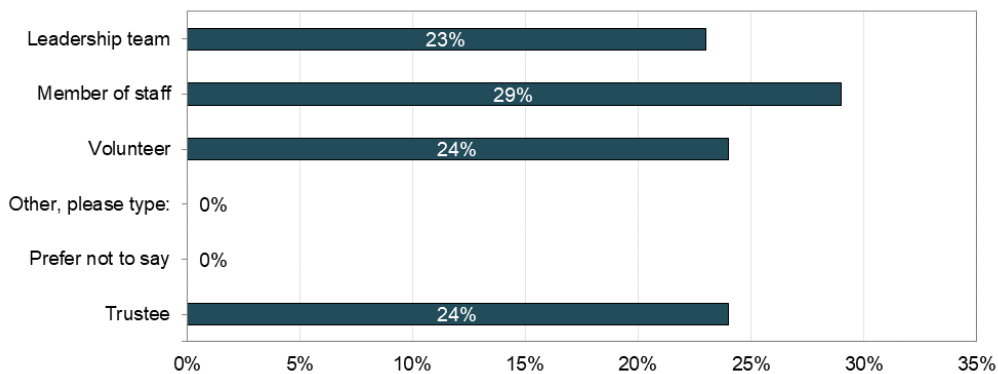
Q3. How long have you been working and/or volunteering at Man On!? (select one):
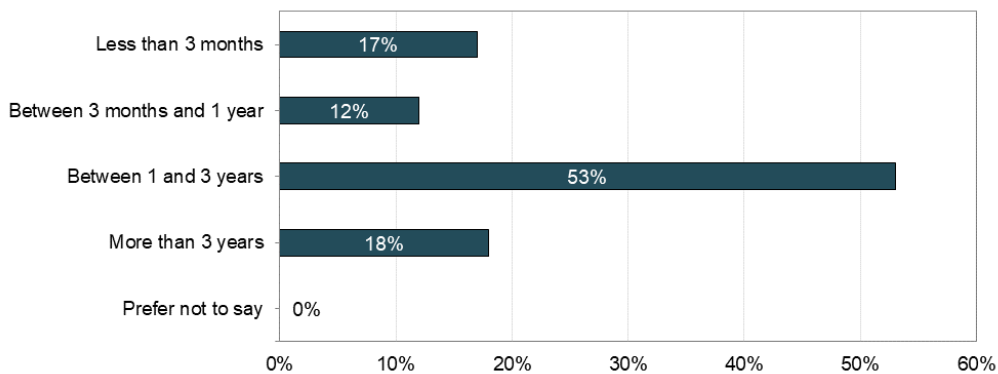
Q4. Which Man On! services do you normally work in or support as part of your normal duties? (select all that apply):
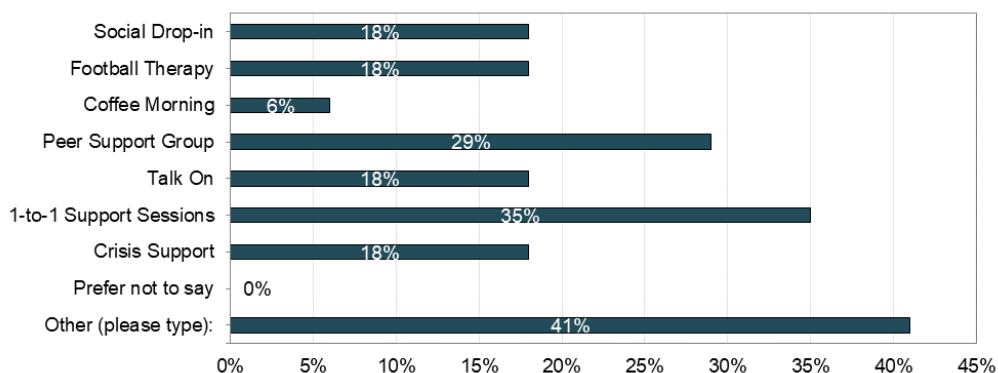
Partner Overview – Verbal Update from all partner agencies

At the request of the Alliance Board Chair, Cllr Elizabeth Robertson, all Inverclyde Alliance partners have been asked to consider the following points in relation to their own organisation:

- An overview of their current key involvement in Inverclyde, focusing on partnership-based work with others.

- To highlight any of the following to the partnership:
  - Your recent successes in Inverclyde.
  - Emerging issues you need partners to be aware of, and any asks you may have of partners based on these issues.

Report To:	Inverclyde Alliance Board	Date:	7 October 2024
Report By:	Ruth Binks Corporate Director Education, Communities & Organisational Development, Inverclyde Council	Report No:	
Contact Officer:	Morna Rae Head of Service (OD, Policy & Communications)	Contact No:	01475 712055
Subject:	Inverclyde Partnership Plan Biannual Progress Report April 2024 to October 2024		

1.0 PURPOSE

1.1 The purpose of this report is to provide the Alliance Board with a progress report on the implementation of the Partnership Plan 2023-2033.

2.0 SUMMARY

2.1 Inverclyde's Partnership Plan was formally agreed by the Alliance Board on the 13 March 2023. This progress report provides details of the progress that has been made towards the Partnership Plan outcomes during the period April 2024 to October 2024.

2.2 Oversight and delivery of the Partnership Plan outcomes sits with the following thematic groups:
- Children's Services Partnership;
- Thriving Communities;
- Safe and Supported Communities;
- Inequalities Partnership;
- Economic Board; and
- Place Partnership.

2.3 This report presents the 2024-25 action plans developed for the newly formed Economy, Place and Tackling Inequalities to Improve People's Lives thematic groups. Terms of Reference and progress updates for the past six months have also been provided where relevant.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Alliance Board:

a. Notes the thematic group action plans.
b. Notes the progress updates.

Ruth Binks
Corporate Director Education, Communities & Organisational Development

4.0   BACKGROUND

4.1   Inverclyde's Partnership Plan 2023-33 was formally agreed by the Alliance Board on the 13 March 2023, with a focus on the themes of Empowered People, Working People, Healthy People and Places, A Supportive Place, and a Thriving Place. These themes are all associated with further high-level outcomes.

4.2   The Alliance Board Terms of Reference and proposed delivery structure grouping under the new Partnership Plan were agreed by the Alliance Board on 18 March 2024.

4.3   While all delivery groups contribute to the Partnership Plan's five themes, the table below details the primary focus high-level outcomes for the three groups presented in this report.

Partnership Delivery Group	Partnership Plan Linked Outcomes
Tackling Inequalities and Improving People's Lives	• Poverty related gaps are addressed, so young people can have the skills for lifelong learning, life and work. • Gaps in outcomes linked to poverty are reduced. • People live longer and healthier lives. • We recognise where people are affected by trauma and respond in ways that prevent further harm and support recovery. • Increased use of active travel and sustainable transport options.
Economy	• More people will be in sustained employment, with fair pay and conditions. • Poverty related gaps are addressed, so young people can have the skills for lifelong learning, life and work. • Businesses are supported and encouraged to reduce their carbon footprint and develop green jobs.
Place	• Businesses are supported and encouraged to reduce their carbon footprint and develop green jobs. • Our natural capital is looked after, and we are effectively adapting and mitigating the effects of climate change. • Growth in our working age population by encouraging people to stay here and attracting new people to settle here. • Development of strong community-based services that respond to local need. • Homes are energy efficient and fuel poverty is reduced. • Increased use of active travel and sustainable transport options. • Easy access to attractive and safe public spaces, and high-quality arts and cultural opportunities.

4.4   Due to collaboration in multi-agency partnership work across the Community Planning Partnership, reports and action plans from different groups may cover similar ground.

5.0   THEMATIC GROUP UPDATES

5.1   Tackling Inequalities and Improving People's Lives update

The Tackling Inequalities thematic group has oversight of four established multi-agency partnerships who each have separate strategies and action plans. These are the

- Trauma Informed Steering Group – Inverclyde Council is rolling out the National Trauma Transformation Programme (NTTP) in collaboration with partners from the 3rd Sector, Police Scotland and HSCP. The strategic group continues to generate plans and coordinates actions. One example of this was the session delivered to elected members via Man On Inverclyde, Police Scotland and Inverclyde Educational Psychology Service that took place in April 2024.

  Future activity includes an interface with Education Scotland to support our education establishments, ongoing training for staff who engage with the public through providing customer care and training for library staff. As well as this there is the ongoing roll out of the programme across agencies.

- Inverclyde Cares – further to their report in June, the group will reconvene under the new Alliance reporting structure and align to the revised priorities and themes. A new action plan will be drafted for the next update in April 2025.

- Financial Inclusion Partnership – a report on the last strategy will be finalised in autumn 2024 and presented for the next update in April 2025.

- Child Poverty Action Group – the Child Poverty Action Plan Report 2024 is now complete and included in Agenda item 6.

An action plan has been developed which forms a high-level summary of the development or progress of these four plans. The Action Plan is presented within Appendix 3. Terms of Reference for the group continue to be developed.

5.2   Economy update

The Economy thematic group has oversight of three established multi-agency partnerships who each have separate strategies and action plans. These are the

- Local Employability Partnership – The LEP delivery plan is well established and the LEP meets frequently. Progress is being made and partnership approaches are developing and establishing focused on employability as part of a whole system approach to social wellbeing and tackling inequalities.

- Regeneration Forums – Progress is being made on a range of key capital investment programme at regional and community level, with Inverkip City Deal full business case completed. The Economic Growth Plan has been commissioned and targeted completion by end 2024. Shared prosperity funding is progressing to completion by end 24/25 financial year.

- Senior Phase Action Plan – The Senior Phase Action Plan is now in its third year. The priorities this year are:
  1. To continue to improve the overall percentage of young people achieving a positive destination and sustaining this.
  2. Ensure all young people with an additional support need, are care-experienced or have another barrier are appropriately supported to enter a positive and sustained destination.
  3. To raise awareness of employability skills necessary to enter the world of work and different pathways that are available to them.
  4. A governance group oversees the progress of this plan and met on 2 September 2024.

- Locality plans – these plans provide input from other related thematic groups.

An action plan has been developed which forms a high-level summary of the development or progress of these three plans. The Action Plan is presented within Appendix 2. Terms of Reference for the group continue to developed.

5.3   Place update

The Place thematic group (Place Partnership) has oversight of four distinct and established multi-agency partnerships who each have separate strategies and action plans. These are the

- Net Zero Group - Inverclyde Council's Net Zero Strategy sets out a route map to achieving net zero direct greenhouse gas emissions from its operations by 2045, including an interim 2031 target. The primary focus is reducing emissions from the council's buildings, transport, street lighting, water and waste, before considering options for offsetting emissions that cannot be eliminated.

  Working with partners, the subgroup supports the implementation of the Strategy through a series of Action Plans. A detailed progress paper will be provided at the next bi-annual update of the Place thematic group in April 2025.

- Housing Strategy Group - The LHS themed working groups have been established and meeting frequently. Recognition that baseline data and development of networks for delivery of LHS will be critical. Actions set will be reviewed dynamically to ensure they remain fit for purpose.

- Culture and Heritage Group - The Inverclyde Cultural Partnership (ICP) is an established group that continues to meet quarterly. The ICP Action Plan has recently been updated to reflect the thematic approach of the Inverclyde Alliance. Progress against ICP actions will be further supported by a refreshed Arts and Creativity Action Plan and delivery against the Inverclyde Heritage Strategy via the NLHF-funded Connecting Inverclyde Project. Defined ICP actions will be revised and updated as these parallel strands of activity continue.

- Local Development Plan - The LDP is progressing with work underway to develop an Evidence Report. The right to produce Local Place Plans has been publicised, providing communities opportunity to influence quality of place through local democracy. The LDP timeline is established through the Development Plan Scheme.

An action plan has been developed which forms a high-level summary of the development or progress of these four plans. The Action Plan is presented within Appendix 1. Terms of Reference for the group continue to be developed.

6.0   IMPLICATIONS

6.1   Legal: none at present
        Finance: none at present
        Human Resources: none at present
        Equality and Diversity: none at present
        Alliance Partnership Plan: The progress updates within this report relate to outcomes within three themes of the Partnership Plan.

7.0   CONSULTATIONS

7.1   None

8.0   LIST OF BACKGROUND PAPERS

8.1   Inverclyde Alliance Board 13 March 2023 – 08 Inverclyde Alliance Partnership Plan 2023-33
        https://www.inverclyde.gov.uk/assets/attach/15926/08-Inverclyde-Alliance-Partnership-Plan-2023-33.pdf

        Inverclyde Alliance Board 18 March 2024 – 07 Inverclyde Partnership Plan - Delivery of Structure and Terms of Reference https://www.inverclyde.gov.uk/assets/attach/16972/07-Inverclyde-Partnership-Plan.pdf

Report To:	Inverclyde Alliance Board	Date:	October 2024
Report By:	Ruth Binks Corporate Director Education, Communities & Organisational Development	Report No:	
Contact Officer:	Tony McEwan Head of Culture, Communities & Educational Resources	Contact No:	01475 715432
Subject:	Inverclyde Child Poverty Local Action Report 2024/25		

1.0   PURPOSE

1.1   The purpose of this report is to provide an update on the implementation, achievements, and progress of the Inverclyde Child Poverty Local Action Report (CPLAR) and Action Plan for Year 6 (2024/25). It outlines the strategic direction for reducing child poverty in Inverclyde, aligned with the Child Poverty (Scotland) Act 2017.

2.0   SUMMARY

2.1   The Child Poverty (Scotland) Act 2017 legislate local authorities and health boards to provide a joint annual report detailing what they are doing to mitigate child poverty in their area. The Act sets four national targets to be achieved by 2030:
- Less than 10% of children in relative poverty
- Less than 5% of children in absolute poverty
- Less than 5% of children in combined low income and material deprivation
- Less than 5% of children in persistent poverty

2.2   The overall aim of the CPLAR is to provide strategic direction to reduce inequalities and poverty by 2025. This will be achieved by Working together, using all available evidence, to reduce inequalities and poverty and build a community where fewer families are living in relative or absolute poverty by 2025. The four local drivers of poverty are;
- Increasing income from employment
- Increasing income from benefits
- Mitigating the cost of living
- Improving communication and participation with families

2.3   Inverclyde's CPLAR is a three-year strategy (2022-2025) with annual updates. This report summarizes achievements in 2023/24 which includes developing and delivering a whole systems approach for affordable out of school childcare, investing in community and third sector organisations to support targeted families living in poverty with services that meet their needs, delivering local food pantries, putting more money in parents pockets through enhanced and extended services, providing wellbeing, welfare and benefits advice and advocacy and providing warm spaces for families to access meals safely and with dignity.

2.4   The report provides actions that will be delivered or further developed in the forthcoming year including improved analysis of local council tax reduction data to provide a more detailed view of child poverty in Inverclyde and developing collaborative training and learning for our wider community to support people into childcare and child minding as local entrepreneurs to ensure a quality service is delivered to children and families.

3.0   RECOMMENDATIONS

It is recommended that the Alliance Board:
   a) Approve the Child Poverty Local Action Report from Inverclyde Council and NHS Greater Glasgow and Clyde Year 6 (2024/25) action plan; and
   b) Note the key successes in reducing child poverty in Inverclyde

Ruth Binks
Corporate Director Education, Communities & Organisational Development

4.0   BACKGROUND

4.1   The Child Poverty (Scotland) Act 2017 requires all local authorities and relevant Health Boards across Scotland to produce an annual joint reduce child poverty local action report. The Act sets out four national statutory income-based targets to be achieved by 2030.

4.2   The Inverclyde Alliance Board agreed in 2022 that the annual Child Poverty Local Action Report (CPLAR) would be a 3-year strategy 2022-2025 with annual updates to Scottish Government and Inverclyde Alliance in line with the Child Poverty (Scotland) Act 2017. This report provides the annual overview of our success in 2023/24 and strategic action plans to be implemented for the period 2024/25.

4.3   Inverclyde continues to face challenges in relation to child poverty. The overall percentage of children living in relative poverty (after housing costs) in Inverclyde stands at 23.1%, this is more than the Scottish average of 21.3%. Similarly, the percentage of children living in absolute poverty in Inverclyde is 18.1%, higher than the Scottish figure of 17.1%.

4.4   To provide a better understanding of child poverty within Inverclyde, the Council has undertaken an in-depth analysis of local council tax reduction data. This analysis aims to identify the number of households with children living in relative poverty this will enable services to target resources effectively to support families facing poverty and improve overall household outcomes.

5.0   Inverclyde Drivers and Achievements 2023-25

5.1   The Inverclyde Child Poverty Local Action Report (CPLAR) 2024/25 provides a comprehensive overview of the local drivers of child poverty and highlights a range of achievements. The report incorporates both quantitative and qualitative data, supported by case studies of good practice.

5.2   The Inverclyde Approach is centred on a collaborative, and community codesign strategy to address the complex challenges of child poverty and inequalities.   It involves a whole systems approach that tackles issues at their root by working closely with local parents and communities, third sector and public sector organisations and the private sector businesses. The Inverclyde approach will continue to create and build strong partnerships and uses local evidence, data and knowledge, to develop innovative solutions to longstanding problems.

5.3   The Inverclyde Approach continues with the further development of the Early Adopter Community for Affordable Childcare, the implementation of Thrive Under Five and the introduction of the Child Poverty Accelerator Funded project with Home Start Inverclyde.

5.4   The Early Adopter Project for Affordable Childcare has recently been successful in applying for additional Scottish Government Funding that will provide financial security for the developing, scale up and spread of the service to Port Glasgow, Greenock East/Central and Greenock South/Southwest by March 2026.

5.5   Progress has been made across all four child poverty drivers, with positive impacts on families, children, and parents. This includes raising awareness of childcare careers, increasing support for vulnerable families through No One Left Behind programs, and enhancing support with school meals, clothing grants, and holiday hunger initiatives.

5.6   Central to the CPLAR is co-designing services with parents and children. This is exemplified in the summer holiday stay and play service for families with additional support needs, and services designed to support parents who have low mood and anxiety and children under the age of 5 years, as well as the affordable childcare service in Port Glasgow.

5.7 Inverclyde is continuing to invest in systems and networks to build on leadership and political support, improving communication, monitoring impact, and sharing responsibility across the community planning partnership. An ecosystem mapping and evaluation is underway to assess the effectiveness of the "Inverclyde Approach" and to inform future strategies. By adopting a holistic approach and addressing multiple aspects of poverty simultaneously, Inverclyde aims to empower families and create lasting positive change.

6.0 Next Steps to 2025/26

6.1 Co-design Approaches: Inverclyde Council, through the Early Adopter Community for affordable childcare will appoint a Codesign worker to conduct regular co-production workshops with families facing poverty. A community coalition will be established in the three localities where the early adopter community will be spread.

6.2 Targeted focus on Early Intervention and Prevention using data to identify priority families who are disproportionately affected by poverty and inequalities.

6.3 Ecosystem Change and Reform: Ecosystem mapping and evaluation results will be developed to identify existing resources within staff, services, funding, and buildings. This will maximise available resources to address child poverty challenges.

7.0 IMPLICATIONS

7.1 Legal: none
Finance: none
Human Resources: Non
Equality and Diversity:
Alliance Partnership Plan: The Child Poverty Local Action Report will work towards the following priorities.
- Communities can have their voices heard, and influence the places and services that affect them
- Gaps in outcomes linked to poverty are reduced
- More people will be in sustained employment, with fair pay and conditions.
- Poverty related gaps are addressed, so young people can have the skills for learning, life and work
- Development of strong community-based services that respond to local need
- Homes are energy efficient and fuel poverty is reduced

8.0 CONSULTATIONS

8.1 The Inverclyde Child Poverty Local Action Group has been consulted throughout the development of the Inverclyde Child Poverty Local Action Report (CPLAR) 2024/25.

9.0 LIST OF BACKGROUND PAPERS

9.1 [Tackling child poverty delivery plan 2022-2026 - annex 2: child poverty evaluation strategy - updated - gov.scot (www.gov.scot)](#)

[https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2024/06/best-start-bright-futures-tackling-child-poverty-progress-report-2023-24/documents/best-start-bright-futures-tackling-child-poverty-progress-report-2023-24/best-start-bright-futures-tackling-child-poverty-progress-report-2023-24/govscot%3Adocument/best-start-bright-futures-tackling-child-poverty-progress-report-2023-24.pdf](#)

Inverclyde Child Poverty Local Action Report

(Year 6: 2024-2025)

Introduction: A Collaborative Commitment to Child Poverty and Inequalities.

Child poverty is a complex issue with multi-generational and traumatic consequences for families in Inverclyde. The responsibility for this Child Poverty Local Action Report (CPLAR) is shared between the Health Board and Local Authority. The contributions made by local public sector partners, third sector and community services, both locally and nationally is significant in helping the mitigation of child poverty. This includes the work of communities, parents and families in supporting each other and advocating for change while challenging child poverty.

Strong partnerships are the cornerstone of our progress in tackling child poverty. In the past year, we have continued to build upon existing collaborations. In Inverclyde the partnerships that exist provide a committed services delivering local food pantries, food growing support, money, benefits and welfare advice, affordable out of school childcare, developing a local workforce, school uniform and clothing banks, warm spaces for families to access meals safely and with dignity. Prioritising a children's rights, trauma informed whole systems, person centred, approach to collaboration and service redesign will help us tackle child poverty and inequalities. The developing collaboration with local communities and parents to design services that meet their needs will empower families facing the greatest inequalities to enable them to advocate for themselves and to improve outcomes for their children.

This year's CPLAR is the third year of a three-year strategy and provides an update of our progress and activities against the drivers of poverty and the impact on the reduction of child poverty in Inverclyde. Building on our learning, the effects of both the pandemic and the cost-of-living crisis, the Inverclyde Child Poverty Local Action Report (CPLAR) continues to take an early intervention and preventative approach to child poverty to maximise our local resources and target priority families with the support that they need to improve their family outcomes, choice and opportunities.

This report details the actions taken in the past year and outlines our strategic direction for the future. Inverclyde Child Poverty Action Group, governed by Inverclyde Alliance are committed to working collaboratively, learning from past experiences, and using evidence-based approaches to create a future where there is a reduction from the 23% of children in Inverclyde who experience the burden of poverty.

Inverclyde Data and Needs Assessment:

Addressing poverty is woven throughout the 5 themes of the 2023-33 Partnership Plan for Inverclyde Alliance. With a vision of Success for All – Getting It Right for Every Child, Citizen and Community there is alignment with the priorities outlined in the Health Board's Annual Delivery Plan and the Children's Services Plan, both emphasizing collaboration and reducing inequalities. Inverclyde firmly believes that a collaborative, multi-sectoral approach is key to creating lasting societal change and improving life outcomes for families facing poverty.

Of relevance are the Partnership Plan outcomes:

- Communities can have their voices heard, and influence the places and services that affect them
- Gaps in outcomes linked to poverty are reduced
- More people will be in sustained employment, with fair pay and conditions.
- Poverty related gaps are addressed, so young people can have the skills for learning, life and work
- Development of strong community-based services that respond to local need
- Homes are energy efficient and fuel poverty is reduced.

Public Health Scotland - Re-framing our population health priorities through epidemiology evidence and community feedback - Inverclyde Alliance Board June 2024

While the population of Greater Glasgow and Clyde (GGC) is expected to increase, the Inverclyde population is projected to fall – mostly accounted for by 'natural change' i.e. there are fewer births than deaths. Inverclyde also has an ageing population, over 1 in 5 people are over 65 years, and 2021 midyear estimates showed that 43% of the population of Inverclyde reside in the most deprived quintile of datazones in Scotland. Inverclyde is also the least ethnically diverse area of GGC (91% White Scottish).

The recent decline in life expectancy across Scotland is associated with austerity and the COVID-19 pandemic, but there have been larger declines in those already most disadvantaged. The trends in Inverclyde are similar to those in other less affluent areas. More than a third of respondents to the NHS Greater Glasgow and Clyde Health and Wellbeing Survey highlighted that people living in Inverclyde had conditions that limits their activities of daily living. The need for services is growing, but the positive perception of a whole range of different services has fallen since the last survey – which is similar to the rest of GGC.

National Level and Targets

The Child Poverty (Scotland) Act 2017 sets targets relating to ending child poverty, which the Scottish Government committed to achieve by 2030. The interim targets below must be met during the life of this plan (*best start bright futures tackling child poverty 2022-26*) with final targets being met by 2030.

Measure	Inverclyde	Scotland	Scotland Interim Targets 2023-24	Scotland Targets 2030
% of children live in relative poverty	23.1%	21.3%	less than 18%	less than 10%
% of children live in absolute poverty	18.1%	17.1%	less than 14%	less than 5%
% of children live in combined low income and material deprivation.(2020-23)	NA	9.6%	less than 8%	less than 5%
% of children live in persistent poverty (2018-22)	NA	8%	less than 8%	less than 5%

These charts compare child poverty rates, against the national rates for the most recent available data. The charts show the difference between before housing costs(BHC) and after housing costs(AH). Inverclydes BHC relative poverty figure has increased 1.7% whereas the national figure has only seen an increase of 0.5%
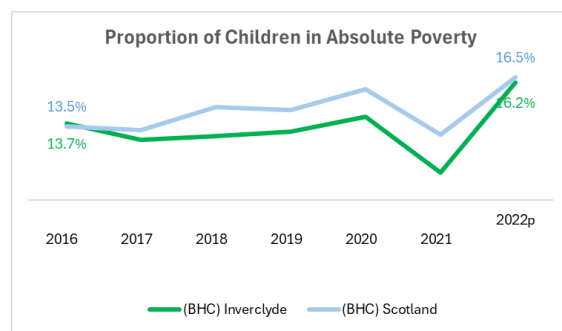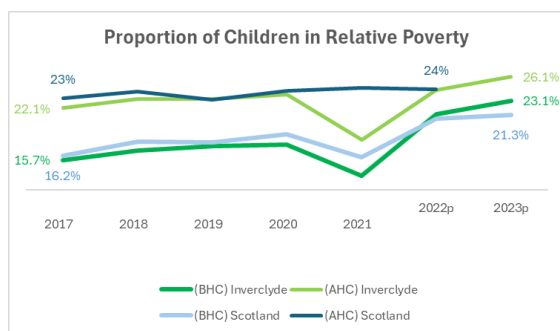
Note

The data for these charts comes from a combination of the Children in Low Income Families & end Child Poverty datasets.

% Adults with no savings

% Employees (18+) earning less than the living wage
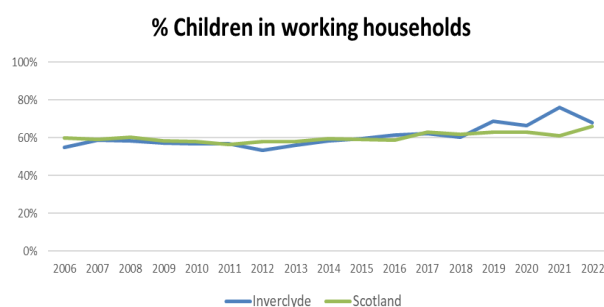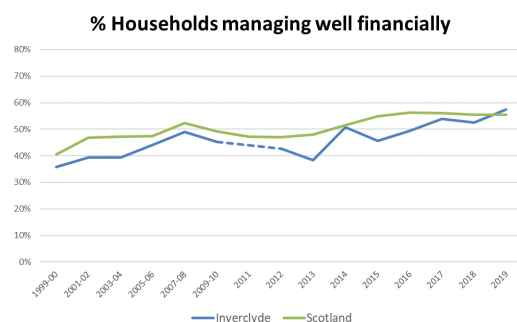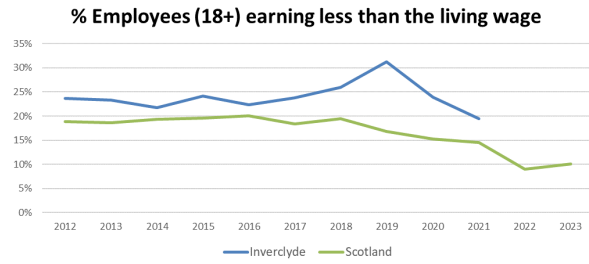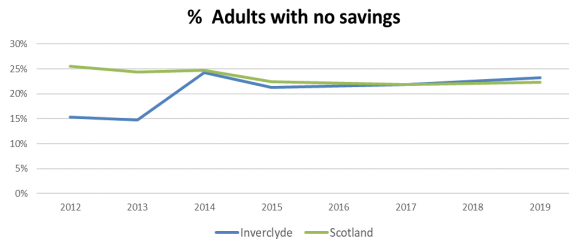
Local data

Inverclyde Council analysed local council tax reduction data to provide a more detailed view of child poverty in Inverclyde. This process aimed to identify how many households with children in each area and whether they met the relative poverty threshold criteria.

The data analysed was used to identify a more thorough understanding of the list of priority groups within the council tax reduction data to understand the number of:

- Lone parents
- Young mothers under the age of 25
- How many children / households live in households where there is no earned income.
- Households with children under the age of 1
- Households with 3+ children
- Households with children where a family member has a disability.

% Adults reporting a limiting long-term physical or mental health problem - households with children

% First time mothers under 25

% Single parent households

% Large family households
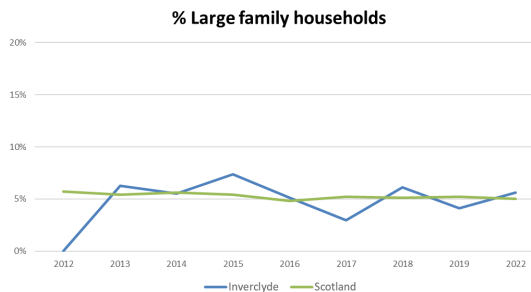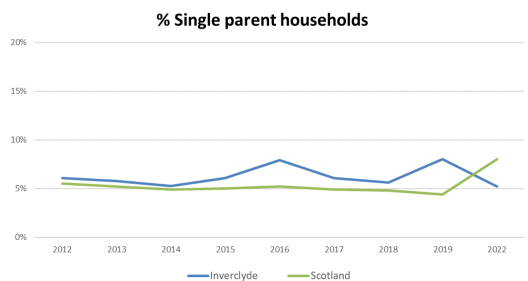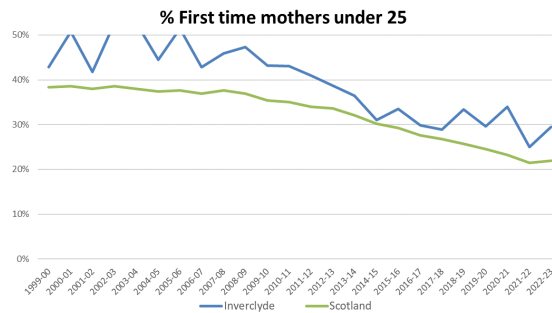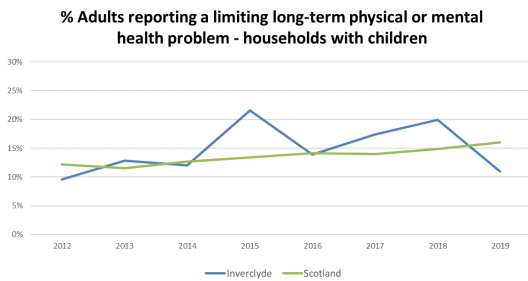
To align with the child poverty measures the focus is on children living in relative poverty

The data has identified the households with children for the locality of Port Glasgow along with the three related Intermediate zones.

Intermediate_Zone	Locality	Households	No Earned Income	UC	PIP/DLA	Child under 1	3 or more children	# Lone Parents	# Children	With lone parent	No Earned Income Household	PIP/DLA Household
Port Glasgow Upper East	Port Glasgow	187	116	145	47	8	32	139	330	237	198	73
Port Glasgow Mid, East and Central	Port Glasgow	176	120	151	35	10	29	141	295	239	208	50
Port Glasgow Upper, West and Central	Port Glasgow	122	78	109	21	2	23	95	214	152	134	33
Total	**Port Glasgow**	**485**	**314**	**405**	**103**	**20**	**84**	**375**	**839**	**628**	**540**	**156**

And those identified as being in relative poverty using Council Tax Reduction data.

Intermediate_Zone	Locality	Houseshold	No Earned Income	UC	PIP/DLA	Child under 1	3 or more children	# Lone Parents	# Children	With lone parent	No Earned Income Household	PIP/DLA Household
Port Glasgow Upper East	Port Glasgow	78	62	58	14	3	14	64	138	113	105	21
Port Glasgow Mid, East and Central	Port Glasgow	97	78	84	13	6	22	79	177	145	146	19
Port Glasgow Upper, West and Central	Port Glasgow	64	52	60	3	2	16	46	123	77	98	6
Total	**Port Glasgow**	**239**	**192**	**202**	**30**	**11**	**52**	**189**	**438**	**335**	**349**	**46**

The data has identified the households with children for the locality of Greenock East/Central and Inverclyde Sout/Southwest.

Data Goups	Locality	# Households	# Households No Earned Income	# Households on UC	# Households on PIP/DLA	# Households with a Child under 1	# Households with 3 or more children	# Lone Parents	# Children	# Children With Lone parent	# Children in No Earned Income Households	# Children in PIP/DLA Household
CTR Data	Greenock East / Central	722	487	608	152	44	128	567	1247	911	834	246
Relative Poverty	Greenock East / Central	370	310	302	53	32	74	284	672	489	558	86
CTR Data	Greenock South / Southwest	560	351	461	118	18	96	439	955	718	588	186
Relative Poverty	Greenock South / Southwest	259	204	199	39	13	57	202	469	351	358	64

Health Inequalities

Health behaviours still pose a threat to population health, particularly for disadvantaged groups.

In Inverclyde Food insecurity doubled from 7% in 2017/18 to 14% in 2022/23. Whilst lower than for GGC overall (17%), still affecting 1 in 7 people.

The proportion consuming five or more portions of fruit or vegetables daily is significantly lower than previous surveys. Fruit and veg consumption are the best indicator of a healthy diet. Inverclyde fruit/veg consumption had increased 14/15 to 17/18, but declined to below starting levels in 22/23, with a steeper decline than GGC overall

The proportion of children with developmental concerns (some of which are preventable) has increased since Covid-19. Children living in deprived areas and children who have experience of care are more likely to have concerns.

23% of children entering Primary 1 are now overweight and/or obese.
30% of 16-24 year olds are overweight and/or obese.
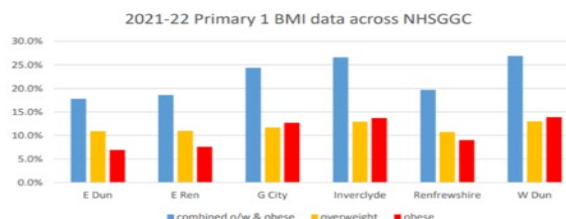
Financial constraints and the impact of the cost-of-living crisis has been felt across all population groups. According to NHS Greater Glasgow and Clyde Health and Wellbeing Survey just under two in five people said they had difficulty meeting food and/or home energy costs at least occasionally, rising to one in two in the most deprived areas. Those under 25 years old, women, and people with a limiting condition most likely to have difficulties. In Inverclyde the proportion of the population who receive all household income from state benefits higher than GGC overall (18% vs 13%). The proportion of the population with difficulty meeting cost of food and or energy lower than in GGC overall (31% vs 38%) but still close to 1 in 3 people affected.

Scottish Welfare Fund

Please note that awards may meet more than 1 of the noted indicators and be counted in more than one criterion.

COMBINED SWF GRANTS	2022/23		2023/24		Change year on year	
Indicator	Awards made	Amount Paid	Awards made	Amount Paid	AWARDS +/-	Paid +/-
Lone parent families	789	£266,114.83	558	£212,495.53	-231	-£53,619.30
Mother Younger than 25	67	£22,870.77	39	£12,202.28	-28	-£10,668.49
baby under 1 year in household	80	£27,330.11	46	£17,755.90	-34	-£9,574.21
Family with a disability	523	£192,803.24	366	£142,825.14	-157	-£49,978.10
3 or more children in household	180	£74,378.68	128	£65,349.78	-52	-£9,028.90

There was a reduction of 22% in the number of Scottish Welfare Fund applications from families, resulting in a 24% reduction in the level of grants awards in 2023/24 compared with 2022/23. The provision of Cost-of-Living grant support for families through 2023/24 is a factor for the reduced need for Scottish Welfare Fund.

Social Security Scotland

Analysis published by the Chief Social Policy Adviser reveals that social security spending is a basis of Scotland's commitment to eradicating child poverty. Through Social Security Scotland, the Scottish Government is delivering a comprehensive package of support for low-income families.

Five key benefits, including the Scottish Child Payment, provide vital financial assistance to families when they need it most. These payments can amount to over £10,000 by the time a child turns six and nearly £25,000 by the age of sixteen. The number of children receiving support has reached an all-time high, with take-up rates for the Scottish Child Payment exceeding 90%. To further assist struggling families, the Scottish Government has expanded eligibility for Best Start Foods, a pre-paid card for healthy food, by removing income thresholds. This change is expected to benefit an additional 20,000 pregnant women and young children.

The Inverclyde Approach

The four main drivers of poverty provide the framework to deliver the 3-year strategic aims and Inverclyde Child Poverty Action Group (ICPAG) believes that poverty is both a cause and a consequence of child rights violations and this report adopts a trauma informed, rights based, holistic approach to family service delivery to ensure children in Inverclyde have the right to live free from poverty. The ICPAG will continue to engage and empower families, children, and young people to ensure that their views, feelings and wishes are part of the service design in all matters affecting them, are considered, and taken seriously in line with Article 12 of the UN Convention on the Rights of the Child. The "Understanding Child Poverty as a Children's Rights issue from the Scottish Government Improvement Service" states:

"A children's human rights-based approach to tackling poverty requires a shift in the way we think about poverty. In this vision, tackling poverty is not an act of charity, but an obligation and responsibility. Poverty should not be seen as an inevitable part of a society, but as an intolerable injustice and a failure of the government and public authorities to respect, protect and fulfil human rights."

The Inverclyde approach is centred on a collaborative, and community codesign strategy to address the complex challenges of child poverty and inequalities. It involves a whole systems approach that tackles issues at their root by working closely with local parents and communities, third sector and public sector organisations and the private sector businesses. The Inverclyde approach will continue to create and build strong partnerships and uses local evidence, data and knowledge, to develop innovative solutions to longstanding problems. This approach emphasises prevention, early intervention, and sustainable change, with a focus on empowering individuals and communities to improve their own lives. This evidence-based approach has contributed to Inverclyde's reputation in developing effective and sustainable solutions to complex social challenges.

Inverclyde Drivers and Achievements 2023-25

The past year has seen significant progress in our fight against child poverty.

1. Income from Employment

We will increase income by prioritising and supporting families more likely to be living in poverty to access and maintain employment by offering a range of training and learning programs to enhance their skills and employability opportunities range and choice of opportunities.

Actions and Achievements

- Continue to collaborate with local and national partners to increase learning and training around child minding in the area, building confidence service esteem and appropriate skills to encourage local people to start their own business in this sector.
- Provide training and learning for our wider community to support people into childcare and child minding as local entrepreneurs to improve the workforce gaps and we will improve training for existing staff across our partnership to ensure a quality service is delivered to children and families when they need it.

<u>Childminding Collaboration with Scottish Childminding Association, Inverclyde Council and Scottish Government</u>

A collaborative effort between the Scottish Childminding Association (SCMA), Scottish Government, and Inverclyde Council has launched an advertising and promotion campaign to recruit local childminders in Port Glasgow and Greenock East. This initiative offers comprehensive support, including start-up assistance, induction training, and ongoing learning opportunities for potential childminders. Complementing these efforts, through Business Gateway Inverclyde, Inverclyde Council offers support to local entrepreneurs who are planning on setting up new businesses in the area. The SCMA has attended local job fairs and developed a targeted advertising campaign, which has generated 34 inquiries to date. Of these enquiries, three individuals are currently progressing through the induction and support programme, with one person successfully registering as a childminder in Port Glasgow. To further enhance childcare accessibility and affordability, the Early Adopter Community will provide financial support to both childminders and eligible parents in the Port Glasgow area. Currently, there are 3 childminders operating in Port Glasgow, and the partnership aims to significantly increase this number to provide greater choice for local families.

To further enhance childcare accessibility and affordability, this collaborative effort has enabled funded placements within childminding settings and 6 children are currently in funded placements with childminders in Port Glasgow. Due to the small numbers of children within their services, childminders can offer a service which can be adapted to meet the needs of the child on any day. Childminders operate to suit working parents' hours, providing school/nursery drop offs and pick-ups. They also enable children of different ages to learn and play together in small groups, enhancing communication skills, learning & development. Siblings of different ages can be cared for in the same service which provides consistency, stability and more streamlined childcare options for families and childminders have a network within the local community to share information and signpost to other activities. Professional childminders provide support for the whole family due and offer a safe, non-judgmental, home-from-home service while role

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modelling high quality childcare that can be invaluable for a family that does not have a supportive wider network.

One childminder providing childcare funded by the EAC told us receiving funding has been hugely beneficial to the families that are using her service. She said "*one of my parents had been providing end of life care, but sadly the person passed away. This meant that she was facing an uncertain return to work, with concerns around who would provide the childcare*". The family also had added pressure of financial insecurity. The access to a childminding setting has giving the family stability and familiarity during this difficult time.   Childminding settings are a unique environment with a nurturing and homely feel, which has offered the child a sense of warmth and security. This child's mother has also benefited from the assurance of a reliable, skilled and attentive childcare provider, without the apprehension of the financial implications involved. Without the EAC funding, the parent would have been left trying to work from shift to shift, hoping that different family members could help which would only have added to the mental health strains.

- We will continue to collaborate locally to encourage and empower parents at the earliest stage of their employability journey to engage with the Parental Employability Support Fund or No One Left Behind programme.

  Inverclyde No One Left Behind (NOLB) programme engaged with 565 individuals between April 2023 and March 2024. 46% of the individuals engage are people living with a disability, 154 (27%) of the total individuals are parents.

Child Poverty Priority Groups	Number of Parents Engaged in NOLB April 2023 – March 2024
Lone Parent Families	69
Families with Disability	69
Families with 3 or more children	27
Families where English is a second language	26
Parents who are age under 25 years	11
Families where the youngest child is less than 1 year.	6

- We will work with our local CVS Inverclyde (Third Sector Interface) to support local people to increase capacity and build more local social enterprise opportunities in the Community.

CVS Inverclyde currently hosts two projects that are working with local communities to build capacity and employability. The aim of the Enterprise Project for Investing in Communities (EPIC) project is to provide support & training to new and existing social enterprises, to grow their funding capacity and increase local support and employment. They are doing this by:
- Growing the capacity of 15 existing social enterprises
- Developing 5 new social enterprises
- Educating and supporting 30 social enterprises to transition to net zero
- Develop a suite of training for community organisation

- Residents have access to additional support and advice

The aim of the Investing in Communities Enterprise Project (ICE) project is to engage with local communities to understand local need, create new volunteer led groups and support the development of social enterprises. The project team are doing this by:
- Engage with local communities to understand local need
- Aiming to increase local support and services within localities
- Supporting the creation of employment opportunities
- Growing funding for 20 existing social enterprises through education
- Develop 10 new social enterprises
- Engage with communities to create 8 volunteer led groups
- Engage with 3 local schools to discuss climate change volunteering opportunities

2. Cost of Living

By 2025 there will be fewer barriers to employment, employability, training and learning for parents through the provision of affordable access to connectivity, education, childcare activities and food for children who would benefit from support.

Actions and Achievements

Inverclyde Council is committed to supporting families on a low income and from August 2023, all children from Primary 1 to Primary 7 will receive a free school meal. This universal approach will help reduce stigma and preserve dignity for children living in poverty and take a cash first approach to supporting parents living on a low income.

- The provision of universal free school meals has helped to increase the free school meal update in primary school from 55% in 2018 to 80% in 2023.

While Scottish Government offers financial support to help families cover the cost of school clothing and shoes for their children. Inverclyde Council is taking significant steps to address child poverty by expanding and enhancing financial support for families.

Enhanced School Clothing Grants and Holiday Hunger Programme

By increasing eligibility and funding for the School Clothing Grant, the council is helping to alleviate the financial burden faced by low-income families when preparing their children for school. This means more low-income families can now receive financial aid towards school uniforms each year. In Inverclyde, 2,411 families qualify for the Scottish Government's standard school clothing grant, while an additional 725 families meet the enhanced criteria set by the council. This support programme benefits a total of 3,136 families, with a combined funding of £470,400.

To further support struggling families, Inverclyde Council has linked the School Clothing Grant with the Holiday Hunger Programme. This provides eligible parents with an additional £186 per child annually to help cover the cost of meals during school holidays. These initiatives demonstrate a commitment to addressing the multiple challenges faced by low-income families and improving the lives of children in the community.

While overall attendance in primary schools saw a modest 0.5% increase, the most significant gains were made in schools based in the most deprived areas. 10 out of 12 previously identified schools (typically located in areas of deprivation) improved attendance compared to last year 2022/23. This positive trend is further exemplified by Newark Primary school, a school in a high-deprivation area, which continues to make significant strides. Their successful approach is detailed on page 36 of "Improving attendance: Understanding the [Improving attendance: Understanding the issues (education.gov.scot)](education.gov.scot)

Two out of 6 Secondary schools saw attendance gains in local authority areas. it's noteworthy that both these schools are situated in areas of highest deprivation. St Columba's, with a remarkable 0.8% improvement, is a prime example. Their approach, which focuses on data-driven solutions to identify and address attendance barriers alongside an engaging school environment and extracurricular activities, will be shared on Education Scotland's National Improvement Hub and a podcast featuring the headteacher. Despite these successes, there is a clear need to further address attendance, particularly for children impacted by poverty. A local authority plan is already in place to tackle this challenge.

We will continue to develop a place-based person-centred approach to provide affordable childcare that is codesigned with the service user, to increase capacity, and to improve the holiday childcare that supports our most vulnerable children.

Person Centres Services for Families with Additional Support Needs (ASN) and Disabilities

In response to requests from the ASN Parent and Carer Group Inverclyde and a recognition of a gap in ASN services during the summer holiday period, within Inverclyde, a collaborative effort between the group, Inverclyde Council, and local stakeholders was initiated. The aim was to create inclusive services encompassing a broad spectrum of disabilities and additional support needs, beyond autism. The ASN Family Sessions, co-designed with parents and the ASN community, aimed to offer sensory, crafting, and sporting activities in a supportive environment, including quiet spaces and changing facilities. Importantly, many of these families face heightened poverty levels. Building on this success, a free, four-week stay-and-play summer holiday service was developed in direct response to parent requests for a safe, stigma-free space for children with additional support needs. The initial space was transformed into a welcoming and inclusive environment through careful adaptation. Breakout areas, additional gym space, and quiet zones were created to cater to diverse needs. The programme offered space to up to 60 people in each of the sessions (morning and afternoon) 76 families applied to attend the service with many parents expressing interest in multiple sessions. However, attendance during the programme fell short of expectations, with approximately half of allocated spaces unoccupied. Subsequent feedback indicated that a smaller group size of 29-30 individuals created a calmer and less stimulating environment, leading to improved behaviour and overall well-being for the children.

A key strength of the programme has been its focus on family needs and preferences. Adopting a co-design approach and actively seeking feedback, the activities and environment have been continuously adapted to create an inclusive and responsive service. The flexibility of the activity offerings, coupled with the expertise and support of parents, has empowered families to fully engage in the sessions.

Partnerships with local organisations have enriched the programme by providing additional resources and expertise. These collaborations have not only enhanced the range of activities available but also strengthened the support network for families. The needs of ASN families are unique and require a tailored approach. The was a high demand for the programme which evidences the continued need for such services and the positive impact they have on families' lives. By carefully adjusting session capacity, the service was calming and supportive environment for children, leading to improved behaviour and overall well-being of children.

Paren feedback included said "*First and foremost, the setup was fantastic! There was a wonderful array of fun activities for families, and it was evident that a lot of thought and effort went into the planning. The team worked seamlessly together, which made the event run smoothly and ensured everyone had a great time."* It was *'Really great to speak to other parents and share information on activities and support available'* and *'Great having somewhere to go where I can relax and not worry about other people's reactions to my child's behaviour'*.

These findings highlight the importance of collaboration with partnerships, responsive service delivery, and family-centred care in supporting families with children who have additional support needs.

A successful and positive collaboration between multiple agencies to prevent a child from entering the care system. A young person took on the care of their sibling to avoid them being accommodated in the care system but they faced challenges due to work commitments. Through joint efforts, including accessing affordable childcare, financial support, and ongoing social work support, the family was able to overcome these difficulties. This collaborative approach not only prevented the child from entering care but also significantly reduced stress for the caregiving sibling. The family expressed satisfaction with the support received throughout the process.

- We will work with our early adopter implementation group to break down challenges and improve communication in the systems and place children at the centre of the service delivery. We will work with internal services such as procurement and legal services to fairness and equity.

Early Adopter Community for Affordable Childcare:

The Early Adopter Community for Affordable Childcare has proven to be a pivotal initiative in addressing the multifaceted challenges faced by families in our community. By providing accessible and affordable childcare, this program has empowered parents to pursue education, employment, and improved financial stability.

To date, 33 families, comprising 43 children, have benefited from the program, receiving comprehensive support ranging from childcare provision to financial advice. The program has specifically targeted families experiencing significant barriers, with six families including a disabled adult or child, 25 lone-parent households, eight families with three or more children, and three kinship care families.

Family Category	No. of Families supported*
Families with a disabled adult or child	6
Families where the mother is aged under 25	-
Families with a lone parent	25
Families with a baby aged under 1	-
Families with three or more children	8
Families where English is a second language	-
Families of kinship care/care experience	3

A dedicated project team has been instrumental in building trust and relationships with families, facilitating open conversations about financial circumstances and accessing support services. This engagement has evidenced and reporting a 100% increase in parents' ability to work or study due to the childcare provision. 88% of families have increased their working hours, and 44% have sought financial advice, highlighting the program's effectiveness in addressing economic inequalities.

Two parents have returned to education, an ambition they attribute directly to the availability of affordable childcare. Additionally, the high prevalence of children with additional support needs among program participants has necessitated enhanced training for staff, demonstrating the program's adaptability to diverse family circumstances. 3 families advise that they face financial insecurity and have received guidance to maximise their income, 2 families have received redundancy and requested welfare advice and support, families have advised that they have benefited from advice because they have been off work due to mental health circumstances and their wages have been reduced. Families have also asked for housing allocation support and financial advice when English is a second language.

One parent stated "*I gave up a part-time job to finally follow my dreams of going back to education, I've always worked part-time around the children and when this opportunity presented, I knew it was time and applied for university and was accepted. This wouldn't have been possible otherwise*".

A key learning from the service delivery is to acknowledge the high number of children who have a diagnosis of having additional support needs (24%). The children attend mainstream school however, the staff providing the out of school children care have received enhanced training. One carer advised *"The after-school care allows the children to learn in a way they didn't get to as smaller children, they get to build meaningful trusting relationships with staff, and I cannot thank you enough for this, I don't know what I would do without the support"*.

Overall, the Early Adopter Community for Affordable Childcare has demonstrated its efficacy in improving family well-being, increasing employment opportunities, and addressing financial challenges. By providing targeted support and building strong relationships with families, the program has emerged as a vital resource for the community.

The Inverclyde Community Food Network contributes to Inverclyde Food Growing Strategy and has been established by local community organisations to make food growing a normal part of

Inverclyde life, creating a more sustainable community, addressing issues of food insecurity, food waste and environmental and climate challenges. The Community Food Network provides families and individuals with advice, assistance and practical support for food growing, food sharing and family cooking. The outcomes of the network link with the delivery of the Thrive Under Five in Rainbow Family Centre Port Glasgow, to make food growing a normal part of Inverclyde life, creating a more sustainable community, addressing issues of food insecurity, food waste and environmental and climate challenges.

3. Community Co-design

By the end 2025 there will be an improved collaborative, community codesign strategy, more families with lived experience of poverty will be empowered and participating in local service design to address the complex challenges of child poverty and inequalities and ensure that the services meet their needs and responds effectively.

Actions and Achievements

- We will continue to build on the legacy of the Warm Hands of Friendship project which empowered local community groups to support people within their localities with services that meet their needs, with support that was designed with them.

Inverclyde Approach - Warm Hand of Friendship

Inverclyde Council provided £100,000 to be allocated to the Warm Hands of Friendship initiative from December 2023 to enable support local community organisations to deliver a range of grass root services that would meet the needs of their community. This project provides new ways to engage with local people and provided the opportunity for local organisations to understand the needs of the communities. The Warm Hand of Friendship initiative successfully supported 58 local community organisations to deliver essential community services during 2023/24. These services ranged from safe warm spaces and clothing distribution to meals provision, and community activities. Over 9,000 individuals benefitted, from the Warm Hand of Friendship initiative, there was a focus on prioritising vulnerable groups including lone parent families, families with multiple children, and older adults. Data collection revealed that the initiative helped address the difficult choice between food and heating, fostered social connections, and even led to the formation of lasting friendships and establishing support networks within the community. A further report has been submitted to Inverclyde Council recommending this project is continue until 2027 to provide additional financial and community support to those facing the greatest inequalities.

- We will increase the opportunities to engage and learn from people who have lived experience of poverty and require an affordable after school service.

Co-design of the Early Adopter Community for Affordable Childcare

The Early Adopter Community (EAC) has prioritised a co-design approach to ensure that services effectively meet the needs of the community. By working closely with families and children, the EAC has gained valuable insights into the challenges and aspirations of parents and families. To enhance participation and gather comprehensive feedback, the EAC has implemented various engagement strategies, such as hosting events in accessible locations, providing refreshments, and offering child-friendly activities. These efforts have produced valuable data on service needs and preferences.

While challenges such as project uncertainties have impacted the full implementation of co-design plans, the EAC remains committed to incorporating participant feedback into future service development. The successful celebration events and positive feedback from families demonstrate the value of these collaborative approaches.

Key findings from the many continued co-design processes include a significant demand for services targeting under-5s and families with children with additional support needs (ASN). There is also a clear preference for flexible service delivery models that prioritise face-to-face interaction and community engagement. Overall, the co-design process has been instrumental in shaping the EAC's understanding of community needs and informing service development. By continuing to prioritise the voices of service users, the EAC can ensure that its programs remain responsive and effective.

- We will create a platform that will encourage parents at the earliest stage of their employability to identify what they need and when they need support to enable them to participate in learning, training, or employment.

- We will focus community development services on communities facing the greatest inequalities, targeting when appropriate the child poverty priority groups, and those families most likely to be living in poverty.

Young People's Voices develop services in Inverclyde

Clyde Conversations bring young people from every secondary school in Inverclyde together to discuss issues affecting them. Each year CLD Youth Work Services support a young person steering group made up from pupils from each of the secondary schools to carry out a consultation to find out the top 5 issues that should be discussed at the event. The event was attended by 122 pupils and is between S1-S3 and S4 to S6. In addition to the event the steering group conducted a health and wellbeing survey of which 564 pupils participated. The topics for discussion at the Clyde Conversation Event included bullying, lunches mental health and loneliness and finance and poverty.

Finance & Poverty—Young people stated that they have noticed that the cost of food, and everyday bills are causing a strain on everyone, including their families. Their worries are that they will never get onto the property market, they will not be able to move out of their parents' home and will struggle financially to relocate for university because of the rising cost of living.

Cost of the School Day - Young People were given the opportunity to discuss their thoughts on the affordability and sustainability of school uniforms as part of the Scottish Government Consultation. Feedback highlighted the perceived benefits of uniforms in promoting equality, safety, and security. However, they also raised concerns about affordability, particularly regarding blazers and the potential advantage taken by some uniform suppliers. Interestingly, young people presented creative solutions, suggesting initiatives like an Inverclyde Thrift Shop and a school tie exchange program. Additionally, concerns about financial literacy were reiterated, with many expressing a desire for improved life skills training to navigate finances, student loans, and responsible borrowing practices.

> **Kinship Young People and the I Promise Team**
>
> The I Promise Team works collaboratively with young people who have care experience and ensure that the young people have a voice in the design of the services and the actions that affect them. Support was offered to a young person aged 8 was living in kinship care and was caught in the middle of complex family dynamics. The child's views were sought to inform a court report regarding family contact arrangements.
>
> Through detailed conversations, it became apparent that the child was experiencing significant emotional distress related to family contact. By giving voice to the child's experiences and feelings, the court was able to make informed decisions that prioritised the child's wellbeing. The child's expressed fears about potential placement changes were addressed, providing reassurance and stability. Empowered by having their voice heard, the child began to show increased confidence and resilience. They engaged in new activities and social interactions, demonstrating positive personal growth.
>
> This case highlights the crucial role of child participation in legal proceedings. By putting the perspective at the centre, it is possible to achieve better outcomes for all involved. Providing a safe space for children to express their feelings and concerns can have a profound impact on their emotional wellbeing and overall development.

4. Income from Social Security

By the end of 2025 there will be a collaborative, whole systems, evidence based, targeted, approach to provide financial assistance and welfare support the child poverty priority families and/or families living on a low income to maximise social security uptake.

Actions and Achievements

- We will Improve the systems and networks that exists around child poverty, not only by ensuring senior leadership buy in but also opening communications, monitoring impact, using evidence based approaches and sharing responsibility across the community planning partnership.

> **Monitoring and Evaluation of Whole-Systems Approach in Poverty Projects**
>
> An ecosystem mapping and evaluation of the Inverclyde approach, including the Child Poverty Accelerator, Thrive Under Five, the Early Adopter Community and IRISE, is being undertaken by Urban Foresight. To evaluate the effectiveness of this whole-systems approach, Urban Foresight is conducting a project evaluation and research of the theory of change. An initial ecosystems mapping exercise has laid the groundwork for recommendations on implementing the "Inverclyde Approach" more broadly. This will evidence the theory that taking a holistic approach and addressing multiple aspects of poverty simultaneously, will provide families with comprehensive support that empowers them to improve outcomes, choices and opportunities. By investing in the wellbeing of families and building strong partnerships, Inverclyde Council is committed to creating a lasting impact on the lives of those experiencing poverty.

- We will improve pathways to receive a Welfare Assessment for families living in low income.

Welfare Advice and Assessments

All parents who receive a place at the Early Adopter – Affordable Childcare service receive an assessment and discussion on the impact of changes in income will make on their households. We will continue to learn from this system to ensure that this option is offered to all families who need the support.

NHSGGC Thrive Under 5 (TU5) programmes in Rainbow Family Centre.

This project is taking a whole systems approach to tackling child poverty. Thrive Under 5 (TU5) is a project funded by Scottish Government monies and delivered by Health Improvement staff from NHSGCC. Through a whole systems approach to tackling child poverty in selected places, the programme aims to support children under the age of five to achieve a healthy weight. The project works in partnership with others to tackle the issue of food insecurity and provides families with the resources and knowledge to make healthier choices. This project is based in Rainbow Family Centre in Port Glasgow and engages parents to participate in a financial wellbeing assessment to ensure they are maximising their income from social security. Planning for improvement will be to offer the parents the opportunity to open local credit union accounts and to open child accounts and actively encourage savings for the families engaged.

- We are developing our multi agency Whole Family wellbeing model to provide targeted interventions that will support early intervention and additional intensive supports. This will ensure the focus remains on families receiving the right support at the right time from the correct service.

Inverclyde Whole Family Wellbeing Model/ Inverclyde Child Poverty Accelerator Fund

Inverclyde Council and HSCP is implementing a Whole Family Wellbeing model through the Child Poverty Accelerator Fund (CPAF) project in partnership with Home Start Inverclyde. This initiative is grounded in the belief that by adopting a holistic, person-centred approach, we can empower parents experiencing poverty to make informed decisions and improve their circumstances.

The Home Start component of the project focuses on 45 families in Greenock East/Central, with a particular emphasis on parents with mental health concerns or anxiety and children under five years. This targeted approach involves one-to-one support and group activities to foster peer connections and resilience. By creating a safe and supportive environment, parents are encouraged to share experiences and learn from each other. Moreover, wellbeing discussions are integral to understanding and addressing the unique needs of these families. A significant proportion of these families include children under one year old and/or have a family member with a disability.

The CPAF funding has enabled Inverclyde Council to establish new pathways to support, strengthen relationships with families, and enhance the services provided by the Advice and Welfare team. This approach fosters trust and open dialogue, encouraging parents to discuss financial challenges and explore employment opportunities. By prioritising relationship building, we aim to create an environment where parents feel comfortable sharing sensitive information about debt and financial insecurity.

A notable success story involves a young couple supported by Home Start Renfrewshire. Both of the individuals have care experience, they faced challenges in parenting and building trust with external agencies. The intensive support provided by a Home Start Family Support Worker was instrumental in rebuilding their confidence and accessing essential services. This holistic approach, encompassing emotional support, practical guidance, and financial advice, has empowered the couple to overcome adversity.

Next Steps to 2025/26

Co-design Approaches: Inverclyde Council, through the Early Adopter Community for affordable childcare will appoint a Codesign worker to conduct regular co-production workshops with families facing poverty. These workshops will focus on reshaping, joining up, and improving service delivery. This collaborative approach ensures services effectively address the needs identified by the community itself. A community coalition will be established in the three localities where the early adopter community will be spread.

Targeted focus on Early Intervention and Prevention using data to identify priority families who are disproportionately affected. Interrogate data from local needs assessments, evaluations and feedback from lived experience to identify what early intervention and prevention strategies families want implemented.

Working with parents to address cost barriers that prevent children from participating in activities including creation of subsidised programs or exploring alternative funding models including supporting families to apply for the Childcare Cost element of Universal Credit to help with costs.

Ecosystem Change and Reform: Ecosystem mapping and evaluation results will be developed to identify existing resources within staff, services, funding, and buildings. This will maximise available resources to address child poverty challenges. This will support leverage from the Early Adopter Community and the learning from the Child Poverty Accelerator evaluation to advocate for systems changes that support child poverty reduction. This may include streamlining service access, fostering better inter-agency communication, and exploring joint funding opportunities.

References

Tackling child poverty delivery plan 2022-2026 - annex 2: child poverty evaluation strategy - updated - gov.scot (www.gov.scot)

https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2024/06/best-start-bright-futures-tackling-child-poverty-progress-report-2023-24/documents/best-start-bright-futures-tackling-child-poverty-progress-report-2023-24/best-start-bright-futures-tackling-child-poverty-progress-report-2023-24/govscot%3Adocument/best-start-bright-futures-tackling-child-poverty-progress-report-2023-24.pdf

Child Poverty Local Action Report 2024-25

How will we achieve our priorities?

1.0 Local Outcome: By the end of 2025 there will be an increase in income by prioritising and supporting families more likely to be living in poverty to access and maintain employment by offering a range of training and learning programs to enhance their skills and employability opportunities range and choice of opportunities.

REF	What do we want to do?	High-level Actions	Due Date	Who is responsible?
1.1	Create a sustainable support model providing employability opportunities targeting priority families, into employment which pays at least the living wage. (No one left behind) This will be aimed at providing employability opportunities to get priority families into employment learning and training	LEP partners will work collaboratively to offer a range of barrier removal, pre-vocational and vocational training and learning services/opportunities, which will enhance and develop both confidence and skills of parents to enable progression into sustainable employment.		Inverclyde Local Employability Partnership (LEP)
1.2	Engage with targeted parents on low incomes and living in poverty, who have children under 5 years and encourage them to participate in empowering and wellbeing support programmes.	Collaborate with local community services and locality plans to capture the voices of parents across the Inverclyde area. Design local engagement and participation in collaboration with community	September 2025 March 2025	Inverclyde Community Learning and Development Partnership

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REF	What do we want to do?	High-level Actions	Due Date	Who is responsible?
		development teams to avoid consultation fatigue of parents.		
		Continue to work with parents and community members to codesign the Early Adopter Community for affordable and flexible childcare.	March 2026	Early Adopter Community Team
1.3	Build and develop local principles in line with Community Wealth Building/Community Wellbeing approaches incorporating NHS GGC approaches.	Organisations with a contract with Inverclyde Council and NHS Greater Glasgow & Clyde are expected to pay employees the living wage in line with Community Wealth Building Ethos.		NHS GGC
		NHS GGC will align the workforce activity to the pillars within CWB as an Anchor institution, create connections between HSCP and employability programmes in community to workforce opportunities.		NHS GGC
		NHS GGC are committed to increasing % spend in local businesses and increasing community benefits.		NHS GGC
		The Council's procurement service has updated their Social Value policy. Social value is wider than community benefits, it affects the long-term wellbeing and resilience of individuals and society.		Inverclyde Council

REF	What do we want to do?	High-level Actions	Due Date	Who is responsible?
1.4	Provide employability and job creation for young people from low-income families.	LEP partners will provide an end-to-end employability service for 16-24 year olds, as well as operating youth engagement hubs to promote available services.		Inverclyde Local Employability Partnership
		Apprenticeship opportunities are promoted, with training funded for 16-24 year olds.		NHSGGC and the LEP
		A targeted Apprentice Wage Subsidy programme provides a financial contribution to wage costs.		West College Scotland
		West College Scotland have delivered an Into Employment course which will cover basic employment skills and put young people in direct contact with employers from areas of interest to them. The 12 week programme will run September – December for winter leavers and January – June for summer leavers.		DYW
		Developing the Young Workforce (DYW) Coordinators have increased the opportunities for work experience placements and employer engagement.		

REF	What do we want to do?	High-level Actions	Due Date	Who is responsible?
		Young people are better supported with post school transition support into post school destinations through DYW key workers. This will cover areas such as completing application forms/CVs and interview preparation. DYW Coordinators will also provide follow up support once the young person has entered post school destinations to ensure that this destination is sustained.		
1.5	Provide a transitions support service and financial help for priority parents entering the labour market to reduce financial barriers to employment.	Continue to develop and implement the relevant actions and priorities of both the Local Employability Project and the Financial Inclusion Partnership.		LEP /FIP
1.6	Create local business support opportunities to encourage new businesses in the most deprived areas and for priority families and encourage local people to become self-employed and entrepreneurs.	We will work with our local CVS Inverclyde (Third Sector Interface) to support local people to increase capacity and build more local social enterprise opportunities in the Community.		LEP/CVS
1.7	Develop and improve vocational training and skills in the growth sector to help targeted priority groups into employment including apprenticeships.	Build a local start-up and business development support and opportunities in the two town centre areas for local people to encourage entrepreneurial and self-employment opportunities in the area. The project aims to create 30 new business start-up opportunities in the most deprived localities based on the SIMD 2020 data in the first year of the initiative.		LEP

REF	What do we want to do?	High-level Actions	Due Date	Who is responsible?
		Build on the local volunteering strategy to engage priority groups into local opportunities including apprenticeships. The Education Service and West College Scotland through Skills Development Scotland better understand the local labour market demands for the area. This will allow the course offer to be tailored to ensure that young people have the best chance of securing employment post education.		CVS Inverclyde and Inverclyde CLD Strategic Partnership

2. National Key Driver - Cost of Living - Increasing income from benefits to ensure systematic whole family approach to increase in social security income, directly address the financial hardships faced families. This would provide essential support to families struggling to make ends meet, allowing financial support for the basic living costs, such as housing, food, and utilities.

Local Outcome: By 2025 there will be fewer barriers to employment, employability, training and learning for parents through the provision of affordable access to connectivity, childcare activities and food for children who would benefit from support.

REF	What do we need to do?	High Level Actions	Due Date	Who is responsible
2.1	Provide Flexible and Inclusive out of school services that are easy to access (Place/transport) for priority parents on low income and accessing employment, training and learning.	Summer 2025 we will provide a tiered services to accommodate the needs of children, a) universal playscheme, b) enhanced additional support c) play4all for severe physical additional support. Offer the service offered 8.30-5.30 Mon-Friday for 4 weeks to support families offering activities that meet the needs of the children who attend.

The Summer 2024 extended the universal playscheme service, provided Play4All and the affordable childcare services. Alongside Active Schools, Morton in the Community and various community provision. This provided a range of choice and a tiered approach for families. This action will continue to be monitored and improved to ensure the best service available for children and | Summer 2025

March 2026 | Inverclyde Community Planning Partners

Inverclyde EAC Team, Inverclyde Early Years and Out of School Team and the Child Poverty Action Group. |

REF	What do we need to do?	High Level Actions	Due Date	Who is responsible
		families during the summer holiday period. Employ Staff with experience to engage children in a range of activities that meet their needs including those with social, emotional ASD or additional support needs. Continue to identify opportunities to employ staff who have skills knowledge and experience to provide the best support to children who are facing inequalities, trauma and poverty. The EAC commissioned KLAS to provide the Summer Out School Care in Port Glasgow during Summer 2024. Their evaluation report highlighted that 80% of the children had some neurodiversity or trauma challenge. However, the KLAS team are recruited following the Care Inspectorate recommendations and are trained in different areas of development and in line with the Governments Fair Work policy.		
		DYW Coordinators will be employed on 52-week contracts to provide ongoing support over the summer holidays. This will mean that young people can be targeted with additional support to ensure that they take up offers made to		

REF	What do we need to do?	High Level Actions	Due Date	Who is responsible
		them post school. Interventions can be put in place to ensure the positive destination is sustained.		
	We will be reducing barriers to employment and education to improve skills for life for young people who are care experienced.	Work was undertaken with Promise Lead and Virtual School Head Teacher with all secondary schools in relation to the importance of each school reducing education barriers in line with plan 21-24 of The Promise. A Moving on Strategy meeting which includes, education, West College Scotland, Inverclyde Offer and SDS has taken place. As part of I Promise board representatives also discussed and measured where we are at in terms of a right to education and Moving on in relation to Plan 21-24.		The Promise Team
	Children and Young People will have access to free nutritious free food and snack during the school holiday period to provide continued support to the food they receive during the school day.	Inverclyde Council is the first local authority to provide free school meal provision for every primary school child in Inverclyde from August 2023, reducing stigma and ensuring all children can access a free nutritious meal at least once per day. In 2022 Inverclyde HSCP increased the use and access of the Section 12 and Section 22 payments, enabling professional staff working with families facing financial hardship and insecurity		Inverclyde Council working collaboratively with Inverclyde Food Network. HSCP/NHS GGC

REF	What do we need to do?	High Level Actions	Due Date	Who is responsible
		to provide them with cash support. Section 22		
		Health Visitors and Family Nurses have access to Section 22 Funds to access money to buy appropriate infant formula milk.		
		Health and Social Care Partnerships will develop a pathway for emergency infant feeding support. Planning and implementation of the pathways should explore all opportunities for families to access formula milk.		
		Ongoing awareness raising is essential with community organisations that support low-income families to ensure they are aware of the processes and how they can support.		
	Develop the maternity pathway with maternity staff from community services to post-natal services to ensure equal access at all points of the pathway	NHS GGC baseline research with BME women, including women in persistent poverty, highlighted barriers to service access (including use of interpreting) and ways in which the experience could be improved.. Further specific research with women in poverty will be undertaken and bespoke resources for women and staff developed.		NHS GGC

REF	What do we need to do?	High Level Actions	Due Date	Who is responsible
	Improve levels of communication and participation which respectful and inclusive to ensure the service is meeting the needs of the user.	Engagement, communication, and participation with service users to ensure service is meeting the needs of families using appropriate nonjudgement language. Continued co-design process for people with lived experience.		Inverclyde Council and partners in NHS and the third sector have provided stigma workshop training to local employees.

2b. Local Outcome (change idea); By the end 2025 there will be an improved collaborative, community codesign strategy, more families with lived experience of poverty will be empowered and participating in local service design to address the complex challenges of child poverty and inequalities and ensure that the services meet their needs and responds effectively.

REF	What do we need to do	High Level Actions	Due Date	Who is responsible
2b.1	Develop and upskill the Inverclyde community learning and development partnership workforce to empower local people to ensure their voices are heard in democratic decision making	Staff from across all local organisations will have shared learning and collaborative goals to increase community empowerment. The Warm Hand of Friendship initiative empowered local community organisations to provide services that meet the needs of their residents.	December 2025	Inverclyde Community Development Partnership

	What do we need to do	High Level Actions	Due Date	Who is responsible
2b.2	Enhance lifelong learning opportunities and improve life chances for priority families though community learning and development approaches	There will be an increase in the number of parents within the targeted demographic groups engaging in lifelong learning.	December 2025	CLD Partnership
2b.3	Build on existing groups of people with lived experience of poverty establish a virtual group of priority families participating in the design and delivery of services	People facing financial insecurity due to the increase in the cost of living will be meeting/discussing virtually how they can support each other, share ideas and redesign service support to help when they need it. Inverclyde Council, Inverclyde CVS and Inverclyde HSCP worked with local groups and services worked to provide the Warm Hands of Friendship Service provision supporting communities with warm spaces, food, and friendship during the Winter 2023. Increase understanding of families experience and impact of poverty for families with a child with a disability around the 3 key drivers of poverty. Research and redesign of services to identify the best way to support families who have disabilities will continue in 2023/24.	December 2025	CLD Partnership
2b.4	Convene a Steering Group, scope out and commission	This research will identify themes and make recommendations for progress.	December 2025	NHS GGC

	What do we need to do	High Level Actions	Due Date	Who is responsible
	research into needs of families with children and a disability in NHSGGC are underway			
2b.5	Develop capacity of existing priority groups continue to engage and involve those with lived experience into local democratic decision-making processes.	Existing Groups will have an increased number of people with experiences to share that will impact on democratic decision-making including community asset transfers and participatory budgeting.		Inverclyde CLD Partnership and Inverclyde Child Poverty Action Group.
2b.6	Continue to build trust and effective relationships with local people to build services and make financial decisions that meet their needs and needs of their community.	More people will trust and have positive relations ships with service providers across the Inverclyde areas. Inverclyde Council is building trust with local people in the review of the Community Councils, engaging parents to become involved in local democratic decision-making system. Families facing the greatest inequalities are the priority families receiving support from the Home School Link Teams in and across the 6 Mainstream Secondary Schools.		Inverclyde Financial Inclusion Partnership and Inverclyde Child Poverty Action Group

3.0 National Key Driver - Income from Social Security – providing a financial safety net for families to alleviate immediate pressures and ensures children have access to necessities like food, clothing, and shelter and to prevent families from falling into deeper poverty.

Local Outcome: By the end of 2025 there will be a collaborative, whole systems, evidence based, targeted, approach to provide financial assistance and welfare support the child poverty priority families and/or families living on a low income to maximise social security uptake.

Ref	What do we need to	High Level Actions	Due Date	Who is responsible
3.1	Create a Flexible and Inclusive Local Advice Services targeting priority families with complex challenges including financial insecurity.	Financial Advice Services identifying priority demographic groups and providing entitlement of benefits and budgeting advice that are accessible. Advice and Welfare Services have started to provide outreach support through both the Early Adopter Community and the Child Poverty Accelerator Funding. Financial Advice Service affiliated to a school community to build relationships and provide a personal support service and reduce barriers. Building on the collaborative approach from the Humanitarian Assistance Line offer a holistic service (public and third sector) to address multiple needs.	December 2025	HSCP/Financial Inclusion Partnership

Ref	What do we need to	High Level Actions	Due Date	Who is responsible
		Review and develop local financial advice services and ensure the services are targeted to priority groups and families who need the service most, including vulnerable pregnant women, building on success of NHS GGC Special Needs in Pregnancy Money & Debt with Advocacy service. Identify and develop processes around financial enquiry in maternity services and health visiting services learning from good practice and the quality improvement work taking place across the GGC health board area. The learning will be shared and rolled out across NHSGGC to ensure the issue is raised with every pregnant woman and an increase in referrals to Money Advice services is recorded.		

Ref	What do we need to	High Level Actions	Due Date	Who is responsible
3.2	Continue to build locality-based data and knowledge of priority families and their needs to improve their wellbeing.	Provide wellbeing support programmes to families more likely to be facing poverty, poor mental health, disabilities and minority ethnic groups.		Financial Inclusion Partnership
		Inverclyde Council commissioned Home Start Inverclyde to provide early intervention wellbeing support to families living in poverty, who have mental health challenges and who have children younger than 5 years.		Child Poverty Action Group
		Collating local data to evidence the impact and mitigation of child poverty will remain a priority		Child Poverty Action Group
		Inverclyde Council will obtain information from the Inverclyde Common Housing Register to better inform future decision making in relation to housing led regeneration and development projects across the most deprived communities in Inverclyde.		Inverclyde Local Housing Strategy Partnership
3.3	Using local data that is locality based identify people and communities entitled to benefits but not receiving them.			

Ref	What do we need to	High Level Actions	Due Date	Who is responsible
3.4	Provide team around the child and GIRFEC support to families in school most likely to face financial insecurity and poverty or neglect.			Inverclyde Council/FIP
3.5	Increase staff skills and knowledge across the community planning partnership to enable them to offer targeted communication and promotion of services and benefits that is respectful and inclusive	Upskill and develop the workforce around offering a range of local family support and advice services, including development of Cost of the School Day.

Raise awareness of available support services that all employee, organisations and communities can easily access, within and across priority demographics.

Cost of the school day interventions

Families requesting affordable childcare will be offered a variety of pathways and choice to support them out of poverty. This includes an initial discussion with the project officer to assess their current needs, a Financial Advice Worker then makes contact to discuss their financial situation and the Parental Employment Support Worker then meets with the parents to identify a range of local | | Inverclyde CLD Strategic Partnership/Inverclyde Financial Inclusion Partnership (FIP)

Inverclyde Child Poverty Action Group

Inverclyde Child Poverty Action Group, FIP and LEP |

Ref	What do we need to	High Level Actions	Due Date	Who is responsible
		pathways to engage the parents into employability, or other local employment opportunities with the reassurance that their children are receiving care after school.		
		There are two local Zero Waste Food Pantries in the area providing low cost fresh and frozen food to residents. The main supplier for the Food Pantries is the Glasgow Fare Share. Inverclyde Council purchases two annual Super Memberships which provides each pantry with 36 tonnes of food per year. The pantries subsidise this with surplus food from local supermarkets and use lottery grant funds to buy low stock items such as tinned goods.		Inverclyde Community Development Trust/Inverclyde Council
		Develop and implement a pilot to support patients or staff with Universal Credit at QEUH. This will involve telephone access for direct support to a dedicated DWP staff member which aims to prevent sanctions.		NHS Greater Glasgow and Clyde

Ref	What do we need to	High Level Actions	Due Date	Who is responsible
		Recognise that many public sector and people working in health care living in Inverclyde will be at risk of poverty, offer targeted and appropriate support to employees, through debt advise and financial advice services.		FIP/NHS GGC and LEP
		Promote NHS GGGC money advice information workshops and video content with NHS Credit Union, for staff. NHS GGC staff will also be supported through HES – home energy workshops for staff, payslip messages – debt advice messages quarterly, a Staff Money Worries campaign. Staff Mental Health and Wellbeing resource contains money advice information and will be distributed to all staff.		NHS GGC
		Develop a new NHS GGGC project "Staff Wellbeing Bus" that will visit smaller sites including HSCP sites in order to provide rest and recuperation support and holistic health and well-being information to staff.		NHS GGC

Inverclyde Alliance

Report To:	**Inverclyde Alliance Board**	**Date:**	**7 October 2024**
Report By:	**Ruth Binks** **Corporate Director Education,** **Communities and Organisational** **Development, Inverclyde Council**	**Report No:**	
Contact Officer:	**Hugh Scott, Service Manager** **Community Learning and** **Development, Community Safety** **and Resilience**	**Contact No:**	**715459**
Subject:	**Community Learning and Development Partnership 3 Year Plan** **2024-27**		

1.0   PURPOSE

1.1   The purpose of this report to present the Community Learning and Development Partnership (CLD) 3 Year Plan 2024-27 to the Alliance Board for approval.

2.0   SUMMARY

2.1   The Community Learning & Development (Scotland) Regulations 2013 placed a requirement on each local authority to consult on and publish plans every three years containing specified information on the provision of CLD by both the local authority and its partners.

2.2   The Draft Community Learning and Development 3 Year Plan 2024-27 was presented to the Alliance Board on the 17th of June 2024, setting out high level key strategic priorities of the CLD Partnership in Inverclyde over the next three years. Further partnership engagement was undertaken between June and August 2024 to ensure that the actions contained within the plan are relevant and there is capacity across the partnership to achieve them.

2.3   The identification of these draft priorities has been informed by extensive consultation and engagement with both partners and communities. The following priorities have been identified:

- Empowering individuals and growing a culture of participation
- Building stronger, more resilient communities
- Ensuring a healthy standard of living for all

3.0   RECOMMENDATIONS

3.1   It is recommended that the Alliance Board approves the CLD 3-year partnership plan 2024/27, available in Appendix 1.

Ruth Binks
Corporate Director Education, Communities and Organisational Development

4.0 BACKGROUND

4.1 The Community Learning & Development (Scotland) Regulations 2013 placed a requirement on each local authority to consult on and publish plans every three years containing specified information on the provision of CLD by both the local authority and its partners.

4.2 The CLD Regulations stipulate that each CLD planning process must identify the following information:

- How the local authority will co-ordinate its provision of CLD with other CLD providers within the area of the local authority.
- What action the local authority will take to provide CLD over the period of the plan.
- What action other partners intend to take to provide CLD within the area of the local authority over the period of the plan; and
- Any needs for CLD that will not be met within the period of the plan.

4.3 In April 2024, the Scottish Government published 'Community Learning and Development Plans: Guidance for 2024-2027' outlining the national policy context for CLD that education authorities should be aware of in complying with the Requirements for Community Learning and Development (Scotland) Regulations 2013 during the period of 2024 to 2027. It emphasizes the importance of CLD in supporting learners and communities across various settings, including schools, colleges, and community organisations. The guidance builds upon previous publications and outlines the requirements for education authorities to develop CLD plans that align with national priorities and address the needs of vulnerable and marginalized learners.

4.4 A CLD Partnership 3 Year Plan for Inverclyde has been developed to meet the requirements of the CLD (Scotland) Regulations 2013 and the 2024 guidance by providing a framework for CLD provision across the CLD Partnership in Inverclyde.

5.0 Development of the Draft Plan 2024/27

5.1 The CLD Partnership 3 Year Plan 2024-27 was produced using a collaborative approach between the organisations that make up the CLD Partnership in Inverclyde. In the lead up to the CLD partnership inspection March 2024, a series of workshops were held with the CLD partnership reflecting on what we do well and areas from improvement. Feedback captured during these workshops and partnership conversations followed by further engagement between June and August 2024 across the CLD partnership and learners has led to the development of the following three priorities:

- Empowering individuals and growing a culture of participation

- Building stronger, more resilient communities

- Ensuring a healthy standard of living for all

5.2 Consultation and community engagement has also been at the central to the development of this plan. During April and May 2024, a public consultation took place in relation to producing six locality plans for Inverclyde, feedback, and the priorities within the six locality plans have helped shape the three priorities for the CLD partnership plan 24/27. Feedback captured from Clyde Conversations 2024 has also shaped the three priorities.

5.3 Prior to the Alliance board meeting a draft copy of the CLD partnership plan 2024-2027 must be provided to the Scottish Government by the 1st of September 2024 this is in accordance with regulation four of The Requirements for Community Learning & Development (Scotland) Regulations 2013.

6.0   CLD 3 Year Plan 2021-2024

An update on progress made in relation to current CLD 3 plan 2021-24 plan was presented to the Alliance Board in December 2023 and a further report will be presented to the Alliance Board in December 2024.

7.0   IMPLICATIONS

7.1   Legal: None
Finance: None
Human Resources: None
Equality and Diversity: the EIA will be published here.
https://www.inverclyde.gov.uk/council-and-government/equality-impact-assessments
Alliance Partnership Plan: Links in with all 5 themes.

8.0   CONSULTATIONS

8.1

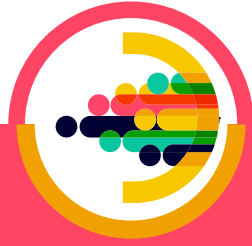**9.0   LIST OF BACKGROUND PAPERS**

9.1   https://www.inverclyde.gov.uk/assets/attach/16632/09-CLD-report-to-Alliance-on-3yr-plan-Amended.pdf

Community Learning and Development

Inverclyde 3 Year Partnership Plan
2024-27

Inverclyde council

Inverclyde Alliance

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Foreword

As Chair of the Inverclyde Alliance, the Inverclyde Community Planning Partnership, I am delighted to introduce the Community Learning and Development 3 Year Plan 2024-27.

The creation of the Community Learning and Development (CLD) 3 Year Partnership Plan is a collective approach involving the various groups, organisations and services across CLD partnership in Inverclyde. This plan has been informed by a series of engagement events, both in-person and digital, held by the partnership.

Central to the plan's development have been consultation and community engagement. The priorities and actions reflect the input received from public consultations aimed at creating six locality plans for Inverclyde, as well as feedback from Clyde Conversations 2024.
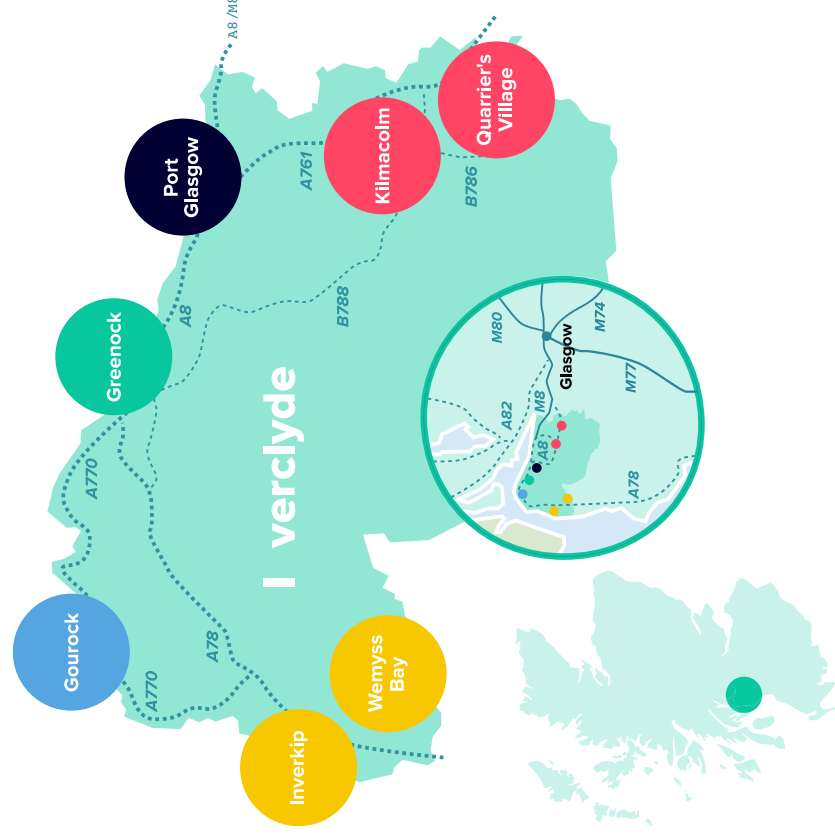
The following priorities have been identified using both the feedback from partners and communities:

• Empowering individuals and growing a culture of participation

• Building stronger, more resilient communities

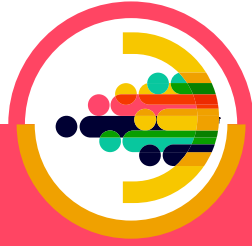• Ensuring a Heathy standard of living for all

The CLD partnership remains dedicated to evolving coordinated, effective, and efficient services that cater to the needs of our learners and communities. The Community Learning and Development Partnership's three-year plan outlines clear and ambitious actions to accomplish this goal.

Councillor Elizabeth Robertson
Chair of Inverclyde Alliance Board

Port Glasgow

Kilmacolm

Quarrier's Village

Greenock

Gourock

Wemyss Bay

Inverkip

Inverclyde

Glasgow

A8/M8

A761

B786

B788

A8

A770

A78

A770

A78

M80

M74

M77

A82

M8

A8

A78

Background

The Community Learning and Development 3 Year Partnership Plan 2024-27 sets out the key strategic priorities of the CLD Partnership in Inverclyde over the next three years and the actions that will be taken to achieve them.

This is the third CLD 3 Year Plan produced by the CLD Partnership in Inverclyde, and it will build and continue the progress made during the previous CLD Partnership Plans.

What is Community Learning and Development?

In June 2012 the Scottish Government issued the Strategic Guidance for Community Planning Partnerships - Community Learning and Development (CLD) which sets out the core purpose of CLD as follows:

CLD activity has a strong focus on early intervention, prevention and tackling inequalities.

Community Learning and Development is widely understood to include:

• Community development (building the capacity of communities to meet their own needs, engaging with, and influencing decision makers)

• Youth work, and other early intervention work with children, young people, and families

• Community based adult learning, including adult literacies, family learning and English for Speakers of Other Languages (ESOL)

• Learning for vulnerable and disadvantaged groups in the community, for example, people with disabilities, care leavers or offenders

• Volunteer development

• Learning support and guidance in the community

What is the purpose of the CLD 3 Year Partnership Plan 2021-24?

The Community Learning & Development (Scotland) Regulations 2013 placed a requirement on each local authority to consult on and publish plans every three years containing specified information on the provision of CLD by both the local authority and its partners.

The CLD Regulations stipulate that each CLD planning process must identify the following information:

• How the local authority will co-ordinate its provision of CLD with other CLD providers within the area of the local authority;

• What action the local authority will take to provide CLD over the period of the plan;

• What action other partners intend to take to provide CLD within the area of the local authority over the period of the plan;

• Any needs for CLD that will not be met within the period of the plan.

The purpose of the CLD 3 Year Partnership Plan 2024-27 is to meet the requirements of the CLD (Scotland) Regulations 2013 by providing a framework for CLD provision across the CLD Partnership in Inverclyde.

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National context

In April 2024 the Scottish Government published 'Community Learning and Development Plans: Guidance for 2024-2027' outlining the national policy context for CLD that education authorities should be aware of in complying with the Requirements for Community Learning and Development (Scotland) Regulations 2013 during the period of 2024 to 2027. It emphasises the importance of CLD in supporting learners and communities across various settings, including schools, colleges, and community organisations. The guidance builds upon previous publications and outlines the requirements for education authorities to develop CLD plans that align with national priorities and address the needs of vulnerable and marginalised learners.

The document outlines key areas for CLD including shared priorities, the importance of collaboration with partners, considerations for planning CLD initiatives, governance aspects, and workforce development. The guidance highlights the need to target priority groups, protect health and wellbeing outcomes, address digital poverty, incorporate the UNCRC into decision-making, and support volunteering as a pathway for skills development and community engagement.

CLD Independent Review

In July 2024 a National Independent Review report on improving Community Learning and Development was published which Scottish Ministers are now considering and will formally respond to the recommendations in due course.

View the Report on the Scottish Government website:
Learning: For All. For Life. A report from the Independent Review of Community Learning and Development (CLD)
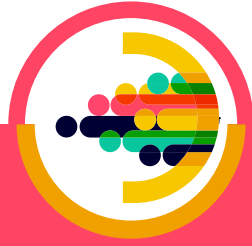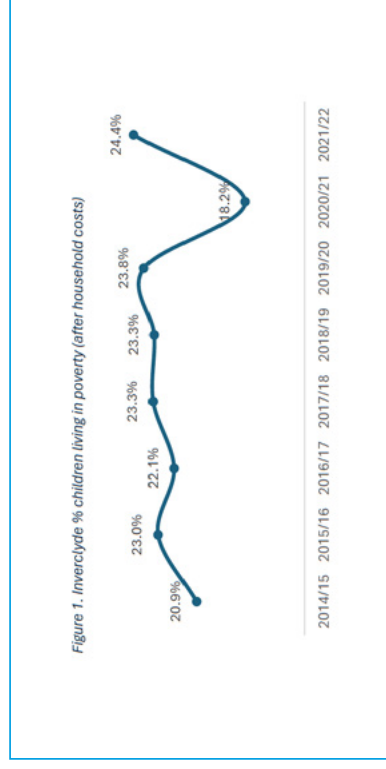
Local Context

The CLD 3-year Partnership Plan 2024-27 builds on the achievements of the previous plan but recognises that there are a number of challenges in terms of the issues facing the CLD sector and also the specific issues facing Inverclyde. These all have an impact on the partnership's planning and have therefore informed the development of this 3 Year Plan.

Inequalities

Like many areas nationally child poverty is a persistent issue in Inverclyde. For many children growing up in poverty can mean a childhood of insecurity, underachievement at school, poor health and isolation from their peers. Figures published by the End Child Poverty Campaign1 in 2023 show that in 2021-22, after housing costs, 24.4% of children in Inverclyde are living in poverty, an increase of 2.3% on 2016-17 figures.

Figure 1. Inverclyde % children living in poverty (after household costs)

23.0% 22.1% 23.3% 23.3% 23.8% 18.2% 24.4%
20.9%

2014/15 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22

There are stark health inequalities in life expectancy and other health outcomes across communities in Inverclyde. According to Public Health Scotland2 in Inverclyde, in 2021 life expectancy at birth for males was 74.6 years, which was the sixth lowest in Scotland. Life expectancy at birth for females in Inverclyde was 78.7 years, this was the fourth lowest in Scotland. Given the persistent deprivation levels within the local authority area, there is a high risk that health inequalities in Inverclyde will be exacerbated for many years to come.

The local economy

Inverclyde faces significant challenges in terms of tackling the levels of unemployment and inactivity within the area. Unemployment rates and working age key benefit claimant figures both sit above the Scottish average. As of December 2023, 68.4% of Inverclyde's economically active population were in employment compared to 74.7% in Scotland. The percentage of out-of-work benefit claimants, at 3.6% in March 2024, is 0.5% above the Scottish average. To help residents move into employment we must improve the skills and confidence of a large proportion of our population. In December 2023 9.2% of Inverclyde's resident population aged 16-64 have no qualifications, 1% above the Scottish average.[3]

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1 End Child Poverty - Child poverty in your area (2023)
2 Public Health Scotland - Profiles Tool
3 Labour Market Profile - Nomis – Official Census and Labour Market Statistics (nomisweb.co.uk)

Deprivation

The Scottish Government published the Scottish Index of Multiple (SIMD) Deprivation on 28 January 2020, the Scottish Government's official tool for identifying places in Scotland suffering from deprivation. For the purposes of SIMD 2020, Inverclyde has been split into 114 data zones.

• According to the SIMD 2020, the most deprived data zone in Scotland is in Greenock, specifically Greenock Town Centre.

• The number of data zones in Inverclyde that fall into the category of the most deprived 5% in Scotland has increased by 11, from 11 to 22.

• The number of data zones in Inverclyde that fall into the category of the most deprived 20% in Scotland has increased by 1 from 50 to 51.

• In SIMD 2016, no Port Glasgow data zones featured in the most deprived 5% in Scotland, however, 5 Port Glasgow data zones have moved into this category in SIMD 2020.

Ageing population

The population of people over 65 years old in Inverclyde has gradually been increasing and in 2022 reached 17,628, 22.5% of Inverclyde's population. The number of people aged 75+ in Inverclyde in mid-2022 was 7,979, just above10% of Inverclyde's population. This age group is projected to increase 25% between 2018 and 2033, despite a declining population over this period[4]. This will have a major impact on the public sector services most frequently used by this section of the population, as well as raise issues such as loneliness and social isolation which older people are more at risk of.

CLD in the context of Community Planning

The CLD Partnership has a key role to play in helping Inverclyde Alliance, the area's Community Planning Partnership, to achieve its priorities. The development of the CLD 3 Year Partnership Plan 2024-27 has therefore been informed by the work of Inverclyde Alliance, specifically Inverclyde's Partnership Plan 2023/33:

https://www.inverclyde.gov.uk/assets/attach/16435/6008-Inverclyde-Alliance-Partnership-Plan.pdf.

The CLD 3 Partnership Year Plan 2024-27 will contribute to the achievement of all five themes within Inverclyde's Partnership Plan 2023/33.

Theme 1 - Empowered People

Theme 2 - Working People

Theme 3 - Healthy People and Places

Theme 4 - A Supportive Place

Theme 5 - A Thriving Place

With a specific focus on the delivery of actions and initiatives to achieve the outcomes linked to community empowerment, employability, tackling inequalities, developing community-based services, and healthy and active living.

4 Population | National Records of Scotland (nrscotland.gov.uk)

Consultation and Community Engagement

Extensive consultations and engagements with communities and partner organizations were conducted to inform the development of the CLD 3 Year Partnership Plan for 2024-27. The following engagement activities have contributed to the priorities outlined in the 3-year plan.

Engagement with communities

Partnership Plan engagement

During the development of the Inverclyde Alliance Community Partnership Plan 2023-33 a thorough Strategic Needs Assessment and public consultation was undertaken between 2021 and 2022. The consultation involved six different research methods over eight weeks of consultation. There were a total of 2801 participants.

Locality plans engagement

Using the data captured during Partnership plan engagement community consultation ran from 22 April 2024 to 10 May 2024. The consultation provided an opportunity for community members to state if they agreed or disagreed with the suggested priorities for their locality area, followed with an opportunity to suggest alternative areas of concern. The consultation also asked for feedback on two Inverclyde wide priorities, transport and roads.

Community Learning & Development Officers created an engagement plan to maximise engagement, actions within this plan included:

• Community Survey

• Visiting groups across the six localities with paper copies of the survey.

• Support from Corporate Communications with wider publicity

• Hosting 6 Community drop-on sessions in partnership with Inverclyde Libraries

• Promotion of the survey via Schools and Third sector such as CVS and Your Voice.

• Community drop-in sessions

During the consultation communities were presented with the option of agree or disagree in relation to the suggested priorities specific to each locality and two Inverclyde wide priorities. The suggested priorities reflect feedback from previous community engagement. The digital survey received 410 completed responses:

Clyde Conversations

Clyde Conversations was originally developed due to the responses received in the 2013 Young People's Health and Well Being Survey. As a result of this it was decided that this survey should become the basis of a community planning conference where we could bring young people from every secondary school in Inverclyde together to discuss issues affecting them.

Each year CLD Youth Work Services support a young persons steering group made up from pupils from each of the secondary schools to carry out a consultation to find out the top 5 issues that should be discussed at the event. The event is attended by 120 pupils and is split into 2 half days, one for S1 to S3 and the other is for S4 to S6, this allowed different issues being raised by the lower school pupils and the senior school pupils to be discussed.

Reports produced then inform changes organisations make in response to the young person's asks.

Engagement with partners

The CLD 3 Year Partnership Plan 2024-27 was produced using a collaborative approach between the organisations that make up the CLD Partnership in Inverclyde. In the lead up to the CLD partnership inspection March 2024, a series of workshops were held with the CLD partnership reflecting on what we do well and areas from improvement. Feedback captured during these workshops and partnership conversations has led to the development of the 3 priorities.

In order to further develop the CLD 3 Year Partnership Plan a digital consultation was undertaken within the partnership followed by various working group sessions to develop the actions detailed within the plan.

Underpinning themes and values

Our priorities are guided by key themes and values that outline the essential components of our approach to sustaining thriving and inclusive communities in Inverclyde.

Equality and Inclusion

Ensuring that everyone in the community, regardless of their background or circumstances, has access to opportunities for growth and development. By prioritising equity and inclusion, the partnership aims to remove barriers that prevent marginalised groups from fully participating in community life.

This approach supports social justice and helps bridge gaps in access to resources and opportunities, creating a more just and inclusive community. Furthermore, targeting vulnerable groups helps strengthen the community, as everyone can contribute their unique perspectives and talents. By ensuring equitable access to learning and development opportunities, the partnership will promote diversity, resilience, and a sense of belonging among all community members. This holistic approach leads to stronger, more vibrant communities where everyone can thrive.

Rights-based approach

Integrating the principles of the United Nations Convention on the Rights of the Child (UNCRC) into decision-making processes and policy development to uphold the rights and well-being of children and young people in the community.

Trauma-informed practice

A trauma informed CLD partnership recognises the potential impact of past experiences on community members. By building trust through culturally sensitive practices and creating safe spaces, the partnership empowers individuals. Staff trained in trauma-informed approaches can offer flexible participation options, coping skill workshops, and promote self-advocacy

CLD Competency Framework

The CLD Competency Framework outlines the knowledge, skills, and attributes required for effective community learning and development (CLD) practice in Scotland. It's used by practitioners, trainers, and employers to assess, develop, and strengthen CLD practice.

The framework comprises seven core competencies and five key attributes that a competent CLD practitioner should possess. These competencies focus on areas like understanding the community, building relationships, providing learning opportunities, facilitating community empowerment, managing resources, collaboration, and evaluating practice together as partners.

Workforce Development

There is a need to need to maintain a strong and suitably professional CLD workforce that is equipped to deliver high-quality outcomes for learners within the education system. There will be a focus on enhancing the skills and competencies of those involved in delivering CLD services to ensure they are well-equipped to meet the evolving needs of learners and communities.

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Whole systems approach

A whole systems approach is essential for CLD partnerships. It encourages collaboration across various sectors to address complex social issues. This approach ensures resources are used efficiently and interventions are tailored to specific community needs. It promotes continuous learning, adaptability, and sustainability, leading to more impactful and long-lasting outcomes.

Locality approach

A place-based approach towards Inverclyde's six localities is key for CLD partnerships as it allows for tailored interventions that directly address those community's specific needs. This localised approach grows stronger relationships with community members and partners, leading to more effective and sustainable programs. It also empowers residents by encouraging their involvement and ownership of initiatives.

"To address these inequalities, we all need to think beyond the health and care system to improve population health. Projects focused on improving place can address these inequalities while also generating many other positive community outcomes."

The importance of Place-based working, Public Health Scotland, 2024.

https://publichealthscotland.scot/our-blog/2024/january/the-importance-of-place-based-working/

Governance

Role of Inverclyde Alliance Board

The Alliance Board is Inverclyde's Community Planning partnership (CPP). It oversees the work of the Thriving Communities group, which has the overall responsibility for the CLD Partnership Plan. A report on progress made on the actions contained within the plan will be submitted to Inverclyde Alliance Board on an annual basis to enable the Community Planning Partnership to scrutinise performance.
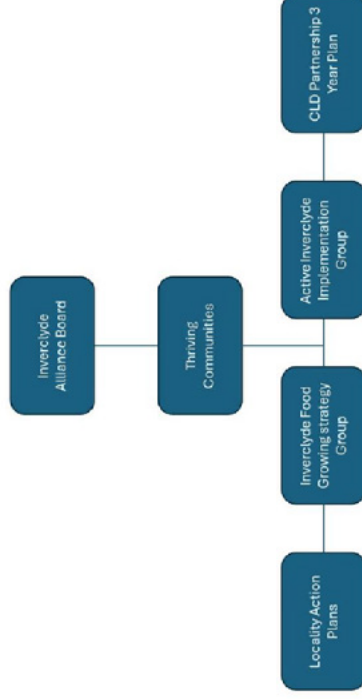
Role of Thriving Communities

The current remit of the Thriving Communities Partnership is as follows:

- To continue to oversee the strategic integration of CLD into community planning on behalf of Inverclyde Alliance.

- To oversee compliance for the CLD (Scotland) Regulations 2013 through the development, implementation, monitoring, and evaluation of the 3-year plan 2024 – 2027.

- To respond appropriately to direct feedback from inspections from Education Scotland and other authorities e.g. Children's Services Inspection, Best Value reports, SDS review etc.

- To ensure that leadership for CLD is effectively provided by Inverclyde Council's Directorate of Education, Communities and Organisational Development.

- To report on progress against the Partnership Plan 2023/33 outcomes to the Inverclyde Alliance.

Role of Practitioners Forum

The role of the Inverclyde Practitioners Forum is to enable practitioners to network and share good practice, update on new and current initiatives and identify opportunities for partnership/collaborative working. This group also has responsibility for taking forward workforce development and training.

Monitoring and evaluation

The Thriving Communities Partnership will have the lead role in co-ordinating self-evaluation to build the capacity of the CLD partnership to better self-evaluate for improvement. The resource 'How Good is the Learning and Development in our Community' sits under the overarching framework: Framework for Evaluation of the Quality of Services and Organisations and shares a common language and basis with other Education Scotland Frameworks including 'How Good is our School 4?', 'How Good is our Culture & Sport 2?' and 'How Good is our college?'. 'How Good is our Third Sector Organisation?' and other relevant frameworks.

These will be used to evaluate performance and identify priorities for action at key points throughout the lifetime of the plan. The quality indicators in 'How Good is the Learning and Development in our Community' reflect the context within which the CLD partnership operates and as well as contributing to this, each of the above groups will identify and focus on the indicators most relevant to them.

To monitor progress on the actions outlined in the CLD 3-year plan, a lead officer update meeting will occur before the scheduled Thriving Communities partnership meetings.
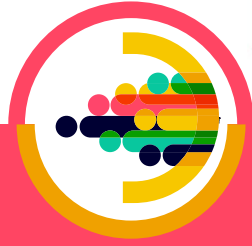
CLD Partnership Plan on a Page

Our Vision

We will work in partnership to co-design thriving, inclusive, and empowered communities where all individuals have opportunities to shape their lives and contribute to a better future, driven by a collaborative learning system.

Goals

Empowering individuals and growing a culture of participation

Providing learning opportunities that equip people with the skills and knowledge they need to improve their lives, participate in decision-making processes, and contribute to their communities.

Building stronger, more resilient communities

The partnership will support communities by taking a proactive and asset-based approach in collaborating with them in identifying and addressing the unique needs and challenges faced.

Ensuring a healthy standard of living for all

Promote and develop inclusive opportunities within the CLD partnership to enable community members to engage in activities that reduce health inequalities and the effects of poverty on living healthily.

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Our Priorities

The CLD Partnership in Inverclyde has identified three priorities that it will focus on during the CLD 3 Year Partnership Plan 2024-27. The identification of these priorities has been informed by extensive consultation and engagement with both partners and communities, the various challenges facing both the CLD sector and communities in Inverclyde and Inverclyde's Partnership Plan 2023/33.

Priority 1:
Empowering individuals and growing a culture of participation

Providing learning opportunities that equip people with the skills and knowledge they need to improve their lives, participate in decision-making processes, and contribute to their communities.
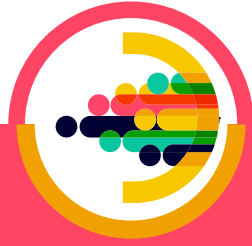
Why is this a priority?

The partnership aims to empower individuals and encourage active participation. This creates stronger, more inclusive communities where individuals take ownership of their community's growth, developing a sense of belonging and a commitment to enhancing the community for everyone's benefit.

Promoting individual empowerment and active participation also leads to lifelong learning and improved well-being. By providing learning opportunities and motivating involvement, CLD partners equip individuals with the skills and confidence necessary for success. This can result in better job opportunities, higher civic engagement, and overall quality of life. A culture of participation ensures that partnership initiatives are guided by community needs, leading to more effective and lasting programs.

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Priority 2:
Building stronger, more resilient communities

The partnership will support communities by taking a proactive and asset-based approach in collaborating with them in identifying and addressing the unique needs and challenges faced.

Why is this a priority?

This priority focuses on advancing unity, ownership, and collaboration among residents. When communities empower their members through learning and participation, they are better prepared to recognise and address their own needs, leading to sustainable, impactful change. This creates a more connected community and produces environments where individuals can thrive, cooperate, and provide mutual support during challenges.

Additionally, adaptable communities are more capable of handling change and responding to crises, ensuring long-term stability and well-being. By emphasising the cultivation of stronger, more adaptable communities, the partnership will promote an overall increase in quality of life and the creation of a nurturing, inclusive atmosphere for all.

Priority 3:
Ensuring a healthy standard of living for all

Promote and develop inclusive opportunities within the CLD partnership to enable community members to engage in activities that reduce health inequalities and the effects of poverty on living healthily.

Why is this a priority?

Healthy residents are more likely to be active and engaged members of their community to participate in community activities, learn new skills, and contribute to the overall well-being of the area. Many residents who experience a range of illnesses and conditions can't actively participate in their communities.

Poor health is often linked to poverty and social exclusion. By working to improve health outcomes for all residents, CLD partnerships can help level the playing field and create more equitable communities.

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How we will measure success

A range of outcomes have been agreed by the CLD partnership that helps CLD staff, volunteers and partners know the difference made to learners' lives, families and communities.

As well as the outcomes below, the revised HMIE document 'How good is the learning and development in our community?' will be used as a primary method of self-evaluation to drive improvement across the partnership.
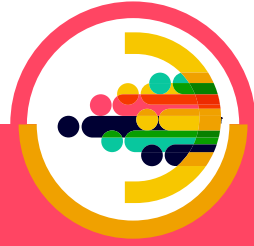
In relation to this, Inverclyde Council recently provided local authority data to the national Community Learning and Development Managers group, in response to a set of national Key Performance Indicators agreed across the sector. This was the first phase of a process that will capture the impact of Community Learning and Development work with learners and communities across Scotland, and longer term, will include partnership data.

The work that the Community Learning and Development Partnership has around the Impact Measures will make reporting into this process much easier. A set of proposed CLD impact measures has been drafted and is provided as an appendix to this plan, however further work is required during year 1 of the plan to ensure that these measures are relevant and accessible across the partnership.

How will we achieve our priorities

Priority 1 - Empowering individuals and growing a culture of participation

Providing learning opportunities that equip people with the skills and knowledge they need to improve their lives, participate in decision-making processes, and contribute to their communities.
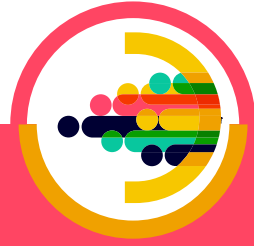
Ref	What do we want to do?	High-level Actions	Due Date	Who is responsible?	Partnership Plan Theme
1.1	**Empowering Learners' Journeys:** Collaborate with partners to develop a system for tracking people's achievements and establishing clear pathways for them to progress to further learning or employment opportunities.	Short-life working group in place to explore the challenges and make recommendations in on how best to capture and report.	Aug 2025	CLD Adult Learning and Literacies Team Leader and partners	Theme 1 – Empowered People
		Mapping of current data and systems used.	Aug 2025	Team Leader, Community safety	Theme 2 – Working People
		CLD Partners will have access a central database system to track the learning journey.	Aug 2027	All partners	Theme 3 – Healthy People and Places
1.2	**Collaborative Planning and Delivery:** Ensure there is a joined-up approach across the CLD sector for needs assessment and program development, fostering better collaboration.	Establish a baseline needs assessment for the various delivery themes within the CLD sector such as Youth work, Adult learning, Capacity building, employability, health and wellbeing.	Aug 2027	CLD Adult Learning and Literacies Team Leader and partners	Theme 1 – Empowered People
		Conduct a pilot within the early adopter and pathfinder project and review the single needs assessment process sharing lessons learned.	Aug 2026	All partners	Theme 2 – Working People
		Develop and Implement the single needs assessment process across all sectors.	Aug 2027	All partners	Theme 3 – Healthy People and Places

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Ref	What do we want to do?	High-level Actions	Due Date	Who is responsible?	Partnership Plan Theme
1.3	**Raising Awareness and Showcasing Success:** Promoting available learning opportunities to a wider audience and showcasing success stories to encourage participation.	Develop an annual report detailing success and achievement across the CLD sector	Aug 2026	All partners	Theme 1 – Empowered People
		Ensure that the CLD sector undertake a co-ordinated and collaborative approach to promote National celebration weeks such as adult learners, Volunteer week youth work .	Aug 2027	All partners	Theme 2 – Working People
		Map out how success etc is currently celebrated across the CLD Sector	Aug 2025	All partners	Theme 3 – Healthy People and Places
		Arrange an Inverclyde annual event to showcase the success, achievement and impact of the CLD sector.	Aug 2026	All partners	
1.4	**Investing in Workforce Development:** Implement a workforce development plan to equip practitioners and volunteers with the skills to effectively address the needs of local communities.	Conduct a Sector Consultation to highlight current and future needs of the CLD linking in with the HSCP workforce development plan.	Aug 2025	All partners/CLD	Theme 1 – Empowered People
		Map out access to current training across the sector and promote via a central platform such as Inverclyde Life.	Aug 2025	All partners/CLD	Theme 2 – Working People
		Promote the role of CLD standards council in relation Workforce Development	Aug 2026	CLD	Theme 3 – Healthy People and Places
		Explore funding opportunities to support need.	Aug 2026	CLD	
		Have a robust workforce development plan in place that reflects current and future needs of the CLD workforce.	Aug 2027	All partners/CLD	

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Ref	What do we want to do?	High-level Actions	Due Date	Who is responsible?	Partnership Plan Theme
		All partners adopt a trauma informed approach to their practice.	Aug 2025	All partners/Thriving Communities/ Trauma informed practice leader.	
		Partners undertake the keeping the promise award training in relation to supporting care experienced individuals.	Aug 2026	HSCP/I-Promise program manager	

Priority 2 – Building stronger, more resilient communities

The partnership will support communities by taking a proactive approach to collaborate with them in identifying and addressing the unique needs and challenges faced.

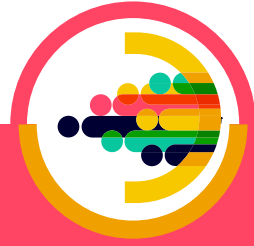| Ref	What do we want to do?	High-level Actions	Due Date	Who is responsible?	Partnership Plan Theme
2.1	**Empowering Community Voice and Collaboration:** Improve community voice structures and co-production at local and regional level ensuring direct connectivity to decision makers.	Take forward the actions contained within the six revised locality plans for Inverclyde that reflect the needs of the communities and link to community planning partnership delivery. https://www.inverclyde.gov.uk/council-and-government/community-planning-partnership/localities	Aug 2027	Community Learning and Development, Community Safety& Resilience and Sport	Theme 1 – Empowered People Theme 3 – Healthy People and Places
			Aug 2025	CLD / CVS / Your Voice	
		Establish a central platform and process for community engagement.	Aug 2026	CLD / CVS / Your Voice / Community Council Association	
			Aug 2027	CLD	

Ref	What do we want to do?	High-level Actions	Due Date	Who is responsible?	Partnership Plan Theme
		Greater level of synergy across the different platforms for community empowerment, for example youth council and community councils.			
		Provide different modes of training to empower community groups, including community councils.	Aug 2025	CVS	
		Be more risk aware in relation to community engagement and empowerment		All partners	
2.2	**Enhancing Community Resources and Accessibility:** Ensure communities will have access to resources and facilities to meet their needs	Identification of safe and accessible spaces with the community across locality areas.	Aug 2025	All CLD partners	Theme 1 – Empowered People
		Increase the opportunities to engage and learn from people who have lived experience of poverty and require an affordable all age childcare service.	Aug 2026	Communities Team Leader	Theme 3 – Healthy People and Places
		Encourage a co-ordinated approach to the activities available within each of the 6 localities.	Aug 2026	All CLD Partners	
		Promote resources and facilities across the area using platforms such as Inverclyde Life	Aug 2026	All /CVS	
		Provide training on governance and completion of funding applications	Ongoing	All /CVS	

Priority 3 – Ensuring a healthy standard of living for all

Promote and develop inclusive opportunities within the CLD partnership to enable community members to engage in activities that reduce health inequalities and the effects of poverty on living healthily.

Ref	What do we want to do?	High-level Actions	Due Date	Who is responsible?	Partnership Plan Outcome Links
3.1	Increased participation in physical activity programs offered across Inverclyde	Support the Active Inverclyde Implementation Group to further develop the framework for community planning partners in Inverclyde to work together to increase participation in physical activity, including sport.	Ongoing	AIIG (Active Inverclyde Implementation Group)	Theme 3 – Healthy People and Places
		Reduce health inequalities while increasing levels of physical activity, through 4 key themes **Active People; Active Communities; Active Partnerships; and Active Environment.**		Inverclyde Leisure	
		Work with stakeholders to implement the action plan to achieve strategy outcomes.			
		Continue to grow participation in sport and physical activity within school settings, while ensuring sustainability through club pathways.	Ongoing	Active Schools/Sports Development	
		Take forward the current actions and priorities contained within the food growing strategy and develop a new Strategy for 2026-2029 https://www.inverclyde.gov.uk/assets/attach/15953/05-Community-Food-Growing-Strategy-2-.pdf	Ongoing	Inverclyde Food Growing Strategy and Inverclyde Community Food Growing Network.	

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Ref	What do we want to do?	High-level Actions	Due Date	Who is responsible?	Partnership Plan Outcome Links
		Inverclyde Leisure will ensure that the programs delivered reflect feedback and are both accessible and inclusive.			
3.3	Improved health literacy among residents, empowering them to make informed choices about their health	Further develop existing work in relation to promoting health literacies digitally, and within community spaces such as Community centres and Libraries.	Ongoing	HSCP	Theme 3 – Healthy People and Places
		Raise awareness across the partnership of wide range of health awareness programs on health issues such as, drugs and alcohol, mental health, vaping, smoking cessation and weight management	Ongoing	Health Improvement (HSCP)	
3.4	Prioritise a children's rights, trauma informed whole systems approach to collaboration and service design to tackle child poverty and inequalities.	Provide place based affordable all age child care including childminding and pre 5 support and assistance to priority families. This will include after school, breakfast care, holiday care and local community organisations supporting families with children of all ages	Aug 2026	Child poverty action group/all partners	Theme 1 – Empowered People

Theme 2 – Working People

Theme 3 – Healthy People and Places

Theme 4 – A Supportive Place

Theme 5 – A Thriving Place |

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Contact us

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We are committed to using our website and a range of social media to communicate with people, communities and businesses across Inverclyde and beyond.

This document is available in our formats. Please contact us to request this.

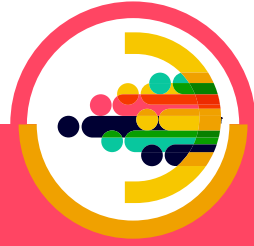Organisations that make up the CLD Partnership in Inverclyde:

Appendix 1 – Proposed CLD Impact Measures

Priority 1	Empowering individuals and growing a culture of participation
	Providing learning opportunities that equip people with the skills and knowledge they need to improve their lives, participate in decision-making processes, and contribute to their communities.
1.1	Percentage of adults who have done formal volunteering in the last 12 months (Scottish Household Survey)
1.2	Number of adults engaged in CLD activity
1.3	Number of adults receiving completed nationally recognised awards through CLD activity (SCQF levelled and awards such as Adult Achievement Award including sectional certificates)
1.4	Number of adults gaining wider achievement awards, local awards and those not nationally recognised, through CLD activity (e.g., Health Issues in the Community & Keystone Award)
1.5	Number of adults and young people reached and engaged with through one off promotional events / drop-ins / community events / engagements / etc.
1.6	Number of parents who tell us they are more able to support their child's learning
1.7	Number of parents taking up service provision to increase their skills
1.8	Number of children engaged in CLD activity (aged 5-9)
1.9	Number of young people engaged in CLD activity (aged 10-18)
1.10	Number of children receiving completed nationally recognised awards through CLD activity
1.11	Number of young people receiving completed nationally recognised awards through CLD activity
1.12	Number of young people receiving sectional certificates towards above Awards (sectional certificates only to be included if full award not completed)
1.13	Number of young people gaining wider achievement awards, local awards and those not nationally recognised, through CLD activity
Priority 2	Building stronger, more resilient communities

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	The partnership will support communities by taking a proactive approach in collaborating with them in identifying and addressing the unique needs and challenges faced.
2.1	Number of community groups receiving capacity building support through CLD activity
2.2	Number of adults and young people taking part in influence and engagement activity through CLD – (including community planning / participatory budgeting / local and national consultations / co-production and influencing service design).
Priority 3	**Ensuring a healthy standard of living for all**
	Promote and develop inclusive opportunities within the CLD partnership to enable community members to engage in activities that reduce health inequalities and the effects of poverty on living healthily.
3.1	Number of adults with improved mental health and wellbeing outcomes through CLD activity
3.2	Number of children and young people with improved mental health and wellbeing outcomes through CLD activity
3.3	Number of adults engaged in family learning through CLD activity
3.4	Number of children/young people engaged in family learning through CLD activity
3.5	Number of services who offer coordinated approaches and shared referral pathways in relation to child poverty
3.6	Number of families who have a positive experience with services in relation to child poverty across the CLD partnership
3.7	Number of child poverty priority families who receive a whole systems approach to improve outcomes (Lone parents, Young mothers under the age of 25, Households with children under the age of 1, Households with 3+ children, Households with children where a family member has a disability lone parent households, BME households)

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Report To:	Inverclyde Alliance Board	Date:	7 October 2024
Report By:	Ruth Binks Corporate Director of Education, Communities and Organisational Development, Inverclyde Council	Report No:	
Contact Officer:	Hugh Scott Service Manager Community Learning and Development, Community Safety and Resilience	Contact No:	01475 715450
Subject:	Locality Plan Engagement		

1.0   PURPOSE

1.1   This report aims to inform the Alliance Board of the progress in piloting the community conversation week as a method of community engagement to bolster the six locality action plans. It also serves to update on the progress of the Inverclyde Community Choices platform (CONSUL) and the Alliance Board locality link roles.

2.0   SUMMARY

2.1   Under the Community Planning provision of the Community Empowerment (Scotland) Act 2015, the Inverclyde Alliance is tasked with creating locality plans for the areas within Inverclyde facing the most significant inequalities. The Alliance board approved six new locality action plans on 17 June 2024.

2.2   On 18 March 2024, the Alliance Board approved a new approach to community engagement within the six locality areas. This approach employs the digital platform Inverclyde Community Choices (CONSUL) and promotes a 'Community Conversation Week' for each of the six localities to engage with the community. Additionally, it introduces the role of Alliance Board locality links to enhance community engagement efforts and strengthen the connection between the community and the Alliance Board.

2.3   This report proposes piloting the Inverclyde Choices Community Conversation week in three Inverclyde localities from October to December 2024, followed by the remaining three localities from January to March 2025. Engagement will be undertaken through the Inverclyde Community Choices platform alongside face-to-face engagement.

3.0   RECOMMENDATIONS

3.1   It is recommended that the Alliance Board:

a. Notes the updates on the Locality Plan community engagement process provided in this report.

Ruth Binks
Corporate Director of Education, Communities and Organisational Development

4.0 BACKGROUND

4.1 As part of the Community Planning element of the Community Empowerment (Scotland) Act 2015, Inverclyde Alliance has a responsibility to develop locality plans for those areas of Inverclyde which experience the greatest inequalities. The 6 new locality actions plans were approved by the Alliance board on the 17 June 2024.

4.2 On 18 March 2024, the Alliance board approved the adoption of a new community engagement approach. This approach involves using the digital platform 'Inverclyde Community Choices' (CONSUL) and transitioning to a 'community conversation week' model. Initially, this was to be branded as the Inverclyde People's Network, but after additional discussions with the corporate communications team, it was decided to rebrand it as 'Inverclyde Community Choices' to match the local designation for the CONSUL platform.

4.1 The Inverclyde Community Choices approach goes beyond simply sharing information and updates. It empowers residents to be active partners in shaping their communities. A foundation of this approach is the proposed "Inverclyde Choices, Community Conversation Weeks" held six times a year (once a year for each). During these dedicated weeks, residents join with the local authority and partners to co-produce and develop the Locality Action Plans. This collaborative spirit ensures that community priorities are not just heard but actively incorporated into effective action plans. Furthermore, Inverclyde Community Choices acts as a central space for communication and collaboration. It connects residents with the CLD (Community Learning and Development) sector and Community Councils, fostering a streamlined flow of information and decision-making. This transparency and collaboration empower residents to understand the processes shaping their communities and actively contribute to making informed decisions.

5.0 PILOT INVERCLYDE COMMUNITY CHOICES CONVERSATION WEEKS

5.1 The Inverclyde Community Choices Conversation Weeks aims to promote a localised approach to community engagement by offering a range of activities over the span of one week. The topics of engagement will be customised for each locality, reflecting themes from the priorities detailed in the Locality plans. Initially, the focus will be on generating opportunities for community input on vital themes like Community Empowerment, Community Safety, Before and After School Childcare, and Employability.

5.2 The pilot initiative plans to conduct Community Conversation weeks in Port Glasgow, Greenock East and Central, and Greenock South and Southwest from October to December 2024. This will be followed by sessions in Greenock West and Gourock, Inverkip and Wemyss Bay, and Kilmacolm and Quarriers Village from January to March 2025.

5.3 Throughout the Inverclyde Community Conversations weeks, a range of engagement methods will be employed, including digital engagement through the Inverclyde Community Choices platform, digital listening events, and face-to-face interactions targeting existing groups within community spaces like community centres, libraries, and warm spaces.

6.0 INVERCLYDE COMMUNITY CHOICES PLATFORM (CONSUL)

6.1 The Inverclyde Community Choices platform is Inverclyde's localised version of CONSUL, which is the recommended platform from COSLA in relation to community engagement. The Consul Democracy platform is a complete citizen participation tool for an open, transparent, and democratic government, with features such as community proposals, participatory budgeting, debates, and collaborative legislation.

6.2 Progress has been made in the development of the Inverclyde Community Choices platform, with enhancements to its layout and branding. Where previously the sole access method for community members was through their Scottish Government My Gov account, they can now also sign in using Facebook, Gmail, or Young Scot credentials. On 28 September, a COSLA representative conducted an online demonstration for Alliance Board members, highlighting the platform's features and its

adaptability. COSLA will continue to provide ongoing support and development to enhance the community engagement platform for Inverclyde. Additionally, a test site has been established to aid staff development, allowing officers to familiarise themselves with and practice the platform's features. The subsequent steps include facilitating elements of the warm spaces fund process on the Inverclyde Community Choices platform to gather community feedback.

7.0 ALLIANCE BOARD LOCALITY LINK ROLES

7.1 On 18 March 2024 the Alliance Board approved a delivery structure and Terms of Reference (TOR) for the Inverclyde Alliance Partnership Plan 2023-33. Included within the TOR was the expectation that Alliance Board members will act as locality area links with a representative of Inverclyde Council and/or an Alliance Board partner undertaking this role jointly. By linking the locality engagement into the partnership, the links can help to ensure that the voices of the local community are heard in the community planning strategic process.

7.2 Progress has been made with Alliance Board members agreeing to assume the new role of locality links. This role primarily entails the Alliance member acting as a liaison for the locality, ensuring community feedback is heard, and they will be supported in this role by officers from Community Learning and Development. Meetings with Alliance Board partner members to date have resulted in five partner members agreeing in principle to undertake the role. Efforts will continue to secure the support of the sixth alliance partner member.

8.0 IMPLICATIONS

8.1 Legal: none at present
Finance: none at present
Human Resources: none at present
Equality and Diversity: Community engagement will include various approaches to be inclusive as possible.
Alliance Partnership Plan: The proposed community engagement methods within this report will support Partnership Plan Theme 1 'Empowered People'.

9.0 CONSULTATIONS

9.1 None

10.0 LIST OF BACKGROUND PAPERS

10.1
- Agenda Item 7: Inverclyde Partnership Plan - Delivery of Structure and Terms of Reference (18 March 2024 Alliance Board)
- Agenda Item 9: Locality Plans Review (18 March 2024 Alliance Board)
- Agenda Item 7: Locality Action Plans (17 June 2024 Alliance Board)

Report To:	**Inverclyde Alliance Board**	Date:	**7 October 2024**
Report By:	**Kate Rocks** **Chief Officer** **Inverclyde Health and Social Care** **Partnership**	Report No:	
Contact Officer:	**Katrina Phillips** **Head of Service**	Contact No:	**01475 558000**
Subject:	**NHS GGC Mental Health Strategy Refresh Public Engagement**		

1.0 PURPOSE

1.1 This is a briefing paper in conjunction with the Mental Health Strategy Refresh 2023-2028 document to detail NHS GGC Public Engagement Process.

1.2 The Mental Health Strategy Refresh 2023-2028 document has been developed in partnership with all six HSCP's within NHS Greater Glasgow and Clyde. It updates on the NHSGGC five year adult mental health strategy 2018-2023 and expands on its scope to take account of the range of services relevant to the wider complex of mental health services and the continuing impact of COVID-19 as services go about restoring and refreshing the focus on Strategy changes, initially for the next five years.

1.3 The Strategy refresh approach to implementation will include:

- No wrong door, so any appropriate referral for secondary specialist mental health care will not be sent back to Primary Care with a suggestion of an appropriate response but discussed and progressed between secondary specialist services

- More people with lived and living experience, along with families and carers, will be involved in everything for co-production

- Prevention will be better explained as addressing wellbeing

- A focus on inequalities including people with protected characteristics and those affected by the socio-economic determinants of poor health.

- Improved access for Mental Health and situational crisis

- Commitment to more established points of access & clear referral pathways

- Self-management resources for people with long term mental health issues, that are accessible and do not exclude access to services where appropriate

2.0 RECOMMENDATIONS

2.1 It is recommended that the Alliance Board note the contents of this report and the plan for public engagement process.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Summary of the Proposed Service Changes and Improvements

3.2 What causes mental health issues is very complex. It is important to understand that just because we may not know exactly what causes someone to experience a mental health issue or distress, this doesn't mean it is any less serious than any other health issue, any less deserving of recognition and treatment or any easier from which to recover. Mental Health issues and distress can have a wide range of causes. It is likely that for many people there is a complicated mix of factors and different people may be more or less deeply affected by certain things than others. Factors that could contribute to a period of poor mental health or distress can include:

- Childhood abuse, trauma or neglect;
- Social isolation or loneliness;
- Experiencing discrimination and stigma including racism;
- Social disadvantage, poverty or debt;
- Bereavement;
- Severe or long term stress;
- Having a long term physical health problem;
- Unemployment or losing your job;
- Homelessness or poor housing;
- Being a long-term carer for someone
- Drug & alcohol misuse;
- Domestic violence, bullying or other abuse as an adult;
- Significant trauma as an adult;
- Physical causes e.g. head injury and / or neurological condition
- Neurodevelopmental vulnerabilities, especially those previously unrecognised

3.3 There are separate and specific strategies for organised health and social care service responses for each of the GGC wide mental health complex of services (Health Promotion & Prevention; Child and Adolescent Psychiatry [CAMHS]; adult mental health; older people's mental health; alcohol and drug recovery; learning disability and also Forensic mental health).

3.4 The recommendations described in this refresh will require implementation through multiple delivery work streams or other related strategies as appropriate to how they are interrelated or interdependent, such as those that contribute to the response to, or reduction of, Adverse Childhood Experiences.

3.5 Engagement Process

3.6 Phase 1 of public engagement took place from March to April 2024 supported by the Patient Engagement Public Involvement Team and focused mainly on widely distributed and surveys about what matters to people in local areas related to mental health and wellbeing service provision. There was a good response across the board area and from Inverclyde.

3.7 Phase 2 of the Public Engagement process is planned for August – October 2024.

Phase two engagement activity

What:
- 12-week phase from May to July 24
- Specific engagement on the in-patient beds redesign proposal
- Engagement will contribute to development of preferred option

Who:
- Targeted engagement: public, MH service users and carers
- Additional engagement with equalities groups and third sector partners

How:
- HSCP's are lead for engagement within their own area
- PEPI Team will support with planning and facilitation of public facing sessions and any sessions with third/vol sector partners
- MHN will support with facilitation of MH service user and carer sessions and any sessions with equalities groups

3.8 Inverclyde HSCP will facilitate 5 public engagement events throughout September as part of the wider GGC public engagement process. The dates below are being held and may change dependent on venue availability.

- **16th September 2024 – Greenock 2 sessions of 2-hour duration**
  - Wider public engagement session
  - Service User and Carer engagement session

- **23rd September 2024 – Port Glasgow - 2 sessions of 2-hour duration**
  - Wider public engagement session
  - Service User and Carer engagement session

- **23rd September 2024 – Online public engagement session**

3.9 The sessions will be supported by HSCP staff, Your Voice, CVS and NHS GGC Public Engagement Team. The sessions will be promoted through HSCP, Council and GGC social media and through Your Voice and CVS network connections

3.10 There will be further sessions and communications across the HSCP to engage and communicate the strategy refresh and seek views from HSCP staff supported by partnership representation. The dates of these sessions have still to be confirmed

4.0 IMPLICATIONS

4.1 Legal: none
Finance: none
Human Resources: none
Equality and Diversity: none
Alliance Partnership Plan: none

5.0 CONSULTATIONS

5.1 N/A.

6.0 LIST OF BACKGROUND PAPERS

6.1 N/A.

Your questions on mental health inpatient beds redesign and expanding community mental health services

Why are you reviewing the location of mental health beds now?

Patients, families and the wider public have told us they want us to focus on expanding and improving community mental health services. More mental health care can now be delivered in the community, including treatment and care traditionally offered in hospital. The benefits of offering the least restrictive care are well established, and getting people back home or into a more homely setting can help recovery from complex mental health problems. Reviewing and gradually reducing inpatient provision where appropriate, will help us fund more community mental health services going forward.

There's a shortage of inpatient beds now so how will a future reduction in bed numbers work?

We know that beds in adult acute care can come under pressure at times, and any changes to the number of these beds will only start when practical. We also know that some people can be in hospital for a disproportionately long time, not related to their need for a bed. As community services are expanded, the demand on beds will naturally reduce. Hospital integrated discharge teams are being developed to work closely with social work services to identify the right care packages, particularly for those with complex needs, to support people in the community and reduce the risk of delayed discharge from hospital.

Reducing inpatient mental health beds feels unsafe, how are you going to manage any risk?

Any discussion on reducing beds will always include risk assessment. Each stage will only move forward where assessment of risk indicates it is safe to do so.

Understanding and managing risk is part of the role of community teams. Individuals at greatest risk and with the greatest level of need will receive the right treatment and care for their needs, in the right setting, promoting prevention and early intervention care. We will also identify where teams themselves are under pressure, and work with them to develop solutions to issues that need to be addressed.

Will it take longer to get a mental health inpatient bed if you need one?

Beds will still be available for those who need specialist inpatient care and where a (new or expanded) community alternative is not available or appropriate. Community Rehabilitation and

Community Mental Health Acute Care Services are specifically being developed to support people who no longer need to stay in hospital, releasing beds for those who do need inpatient care.

What will happen to the money saved by reducing the number of inpatient beds?

As part of the reconfiguration / redesign of inpatient bed provision some money will be reinvested in wards as a response to the Health and Care (Staffing) (Scotland) Act (*). Some of the released money will also be transferred to social work services to provide support in other ways.

Some staff will prefer to stay working with inpatients and fill existing vacancies. Others will move out to jobs in the community.

(*) The Act directs health services take account of the service type, local context, the number and needs of the patients and appropriate clinical advice to identify what staff and skills are needed to deliver safe and effective care. If not already in place, it also requires ways of identifying, assessing and escalating real-time risks to care, arising because of staffing issues.

How will you reassure patients, families and communities that any savings will be reinvested in community services, especially as we have experienced new services having funding withdrawn in the past?

Sometimes 'tests of change' / projects are withdrawn or finish and that happens because they didn't lead to the improvements we expected, or permanent funding can't be identified.

Inpatient beds are funded long term and the community expansions funded by those monies will not be subject to short term funding problems.

By sharing our current plan, which is that money released through reducing inpatient provision will be reinvested into new and expanded community services, and by engaging with patients, families and the wider public we hope to demonstrate that we are listening and are using feedback to help develop options for further engagement.

Our early priorities for new community services are:

1. A Community Rehabilitation Service to support people to move out of hospital and continue their rehabilitation journey while living as far as possible independently, and at home or in a homely setting in their community.

2. An expanded / enhanced Care Home Liaison service that will work with care home staff to support individuals' needs and provide education and guidance to care home staff.

3. Expanding the Community Borderline Personality Disorder (BPD) Pathway to deliver more specialist care in the community instead of hospital and train more staff in the community in coordinated clinical care to work better with people with BPD.

4. Further developing unscheduled (unplanned or emergency) care;

- Linking the Mental Health Assessment Units set up during Covid as an alternative to busy emergency departments when physical health care is not needed with new Community Mental Health Acute Care services (CMHACS) providing intense support in the community for people as a safe alternative to hospital admission or prolonged inpatient care.
- Offering services that help people with mental distress (and not mental illness), providing non-clinical support where clinical care wouldn't really help. These include the NHS24 111 Mental Health Hub and locally commissioned services such as the Glasgow City Compassionate Distress Response Service (run by GAMH) and similar across the six HSCPs.

5. Expanding Dementia Post Diagnostic Support (PDS) providing a year's post diagnostic support for everyone diagnosed with dementia helping people;

- Understand their illness and manage their symptoms.
- Be supported to keep up community connections and make new ones.
- Have the chance to meet other people with dementia and their partners and families.
- Plan for future decision-making.
- Plan for their future support.

Will each Health and Social Care Partnership area get an equal share of the reinvestment so that they are able to provide equal access to services?

We'll take a board-wide approach to ensure we're looking at the whole system, and all Health and Social Care Partnerships (HSCPs) have agreed that by end point of the strategy, money released for reinvestment will be shared across services delivering care in all six HSCSPs. Whilst HSCPs may deliver services in different ways with different teams, they will all work to the same principles of promoting continuity and equity of care for people who need to use mental health services.

Will there be longer waiting times for community mental health services if more people are using them?

No. The combination of new and expanded community services and more effective and efficient ways of working should mitigate against longer waiting lists.

Have you thought about the impact any changes might have on patients, families and on already stretched third sector providers?

We know that people with mental health issues may have fewer family members and friends that they are in regular contact with, and maintaining these connections can help recovery. Issues like transport are likely to be a concern and we'll take this and other issues into account when developing options and making decisions on where services are in the future, however it's possible some services may still be moved due to other factors. If that happens, we will work closely with our partner organisations, including the local authorities and e.g. Strathclyde Partnership for Transport, to address issues.

Mental Health Strategy 2023 – 2028

A key aim of the strategy is to support a shift in resources between psychiatric inpatient care and community mental health care. In 2023/24 893 third sector organisations across NHSGGC (NHS Greater Glasgow and Clyde) were awarded 3.3m via the Communities Mental Health and Wellbeing Fund to develop grass roots community activity that supports a culture of mental wellbeing and prevention in local communities. Amounts ranged from a few hundred pounds to just under £30,000 with a significant majority of projects designed to tackle social isolation and loneliness.

The Community Mental Health and Wellbeing Fund is time limited, and other sources will need to be identified for expanded and recurring funding for public mental health, wellbeing promotion and early intervention, to continue to effectively prevent or reduce the need for psychiatric service responses in secondary mental health care.

What about the impact on other services, such as GP's (General Practice), Accident and Emergency departments and the Mental Health Assessment Units?

The impact of reducing the number of beds will be addressed in several ways:

1. Additional services such as the Community Rehabilitation Team
2. Expanded services such as Borderline Personality Pathway and Care Home Liaison
3. More effective working releasing capacity across existing services, including;

- More virtual patient management (telephone, video) – saving unnecessary time and travel commitments.
- Patient initiated (led) follow up – providing alternatives to unnecessary appointments
- Shared assessments – reducing duplication and people answering the same questions, multiple times.
- MHAU, CMHACS and Community Mental Health Teams working in partnership to help people requiring more intensive treatment and support.

GPs are already aware they can refer people to Mental Health Assessment Units instead of emergency departments and are kept up to date with any changes to unscheduled care by clinical leaders.

What are the timescales for these major changes?

We anticipate this will start Spring / Summer 2025 through to Autumn 2028. We will review progress, outcomes and impact regular stages to ensure that it is safe to continue.

How are you involving people who use services, and the public in these proposals?

We routinely gather feedback from people who use our services and are working closely with

NHS Greater Glasgow and Clyde

community and third sector partners such as the Mental Health Network to ensure that the wider public, mental health service users and carers have an opportunity to be involved as these proposals develop. People with lived experience will be represented and involved throughout the review, planning and redesign phases.

Where can I find out more information about these proposals?

You can read more about the Mental Health Strategy 2023-28, the proposal to review inpatient provision and expand community mental health services, and any upcoming public engagement opportunities by visiting the NHS Greater Glasgow and Clyde website here: Mental Health Services Engagement - NHSGGC

Summary of abbreviations used in this document

NHSGGC   NHS Greater Glasgow and Clyde

HSCP   Health and Social Care Partnership

CMHACS   Community Mental Health Acute Care Services

MHAU   Mental Health Assessment Unit

CMHT   Community Mental Health Team

BPD   Borderline Personality Disorder

PDS   Post Diagnostic Support (Dementia)