

Financial Security for low income households – feedback from CPIB Members

CPIB Meeting, 12th May 2022

CPIB Session May 12 th	Key Themes	CPIB Member feedback
 Financial security for low income households	- Extending access to childcare - Increasing opportunities to secure fair work - Changing ways of working based on what has worked during the pandemic - Reducing and eradicating child poverty - Access to safe and affordable housing, transport and heating - Role of community wealth building - Benefit maximisation	In advance of this session, members were asked to share their thoughts on the following: - Barriers that are stopping us delivering person led services - Governance and planning arrangements that could be streamlined - Areas where better data sharing is needed - Engaging partners who have a key role to play - Good practice examples of innovative/effective progress (including those emerging from COVID)

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CPIB Financial Security for Low Income Households Call for Evidence

TSI Scotland Network Response

Barriers that are stopping us delivering person led services

There were a number of practical barriers identified, including:

- Lack of appropriate venues, particularly when good ventilation and space is required;
- Lack of funding and under-investment in services;
- Issues around digital engagement: access to appropriate devices, digital skills, cost of data, cost of keeping devices charged; and no further provision coming online post Covid
- Staff shortages due to sickness, experienced staff taking early retirement. Difficult to maintain continuity of staff involvement for clients;
- Unwillingness of clients and service users to return to services now we are 'living with Covid.'
- In areas where churches are central to village life, aid dispersed and accessed through these churches or religious groups are not always on the radar, even at local authority levels. The extent of the issue is difficult to quantify eg food, clothing, services, replacement white goods.

Other barriers identified were:

- Statutory partners need to have an understanding of the importance of community engagement. The solutions to this will come from the community. They have to be more outward looking and be seeking to find better ways to engage the public. Question, How do we make this happen?
- Difficulties engaging specific groups: (History of poor relations). Those just "tipped into poverty" will be the most hard to reach as admission of need is already a barrier;
- National / Government use of benefit claimants as a funnel for assessing poverty is unhelpful in a community where thriftiness and hardship is almost a way of life; people will use savings and sell possessions rather than claim what is viewed as a "handout"
- Specific difficulties around engaging with people living in poverty. Organisations may not have an on-going relationship e.g. with people seeking CAB advice or a food parcel, which makes it difficult to identify their longer term needs and support them appropriately.
- Reduction in No-One Left Behind funding overall – a significant issue for delivery and likely reduction in services now provided by ESF funding.

It is anticipated that there will be further local authority cuts in the future, which will worsen all the issues identified above.

The third sector is extremely worried about the rising cost of food and fuel. For example, a high incidence of home care and older population in the islands, means that fuel poverty will be the greatest challenge by year end – this is not fully evidenced yet as weather is fine, heating oil tanks

haven't been refilled at new prices but there are already incidences of carers finding the heating off and the service user sitting in the cold.

Governance and planning arrangements that could be streamlined

Where possible arrangements should use existing partnerships and networks. For example, East Dunbartonshire Voluntary Action facilitate networks for organisations working in areas such as Older people: Health & Wellbeing: Social Enterprise.

Community engagement should be a transactional and reciprocal process.

There are currently a tremendous number of initiatives relation to place, e.g. planning for place, town centre regeneration, NPF4, community wealth building, green economy – how can it be synthesised? How can planning aspects be brought together?

The legislative focus on child poverty needs to be widened to look at poverty across the board. Rising living costs mean that a whole range of 'just managing' households will be tipped into poverty.

Areas where better data sharing is needed

Most areas of community planning could improve data sharing. It was noted that sharing between the NHS and other organisations is particularly problematic.

As Councils suffer unprecedented levels of cuts, creating infrastructure in community planning on data collection and analysis. Scottish Government not reducing level of ask on reporting – expecting more from CPP and partners with less resource – and needs to be shift in change at SG level.

It is important that clients have a strong degree of trust in how their data is used, which involves a lot of work around relationship building.

Engaging partners who have a key role to play

One of the key sectors who have a role to play in community planning is the private sector, but they are usually represented by private sector representative organisations. Private sector organisations which have a massive impact on individuals and households such as utilities, private sector housing, banks, insurance firms, and transport providers do not sit round the community planning table, and in some cases do not engage at all. This places the CPPs in the position of having to mitigate the policies of the private sector, when with some imaginative partnership working could prevent some of the issues arising in the first place.

The academic community has a lot to offer to local CPPs, but higher education input is patchy. It would be good to see HE institutions linked in to all CPPs, not just in university towns.

The community voice and the voice of people with lived experience could be stronger.

There is a key role for credit unions, but they can't work with the riskiest clients.

It would be helpful to support Police Scotland, Fire and Rescue Scotland, colleges, and all the other CP partners who don't have a specific anti-poverty remit to think about what they can do to relieve poverty.

Finally, it is key that the TSI is represented in community planning at all levels to ensure the third sector and their members and clients have a voice. This is particularly key around employability where some local authorities have had ESF funding to deliver which is now being replaced and presents opportunity to develop a more integrated approach to employability with focus on low income groups like carers, disabled and use volunteering and more effective pre-pre employability approaches. Alongside this there is need to accept change that some people may only manage small number of hours per week and that will still increase their household incomes and reduce their reliance on other medical and statutory services.

Good practice examples of innovative/effective progress (including those emerging from COVID)

Community Benefit:

East Dunbartonshire Voluntary Action (EDVA) has good partnership working in delivery around Locality planning partnership with HSCP and EDC. Community / Social Benefit high on agenda through procurement with TSI representation

Voice of Lived Experience:

The TSI Scotland Network were given funding from the Scottish Government to distribute to local projects working on adult mental health, and community-based adult learning, and have gained a lot of good learning from this. One particular area of learning is in involving people with lived experience of mental health issues in the allocation of resources.

Tackling Poverty in Partnership:

In some, but not all, CPPs there are Financial Inclusion Networks which bring together all organisations undertaking anti-poverty work to allow for coordination and exchange of information. While this is obviously best practice, the Networks require funding to operate, and it would be good to see this uniformly funded across Scotland.

In Midlothian, the Midlothian Financial Inclusion Network has been in operation since 2004, and this has allowed strong partnerships to develop. Midlothian Council decided to delivery its Winter Fund through a network of trusted third sector partners. Mayfield and Easthouses Development Trust operates an integrated system with a food pantry and benefits advice and Gorebridge Cares has links to Home/School Practitioners and supporting families. TSI Western Isles have created new posts this year towards Community Wealth Building. Local organisations who secured Corra Hardship funding experienced really low uptake on those coming forward to claim - distribution was only achieved through partnership with the school and housing association on a referral basis. Small TSOs in rural areas face the fear of "being known" when requesting help, therefore anonymous options - just a generic e-mail to message - were useful for Corra funds.

In Moray, the Fairer Moray Forum Action Group was formed in November 2020, as the operational sub-group of the Fairer Moray Forum Strategic Group and in response to the impact of COVID 19 and the need to join the dots at an operational level. The Group purpose is to bring partners together, to

co-design and implement direct actions to reduce poverty in Moray. This is done through partnership work between public and third sector members of the Group, detailed in an Action Plan which includes timelines and identified leads. It is co-chaired by the Council's Benefits / Income Maximisation Manager and the TSI Partnership Development Lead.

In Dumfries and Galloway, the TSI are members of the CPP Poverty and Inequalities Partnership which has a lived experience reference group. The TSI is conducting some primary research into digital exclusion. They have had 900 responses to a questionnaire and are now into the analysis phase. The report will be ready in September and should be of national interest, unbelievably there is no primary research into rural digital exclusion. They are working with IRISS on this <https://www.iriss.org.uk/>

Affordable Food:

In Clackmannanshire the food inequality group has developed into a dignified food group and wider change approach with the adoption of the Sustainable Food Places framework and a dedicated Clacks Good Food Coordinator being appointed from April 2022. A wide number of other councils are now involved in adopting the SFP model to help tackle food inequality issues alongside other food system changes that can help like creative learning and teaching of growing and cooking better and sharing local resources. This is a key way strategically to seek system change to tackle poverty. <https://www.sustainablefoodplaces.org/members/>

NHS HIGHLAND: RESPONSE FOR CPIB MEETING

Money Counts training and Asking About Money leaflet

- Highland 'asking about money' leaflet was developed by NHS Highlands Health Improvement Team in partnership with Independent Food Aid Network (IFAN), Highland Council, Citizens Advice Bureau, Social Security Scotland and the Trussell Trust in 2020. Alongside this, a 'Money Counts' training course was developed to support staff in the NHS and in partner organisations to ask people about financial worries and signpost them to sources of support. The course is delivered by the Health Improvement Team, supported by Social Security Scotland and FareShare/Cfine
- Money Counts training was developed to support using the leaflet and aims to increase skills to have a good conversation around money worries and increase knowledge of local support service detailed in the leaflet
- Money Counts training is a 3 tiered approach – Level 1 is 45 mins and encourages staff to have a brief conversation around money worries. Level 2 is 1.5 hrs and explores the relationship between poverty and health, increases knowledge of local support services and includes skills practice for using the leaflet and asking about money worries.
- Money Counts Level 3 course is currently being piloted and focuses on developing Poverty Sensitive Practice. To date it has been piloted with 2 organisations. Further work is being undertaken to develop this level of the course
- Since March 2020, there have been 28 level 1 and 2 courses delivered and more than 5000 'Asking about money' leaflets distributed via the Health Improvement Resources Service
- The leaflet is also available as a PDF and in a range of languages.
- In partnerships with Independent Food Aid Network, the Health Improvement Team in NHS Highland have delivered training for trainers on the Money Counts course to individuals elsewhere in Scotland and England

Fuel Poverty

- Money Counts leaflet: the leaflet that is promoted through the Money Counts training includes details of how to signpost to Home Energy Scotland.
- Sutherland Community Partnership has an active fuel poverty subgroup. It held a one-day summit in October 2021 with a range of presentations and Cabinet Secretary and MSP input. The findings of a Sutherland-wide survey were also reported at the summit. Report, event recording and presentations can be found on <https://www.highlandcpp.org.uk/sutherland-community-partnership.html>

Child Poverty Action Plan

- NHS Boards are required to work with their local Councils to produce a Child Poverty Action Plan. Child Poverty Action Plans are in place in both Highland and Argyll and Bute. The Highland Child Poverty Action Plan is embedded within the overall Integrated Children's Service Plan and was endorsed at both Highland Council and NHS Highland Board in May and June respectively 2021.
- The three main drivers behind tackling child poverty include income from employment; cost of living and income from entitlements and benefits. Money advice services in both Council areas are focused on supporting families
- NHS Highland's People Directorate is developing workstreams on attraction and recruitment into the organisation including consideration of supporting a young workforce through volunteering and apprenticeships and identification of key groups that are more vulnerable such as veterans
- Highland Information Trail is the pathway for providing advice and information to families from Midwifery and Health Visiting universal services. In Highland the Information Trail includes resources on asking about money worries. Health visitors and Midwives were identified early in the development and delivery of the Money Counts courses and an early pilot of one of the courses was tested on a health visiting team. The Cash First leaflet is now the leaflet that is used the Health Information Trail and is used by both health visitors and midwives.
- Argyll and Bute Flexible Food Fund (FFF) uses funds provided by the Scottish Government to support people with financial insecurities to pay for food and fuel during these tough times. The fund provides a payment made to householders if they prove that they do not have the minimum income in their bank accounts to cover the costs of food and/or fuel for a month. Householders or claimants are then incentivised to engage with the advice agencies

Link worker at DWP

- The Health Improvement Team in NHS Highland developed a pilot initiative with British Red Cross (BRC) to employ a link worker within the DWP service to engage with young people who are furthest from employment to explore what social barriers can be mitigated to increase opportunities to gain employment.
- Funding is for 1.5 years as a test of change approach. Pilot started in October 2021 and runs until March 2023
- Monitoring for outcomes is through BRC database and feedback from DWP work coaches.

Highland Move on Project

The Health Improvement Team worked with Highland Council to develop a successful bid to the European Social Fund to develop the Move On project in Highland. The project aims to engage the hardest to reach people through NHS and other services to provide individual personalised support to achieve realistic outcome sin relation to issues such as debt reduction, money management, financial inclusion, income maximisation, training and employment opportunities and life skills. There is a particular focus on care experienced adults and the project has provided opportunities for employment for care experienced adults

Highland Action Poverty Network

- Highland Third Sector Interface initiated a poverty action Network which was established in 2020. The Health Improvement Team is now Co-Chairing the group and supporting the network to grow. The network brings together third sector, voluntary and statutory organisations to share information and good practice.
- Work undertaken has include gathering responses from communities in relation to the SG consultation on Ending the need for foodbanks and a new sub group has been established to undertake some work on lived experience of poverty and how those experiencing poverty can be better supported. The Health Improvement Team is co-leading this work

Community Link Workers (CLW)

- One of the primary care modernisation work streams. In Highland allocation of CLW hours is based on deprivation and 29 practices have proportionate allocation of hours based on deprivation status. Evidence from other areas in Scotland shows mental health, isolation/loneliness and money worries are the most common reason for referral to CLW services. This service is likely to be one of NHS Highlands responses to tackling poverty and inequality
- CLW staff in Highland have undertaken the Money Counts training and have access to the Asking about money leaflet

Additional information:

"Barriers that are stopping us delivering person led services" –

Building issues like asking about money worries into clinical pathways as it is not a traditional part of health assessments

Confidence of staff to ask about money worries – need training and support to become confident about when and how to ask the right questions and develop knowledge about how to signpost people to support

Capacity for support and advice – even when signposting, there is a lack of capacity in money and energy advice.

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Date: 29th April 2022
Your Ref: CPIB May
Our Ref: 41:22



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CPIB Secretariat
The Improvement Service

Sent by Email to:
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Dear Emily,

Regarding – Community Planning Improvement Board – May 2022 Meeting

Thank you for your request for feedback on the topics for discussion at the next CPIB meeting.

I have sought the views of our regional Partnership Superintendents regarding your topics of discussion and can provide you a summary of their thoughts on the following pages.

As always Police Scotland support the work of the CPIB and look forward to the meeting next month.

Yours sincerely

Emma Bond
Assistant Chief Constable
Partnerships, Prevention and Community Wellbeing Division

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CPIB Session May 12 th	Key Themes	Advance Preparation – ACTION REQUIRED
 Financial security for low income households	• Extending access to childcare • Increasing opportunities to secure fair work • Changing ways of working based on what has worked during the pandemic • Reducing and eradicating child poverty • Access to safe and affordable housing, transport and heating • Role of community wealth building • Benefit maximisation	In advance of this session, members are asked to share their thoughts re: • Barriers that are stopping us delivering person led services • Governance and planning arrangements that could be streamlined • Areas where better data sharing is needed • Engaging partners who have a key role to play • Good practice examples of innovative/effective progress (including those emerging from COVID) Please return by 29th April

Police Scotland Methodology

To assess the views of our regional representatives who participate in CPPs at various levels our Partnership Superintendents were asked to individually provide feedback on their experiences. Due to the regional coverage of our organisation, Police Scotland officers were able to provide a view of the varying experiences across the country, therefore may seem contradictory.

These are summarised below.

Barriers that are stopping us delivering person led services

The phrase 'person led', had created some discussion. Some quarters have asked whether this is the same as 'person centred' or 'family centred' or if this means services being directed by the individual. Ensuring all partners have the same understanding of the terminology will help. Is this about easy contact and interface or is it cradle to grave delivery?

Governance, funding, resources and performance management (legislative and non-legislative) are a key requirement of all partner organisations within the scope of CPPs and for CPPs themselves. The varying methodologies and timings naturally create an unintended barrier to delivering tailored, trauma informed person led services.

Current demands on all organisations mean that the flexibility to personalise and mould service provision is very challenging. Observations suggest some services are increasingly stretched as demand exceeds capacity across partnership arrangements.

The lack of truly devolved funding for CPPs to trial tests of change or to design services differently also provides challenges, with many services only managing to contribute 'in kind' by providing minimal resource time or use of buildings. As we increasingly deliver more of our services in collaboration with other partners, including Councils and NHS, or organisations from the voluntary or private sector, it will be more efficient, effective and sensible to share space, information and facilities. Furthermore it has become clear that the absence of common platform for secure data sharing hinders the legitimate exchange of intelligence and/or information.

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We cannot underestimate the value of face to face meetings and how this helps build more trusting relationships, however the pandemic stopped face to face contact and relationships became more challenging to maintain and very difficult to grow.

Another factor felt to hinder service delivery has been that during COVID owing to the requirement for people to work from home the model for service delivery has been electronic which is often not accessible to the people in most need. A return to more in person delivery is considered a priority.

To be person led there is a need for funding streams to be less constricted to specific criteria and often barriers exist when service categories, defined by original funding arrangements are rigidly adhered to.

One area has highlighted the stress on the NHS due to Covid on its ability to provide other services.

“NHS are in a state of crisis making progress on improvement work a challenge. Capacity in mental health service is being keenly felt across other parts of the wider system. Sufficient Health and social care provision underpin a lot of what is being aspired to.”

A recurring theme was a lack of co-ordinated activity within a busy service landscape from all sectors, and a lack of a clear understanding of what is already available, and conversely, what's not. There would be benefit in national mapping / gap analysis of resources.

Governance and planning arrangements that could be streamlined

There is an indication that in many areas changes have or are happening with regards governance though where this is not happening there is a frustration. This does not however make governance straight forward and the following comments and themes have been highlighted.

“There is understandably a myriad of strategies and delivery plans that Councils and Partners have to deliver against to achieve successful outcomes. There is a challenge to de-conflict ministerial portfolios.”

CPPs focus are unique but there are commonalities across the country. In some areas the LOIP will be a main focus but not in all. Often the structure of the CPP categorises partners to sub-groups where they might naturally seem to fit, however this can limit creative thought on the cross cutting nature of the wider problems being faced in community planning .

“The local CPPs Governance is clear for each of the 3 local authorities but differs slightly in terms of nomenclature and structure. On paper one is more streamlined however another has a more complex structure but reflects the way it delivers services and manages specific community funding streams. I don't think it is possible for a one size fits all model unless mandated – which may be counter-productive.”

However another view was;

“It would be beneficial for more common reporting approaches to be taken across CPP's. They use different reports, processes and structures.”

A repeated theme within Policing has been that the areas for community planning and those of the partners are often not the same, for example Police, Health and Scottish Enterprise. The lack of uniformity causes these types of organisation more demand potentially resulting in less detailed consideration of specific need and potential frustration to other partners

“We are regularly asked to Chair Groups in each of the three CPP's meaning things have triple demand.”

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Areas where better data sharing is needed

There are 2 levels of data that are shared. One is on a Secondary Prevention level and looks to match service users of various organisations to provide opportunities to identify system improvements and support required for the individual. The other is of more use to Primary Prevention and relates to big data where we nationally match data to see trends and compare outcomes on a regional or national basis.

Local sharing can be hindered for various reasons, however generally it can and does succeed.

For more national data sets there are other issues in play. The lack of a single, national, secure and agreed platform for storage is the biggest hindrance. The gap has caused the creation of various solutions acceptable to some while not others; this needs agreement at CPIB level in conjunction with partners and Scottish Government.

Sharing of statistical data to support a range of CPP reports that including the LOIPs, Council Plans, CPP Groups and Community Justice is commonplace. However the challenge is the analytical resource available which is reflected across many partners in some areas.

“This issue probably isn’t about data sharing in its pure sense but rather a lack of knowledge about what each partner holds – if we knew what each had we’d undoubtedly share it.”

Engaging partners who have a key role to play

A point of note is that in some regions knowledge and engagement with CPIB was obviously not there so partners within CPIB need to commit to connect with their networks in order to obtain full benefit of the work we are trying to do. If Community Planning teams are unaware of our Board this is indeed a matter of concern.

It is clear, some partners engage more regularly and meaningfully with Community Planning than others and it can sometimes appear that there is an over reliance on some agencies. It is important that where possible CPIB partners encourage participation locally but also, that CPPs consider the capacity on smaller organisations to participate; could there be regional meetings for some issues to ensure maximum participation?

“Sometimes it's not that partners don't want to engage, sometimes it's perhaps that they don't understand how their contribution can achieve positive outcomes.”

One thing identified by the group is that the membership changes on a regular basis and that developing a welcome / induction pack for new members would be really useful in setting out the strategic objectives of the group and what each partner's responsibilities and contributions are. This is really simple and probably quite a basic thing but it's probably something that is true for a lot of partnerships and it could really improve engagement by helping new group members get up to speed more quickly and understand how their role fit in.”

Finally a theme within the responses was the lack of involvement of NHS acute services (GP representative and A&E representatives). Respondents all felt that they would be key partners in a local context with a lot to contribute and that their participation may help reflect the support of other agencies to help them.

Good practice examples of innovative/effective progress (including those emerging from COVID)

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“The engagement with CPP partners is excellent in Ayrshire. Everyone is engaging and wanting to do the right thing within the resource constraints that everyone has. We are leaders in Community Wealth Building which provides a unique reason for CPP partners to work together – SG is particularly interested in this.”

“There is a mixed approach taken to CPPs across the North East. There is significant management and strategic leadership in Aberdeen City particularly in relation to data, performance and progress. This carries a heavy demand on services but provides a highly effective approach to CPP.”

“Early on in the pandemic, GGC health board introduced direct access to mental health services at Stobhill and Leverndale, this has proven very effective and means people can get direct access to the care and assistance they require. In addition it means that when officers come across someone in mental health crisis, they can convey them to somewhere more appropriate than A&E and that members of the public are seen much more quickly than they might have been otherwise. Access to immediate mental health services has a positive effect on the wider system as this can often be a root cause of other complex needs.”

“The work with the VRU and CPP partners in Wallacetown in Ayr is an example of trying to deliver a person led, public health and trauma informed approach to service delivery. The investment of dedicated resource by VRU, Ayrshire Division and the SFRS helped to kick start this longer term approach. Strategic support from the CPP Board and appropriate governance established to drive and support activity. This has resulted in extensive community engagement and working with a wide range of services to establish how the community and vulnerable individuals can be better served. This evidences that with dedicated and prolonged investment in time, energy and support that differences can be made – but requires long term vision.”

“North Ayrshire CPP has the most complex structures but fully represent community delivery. The Locality Partnership approach that has CPP members embedded into local groups with CIF and COVID recovery funding being channelled through to support decision making works very well.”

“As part of the governance review North Lanarkshire introduced Community Champions at Head of Service level. The Champions have overall responsibility for linking each of the 9 community boards to the local authority. Although it may appear to be an extra layer, it works well in practice as they are key decision makers.”

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SCVO Response
Financial Security for Low Income Households
April 2022

- Barriers to person-led services

How budgets are structured and allocated

Traditional commissioning/procurement methodology

Systems that are (understandably) designed for organisations not people

- Governance and planning arrangements

Too many variables – eg CPPs, IJBs, REPs, LEPs, City/Region deals etc etc – where the same people/organisations are around the table but talking about different things, and none of those things has people/families as the starting point.

- Data sharing that could be improved

Everywhere! Especially DWP with devolved/local services

- Engaging partners

Third sector tend to be engaged at commissioning/delivery end rather than at the planning/strategic development point – ie too late. Seen as delivery organisations, not as strategic partners or as routes to the unheard.

- Good practice example

Connecting Scotland.

PUBLIC HEALTH SCOTLAND feedback
FINANCIAL SECURITY FOR LOW INCOME HOUSEHOLDS (12TH May Meeting)
Economy Poverty and Environment – Feedback

Theme -Access to Safe and Affordable Housing, Transport and Heating	
<u>Areas where better data sharing is needed</u> In our response to the homelessness prevention duty consultation, PHS highlighted if public bodies are subject to a new duty to ask and act on people being at risk of homelessness, there must be a clear referral pathway and mechanisms for sharing data about individuals' housing need between partners. Even in the absence of the duty, better data sharing would help to plan secure housing destinations, for example for people leaving prison or hospital who are still sometimes being discharged into homelessness in spite of opportunities to prevent this. PHS is working to develop routine linkage with health and social care data. This will help inform and understand how homelessness data can be used to support better planning and decision-making locally.	<u>Barriers that are stopping us delivering person led services</u> The main barrier is lack of adequate supply of affordable and especially social housing to meet demand, which is being exacerbated by increasing costs in the housebuilding sector. PHS programme of work on the right to housing is being refreshed so will be looking at the priorities and where further contribution can be made. Work is undergoing on access for particular groups such as Gypsy/Travellers, women involved in commercial sexual exploitation, people with disabilities including learning disabilities – there are specific barriers for these groups which we aim to highlight and help to address. Scottish Government are also looking at things like rent controls.
<u>Good practice examples of innovative/effective progress (including those emerging from COVID)</u> Lots of lessons from the pandemic – a highlight is the collaborative work that brought a whole range of partners together to bring homeless people off the streets. This is seen as a real success story, as covid infections in the homeless population were very low. Many people were supported to engage with services and moved into other accommodation. Very small numbers returned to the streets. Homeless numbers are still far too high, and focus has now shifted to the need to move people on from temporary accommodation into secure housing. Work to prevent evictions was also a success and support was given to people to remain in their homes, some of the best practice is continuing Scottish Government consulted on making some changes permanent. GCR Regional Economic Strategy work programmes on Metro Plus and Housing Retrofit.	<u>Engaging partners who have a key role to play</u> We are engaged with Scottish Government across More Homes, Better Homes and Homelessness teams; COSLA; national representative bodies such as Scottish Federation of Housing Associations, Association of Local Authority Chief Housing Officers and Chartered Institute of Housing; national housing and homelessness charities such as Shelter, Cyrenians, Crisis, Simon; academic bodies such as UK Collaborative Centre for Housing Excellence, I-SPHERE; local PH leads for housing and homelessness, local housing strategy officers. There are several fora where housing is already discussed and Scottish Government is currently establishing a new governance structure for Housing to 2040, so it is unlikely that any new engagement mechanism or structure would be needed at present. CPIB may want to consider if it is well enough linked to existing groups where these partners meet.

Theme - Extending Access to Childcare	
<u>Areas where better data sharing is needed</u> Increased sharing of uptake from the priority families would be helpful when looking to better design the reach and delivery of services.	<u>Barriers that are stopping us delivering person led services</u> From a recent workshop on Child Poverty: there is evidence that some Third Sector provision has ceased to operate even though there is demand due to being unaffordable. Provisions also does not cover the times of day needed for people working in health and social care and other service sectors. Childcare is often designed to meet the core needs of users combined with systems and delivery constraints resulting in a less flexible/accessible service for many who need it most.
<u>Good practice examples of innovative/effective progress (including those emerging from COVID)</u> This will be included under the Foundational Economy work programme as part of the GCR Regional Economic Strategy. Details are under development.	<u>Engaging partners who have a key role to play</u> Parents who are not using the services they may be entitled to, would be a good range of local partners to engage with as well as third sector organisations such as OPFS.
Theme - Increasing Opportunities to Secure Fair Work	
<u>Governance and planning arrangements that could be streamlined</u> A more effective local alignment with Anchor, Community Wealthy Building and employability via Local Employability Partnerships and CPPS aligned to city and growth deals as this area is becoming very cluttered and increasingly difficult at local level. There is a great need to align to the place-based approach and work with local employers and to disaggregated National, Regional and Local actions/governance.	<u>Barriers that are stopping us delivering person led services</u> PHS are about to do some qualitative work to look at some of the barriers and opportunities around this in the next few months, as part of Scottish Government anchors scoping. The current operating of the labour market and national approaches often prevent person centred and needs led approaches. There is often insufficient flexibility to enable a person led response especially for those in precarious and/or low skilled insecure work.
<u>Good practice examples of innovative/effective progress (including those emerging from COVID)</u> Fair and Healthy work identified as action area in Glasgow City Region Regional Economic Partnership. An initial focus will include Living Wage then further development in line with Fair Work Nation when published. Scoping underway in relation to potential programme of Occupational Health support to enable people to remain in work. NHS	<u>Engaging partners who have a key role to play</u> There must be greater alignment of Fair Work policies and aspirations with HR systems and approaches to create increased flexibilities to support a more inclusive and diverse workforce. Trade Unions and SMEs also have a key role to play.

Forth Valley is engaged with three local authorities in Delivering Fair Start Scotland demonstrating a good practice approach to health and work. There is good practice within many Local Employability Partnerships wrapping a package of support around individuals both moving towards and in work especially those with barriers to entering and sustaining work	
Theme - Reducing and Eradicating Child Poverty	
<u>Areas where better data sharing is needed</u> Better data sharing on priority parents/family groups at a local level. Local Partnership would help to better target services at those eligible parents currently disengaged and excluded. Information at a neighbourhood/school cluster level would help support better service design. Helping the local system to access and interpret data is a key part of Local Public Health Improvement Team.	<u>Barriers that are stopping us delivering person led services</u> Weak and varied referral pathways with a lack of continuous support at various public sector touch points. There is a need for a single point of contact to improve access to support services for those most vulnerable to support their engagement. Informed warm handovers /protocols amongst professionals supporting individuals would help. Tackling Child Poverty needs to be seen as part of Fair Work, Anchors etc to avoid the increasing proliferation and duplication of efforts which often works against a person led service
<u>Good practice examples of innovative/effective progress (including those emerging from COVID)</u> The Foundational Economy work programme as part of the GCR Regional Economic Strategy. Key Worker approach in Parental Employment support, referrals to support from health professionals, housing support etc to ensure a whole system response – Covid hardship/emergency support funding. PHS and the Improvement Services are working together to deliver a coherent and consistent range of support both locally and regional health boards to ensure evidence informed approaches to tackle child poverty to support and inform Local Child Poverty Action Plans and Reports. Work already undertaken was in the form of PHS working with Inverclyde Council to create a suite of resources to help local areas better use data to shape local priorities to reduce child poverty. From this work PHS developed a Child Poverty Data Source that tells us more about the local	<u>Engaging partners who have a key role to play</u> There is good support in local partnerships from Public and Third Sector – there needs to be greater involvement from private sector around in-work poverty to enable upskilling and progression.

and national data sources that can be used to inform local understanding about child poverty.	
Theme - Role of Community Wealth Building	
<u>Governance and planning arrangements that could be streamlined</u> Better alignment and integration of employability, adult learning, financial advice funding and policy, with HSC, housing and justice planning and performance, as part of CPP social renewal planning would be helpful. Clarity on National, Local and Regional Governance and accountabilities would be helpful. CPPs and place-based governance would help eradicate layers and streamline approaches. Scottish Government are currently reviewing PHS Governance arrangements at a national level. Awaiting further information.	<u>Barriers that are stopping us delivering person led services</u> With many different approaches, it is a challenge to work together as 'one' public sector when developing metrics. Focusing on how working together on indicators and themes would help and not prevent better person led services. It is challenging to engage meaningfully with multiple, complex structures with competing demands on finite capacity of all partners involved. Participation at CPPs is varied, as is performance. There is also the issue of ring-fenced, siloed, short term funding often focussing on capital investment.
<u>Good practice examples of innovative/effective progress (including those emerging from COVID)</u> Scottish Government's No One Left Behind Shared Measurement Framework Emerging Wellbeing Monitor	<u>Engaging partners who have a key role to play</u> PHS, Improvement Service, and Scottish Government - CWB, Anchors teams to look at aligning support and communities of practice support for CWB. PHS have agreed with Scotland Excel and NSS to develop support on CWB and progressive procurement for NHS procurement community. It would seem there is scope for a more joined up approach at national and local level. Part of the Local Public Health, PHS is currently supporting the Glasgow City Region Deal and community wealth building in Ayrshire. It will also work closely with the Scottish Public Health Network (ScotPHN), local Directors of Public Health and their teams and the proposed Public Health Action Groups that will be set up shortly. These groups will look to take a whole-system approach to some of the key public health challenges.
<u>Additional Information</u> Areas where better data sharing is needed : PHS has realigned some of its resource to identify capacity that will be used to help the local system improve community outcomes. This Local Public Health Improvement Team (LPHiT) will work alongside the Local Intelligence Support Team (LIST) to primarily help access and interpret data and intelligence working in partnership with the local public health teams. Helping the local system to access and interpret data is a key part to LPHiT.	

As part of the LPHiT work, PHS is reviewing local data on the impact of COVID on cancer, screening and NCD's and will continue to supply a wide variety of data from numerous sources to SG, cancer Networks, NHS Boards, Screening Centres to help them understand how their services have been affected, and how they are recovering.

Barriers that are stopping us delivering person led services

Funding, two key funding streams he is aware of which are beginning to show national/centralised funding being utilised at a local level in mental health. For one of the funds, Communities Mental Health and Wellbeing Fund, PHS is on the National Oversight Group which reviews the proposed plans and allocation of funding. The fund was launched in October last year with £15 million to support grass roots community groups and organisations to deliver activities and programmes for adults which tackle the social isolation, loneliness and mental health inequalities made worse by the pandemic. The funding provides an opportunity to re-connect and revitalise communities building on examples of good practice which emerged throughout the pandemic. Projects supporting sport, outdoor and nature initiatives as well as arts and crafts were successful in the initial funding. An additional £6 million has been allocated.

PHS does not currently have a role in the other fund, Mental Health Recovery and Renewal Fund. £15 million has been allocated to improve the mental health estate. It is up to IJBs/HBs to agree plans on how they will use funding surrounding this. Funding must fit the criteria on delivering:-

- Quality and amenity of built environment
- Person Centred Delivery
- Service efficiency
- Capacity and Waiting Times Improvement
- Risk Management and Patient Safety

Investigations are ongoing as to how PHS can have a role in helping develop/influence these plans as we don't right now, conversations with SG to find out we can be better involved.

Improvement Service Feedback to CPIB on Financial Security for Low Income Households

Introduction

The Covid Recovery Strategy contains a target outcome of improving Financial Security for Low Income Households. Some of the key themes identified within this outcome are:

- Extending access to childcare
- Increasing opportunities to secure fair work
- Changing ways of working based on what has worked during the pandemic
- Reducing and eradicating child poverty
- Access to safe and affordable housing, transport and heating
- Role of community wealth building
- Benefit maximisation

The CPIB members committed to establish a short life working group to identify and deliver actions that would make progress against this outcome. In support of this, members of the CPIB were asked to share their thoughts on:

- Good practice examples of innovative/effective progress (including those emerging from COVID)
- Barriers that are stopping us delivering person led services
- Governance and planning arrangements that could be streamlined
- Areas where better data sharing is needed
- Engaging partners who have a key role to play

This document collates feedback received from teams within Improvement Service to answer this request.

Barriers that are stopping us delivering person led services

- **Joined-up Policy** - It is getting better, but a lot of Scottish Government Policy is not joined up, and then any subsequent funding is not joined up. The new National Strategy for Economic Transformation does mention tackling child poverty and the Tackling Child Poverty Delivery Plan has a strong Employment component, so some connections are being made.
- **Ring fenced funding** - A lot of funding is ring-fenced which makes being innovative with services, joining up pots of funding and linking services difficult, as spending can be quite restricted.
- **Lack of funding for Change capacity** - There is no funding available to employ someone to lead on child poverty in the local authorities or NHS boards. Some organisations are lucky enough to have a lead for tackling child poverty which is their only area of focus, but for many it is added onto an existing post, so there is less time dedicated to looking at how to improve services and make them fully person led, and the focus is more on writing a LCPAR.
- **Mitigation instead of prevention** - Many services are always in crisis mode in terms of dealing with demand, made worse by the pandemic, which gives little time to develop and transform services to be truly person led. The Whole Family Wellbeing Fund could help with this.
- **Lived Experience** - Engaging with those with lived experience is getting better, and is informing service development and delivery, but more is needed. Again, funding can be an issue here, with fewer dedicated resources available locally to engage with families. Community Planning

Partners can be very good at sharing any engagement they are carrying out and this could be built upon.

Areas where better data sharing is needed

- There is a need for improved data-sharing between DWP/HMRC and local authorities – and also between Social Security Scotland and local authorities.
- At the moment DWP/HMRC/SSS can't share income data or data about specific households with local authorities – except for the purpose of administering HC and CTR. So it can't be used – for instance – to increase uptake of other local entitlements such as free school meal, school clothing grants or educational maintenance allowance. Neither can it be used to target information about support available that might alleviate financial insecurity – such as the Scottish Welfare fund, money/debt advice or employability support.
- Discussions are ongoing between Scottish Government, Social Security Scotland, Child Poverty Action Group Scotland (CPAG) and IS feeding views in from Local Leads regarding the sharing of information from SSS with Local Government and vice versa to allow for better targeting of benefits, and automation of some of these. As no information sharing takes place at present it can be difficult to identify all those who could be entitled to benefits and other support. This is outlined in the new SGov Tackling Child Poverty Delivery Plan - Best Start, Bright Futures. If a solution can be reached this might also allow for better information sharing from DWP and HMRC to allow for better targeting of support.
- Work on equality and diversity, especially around the priority groups is light in terms of having useful data on demographics (the census 2011 is very out of date now) and it would be useful if any data gathered also gathers protected characteristics of service users (with a minimum being disability, race, age) as well as whether someone is a lone parent, if they have 3 or more children, age of child.
- An example of good practice comes from Glasgow City Council who – in partnership with the Centre for Civic Innovation have got permission from DWP/HMRC to use that household income information for research purposes. They have layered this with SEEMIS data to get a really clear picture of the scale and depth of poverty in the city that goes far beyond what is available from national data.
- For more information on the Glasgow Work you can watch this IS webinar on using data to understand poverty at local level. This webinar also gives a bit of background on the difficulties of using data to understand child poverty at local level and examines the Public Health Scotland tool 'Prioritising Child Poverty – A Data and Systems Approach' and how it was used in Inverclyde to promote effective data sharing.

Governance and planning arrangements that could be streamlined

- There are difficulties in delivering long term services with short term funding agreements in place for the third sector. This can result in lack of continuity of funding for services and projects. Staff aren't being retained due to a lack of job security, resulting in loss of skills and loss of relationships that have been built up.
- Different pieces of funding have different reporting requirements. Disparate reporting taking time away from people being able to have impact. The reporting burden following the awarding of grants is a time allocation that could be spent in actually delivering the services.
- Providers need to keep chasing money to keep their services going. At the moment there is a requirement to bid for an amount of money. This relies on services identifying issues and

bidding for funding to try and resolve them rather than a commissioning function 'procuring' services to fill identified gaps.

- There is also frustration about lack of investment to allow local areas to take a strategic approach to tackling child poverty / family poverty. Pots or funding directed towards particular initiatives are good – but sometimes they don't fit with what needs to happen locally.
- There are local frustrations in relation to Pupil Equity Funding. One lead noted 'this remains under the control of individual Head Teachers and therefore there is little control or influence over how it is spent. It is hard to know if it is being spent in the right way and is linking to broader work in the community. Schools can do what they like where the local authority has to procure things!'
- Resources: Lack of resources – both for reporting and to introduce new policy approaches were highlighted repeatedly. For example, 'Without additional resources and someone to lead on this programme it risks becoming a tick-box exercise. We have a joint plan and there are gaps but not strong momentum around how to address them.'

Engaging partners who have a key role to play

- There is an important role for Community Wealth Building (CWB) in enhancing financial security for low income households, particularly through the pillar of 'Fair Employment and Just Labour Markets'. Anchor institutions, such as Councils and other public sector partners, are often the biggest employers in a place and the principles of CWB can be used to encourage these, as well as large private sector organisations, to improve the employment prospects of local people.
- This can involve recruitment targeted at those from lower income areas and furthest from the market place, as well as paying the Living Wage and encouraging other businesses in the area to do the same. It also involves supporting the upskilling and career progression of existing employees. In 2018, the Improvement Service's Economic Outcomes Programme published a report on Leveraging Council Resources for Increased Economic Impact which found that relatively low paid, part-time working is prevalent in many councils, which makes a substantial portion of the workforce potentially vulnerable to changes in financial security and welfare reform.
- Recruitment for higher paying roles within a council is also often from out with the council area. Tackling poverty in the most disadvantaged areas can therefore be supported by finding new ways for councils and partners to recruit more people from their own most disadvantaged areas, and into higher paying roles.
- There are also really interesting examples coming through the LCPARs of innovative ways of providing holistic support to families. See the [Lifting Families Together project in Edinburgh](#). It is a 5-year test of change that seeks to remove silos and develop a multidisciplinary neighbourhood team offering holistic and long-term support for people to lift themselves out of poverty. L

Good Practice Examples

EXAMPLES FROM LOCAL CHILD POVERTY ACTION REPORTS

There is a wealth of discrete examples that have been collated on the ways in which councils are tackling the drivers of poverty from Local Child Poverty Action Reports. We will not duplicate in this document, but these examples can be found at the link below:

- [Driver: Cost of Living](#)

- [Driver: Income from Employment](#)
- [Driver: Income from Benefits](#)

In addition to the examples cited in these links, Local child poverty leads reported that while COVID lockdowns had been extremely challenging for those with a role in tackling poverty, they had also allowed certain barriers and obstacles to reaching families to be side-stepped. The following is an extract from evidence provided by local leads to the Poverty and Inequality Commission via the National Coordinator for Local Child Poverty Action Reports

- Positive impact that relaxation of GDPR had had. One noted, 'we were able to better support families – get money out to them, bypass procurement (which takes too long) and rely on good governance. We were able to make individual client outcomes a condition of grant, which in turn made it easier to build pathways to other services e.g. to tackle fuel poverty/ employability support etc. We could also track families for multiagency support and engage with willing 3rd sector organisations in a way that we were not able to do previously.'
- The 'cash first' approach taken in many areas throughout the pandemic was seen by some as really empowering for families. 'All the support available has really helped families. There is a real worry that money will dry up and that support will no longer be available. There was a high cash flow to Councils which meant that they were able to help like never before.'
- Example: 'We set up a forum so we could hear directly from families. This impacted the way we work in several ways. Firstly, direct, cash payments for families. Secondly we were more agile and responsive and processed applications and got money out the door much faster. We also found new ways of accessing children who couldn't attend school but were still entitled to financial support with food. '
- Example: We developed a crisis response team with staff and resources from different disciplines. It was a holistic approach which allowed us to refer people to the services they needed. We also used shared funds to pay one week's living wage to those experiencing crisis. People were so grateful for that. Going forward much of this way of working will be lost. I will no doubt have questions to answer about whether those who received support were in the target group for each particular source of funding we drew upon. We had no option at the time.'
- One lead noted that 'many of the things taking place are a short term/medium term response. This is making a difference (devices/payments/vouchers) but need to do more to focus on root causes, drivers and longer term response as these people will 'fall off a cliff edge' when these short term interventions are removed without more consideration and response to fundamental causes.'

TEST AND LEARN PROGRAMME

The Welfare Advice and Health Partnerships 'Test and Learn' Programme will collect information across 150 GP Practices in Scotland on the type of benefits claimed and any resultant financial gain on an individual (anonymised) basis This will allow us to look in more detail at the effect of income maximisation strategies on population groups (e.g. young single parents). Ultimately it is hoped we will have a population sample size of c25,000.

CONTINUED ACCESS TO FREE PERIOD PRODUCTS

Councils are making sure that no young people have to go without access for free period products throughout the COVID-19 pandemic even though usual availability in schools and colleges is restricted.

Argyll and Bute and Aberdeenshire councils have teamed up with Hey Girls to deliver products to people's homes. Pupils just need to fill out an online form that requests chosen package, school, name and delivery address.

Angus Community Planning Partnership is also working with Hey Girls as well as building a physical distribution network of local food shops that are still open.

In Dundee, a free contactless delivery service of period products is available to all citizens. A dedicated phone line and email address, managed by council staff, was established to enable residents to place orders directly, and all those requesting products have received a three-month supply delivered to their homes by the council's third sector partner Dundee Volunteer and Voluntary Action.

East Renfrewshire Council has made period products available through its Humanitarian Food Hub and they can be requested as part of the weekly food bag.

Inverclyde Council has extended its online scheme with partner Hey Girls until 26 June 2020. The successful trial during May saw nearly 400 orders placed. As well as the online delivery service, Inverclyde Foodbank will also continue to receive supplies to add to parcels.

With the free provision of sanitary products via leisure facilities no longer possible, North Lanarkshire Council is distributing free products through partnership working with Community Food and Health Partnership, food banks and community groups.

EMPLOYABILITY HUBS IN NORTH AYRSHIRE

Employability services across Scotland are delivered and funded through a variety of agencies – Scottish Government, local government, Department for Work and Pensions, Skills Development Scotland, Work Programme contractors, Employability Fund contractors, lottery-funded provision, third sector. There is an inherent danger in this range of provision – that services on the ground are fragmented and confusing for the end user and agencies can work in silos. The end result can be poorer outcomes for unemployed residents. It can also be difficult particularly for national agencies to truly respond to local needs, without operating at the heart of communities.

Employability Hubs in North Ayrshire are a partnership approach to addressing the above dangers. Hubs create a physical focus for partnership action in deprived communities, making sure that agencies work together to deliver a better service for unemployed residents.

Key Activities

A gateway to the employability pipeline that is easily accessed in a venue that people feel comfortable

A range of services which provide a holistic approach to addressing barriers to work

Joined up provision that means people can get “warm handovers” to other agencies that can help them in their journey to work

Top quality facilities that aid their job search and/or upskilling, making them feel valued and that we are prepared to invest in them

One-one support, where advisors have the time to build a relationship and address their barriers over a period of time

A vehicle for national agencies to operate locally in the heart of communities

Core provision such as drop in advice and guidance, access to internet and PCs etc supplemented by other services as demanded by that particular community. All hubs will have a core offering and common standards but the service offer will respond to local needs

Benefits and Impact

Better engagement – not everyone feels comfortable accessing mainstream services often located in the major town centres. By locating in local facilities that people know and feel comfortable with, we will engage those who would perhaps not have engaged with our services.

Efficiency – by sharing a facility, partners reduce costs in delivering separately. Service duplication is more easily identified and addressed.

Increased partnership working – by delivering services from the same locations, the employability pipeline becomes more “real” for frontline workers and they can start to see how they can jointly work with residents to provide an enhanced service.

And ultimately this is all about better outcomes – giving people the best service possible by working together.

JOINT EMPLOYABILITY PROGRAMME IN RENFREWSHIRE

The Joint Employability Programme seeks to strategically improve employability related outcomes for young people from low income households, or at risk of poverty, across Renfrewshire. Working collaboratively with a wide range of partners this is a true partnership model, engaging both community planning partners and external providers, aspiring to provide breadth and flexibility to tackle the barriers to employability.

Key Activities

A range of opportunities across S1-S6 have been identified which will deliver a comprehensive range of both universal and targeted interventions to address the key needs of our young people. Overall, the programme consists of 14 projects grouped across three main areas;

- Broad General Education
- S1-S6
- Senior Phase

Making sure that looked after children and young people with additional support needs leave school with better prospects of positive destinations

- Work Experience and Volunteering Opportunities: young people aged 16+ with disabilities and additional support needs who will be leaving school in summer and winter 2016 will be provided with tailored volunteering and work experience opportunities with local third sector organisations
- Work Experience for Looked After Children: this is a tailored opportunity for young people to take part in an extended work experience with Kibble

Providing all pupils leaving school with appropriate career management skills (writing CVs, application forms, preparing for an interview, etc)

- Business Ambassador Programme: young people engage with a business person to understand what employers look for, how to write a successful CV or application form, take part in mock interviews and a workplace visit
- Business Partner Work Experience/Training Model Project: this is a pilot project which will offer 12 senior pupils an opportunity to take part in flexible work experience during one afternoon a week and a chance to apply for a training course with GTG training in Glasgow

Giving young people from low income families additional and targeted support which will help them access employment

- Pupils Exhibiting Potential: this project is providing opportunities to pupils from secondary schools who, despite being academically capable, are not fulfilling their potential. This project

will give them a sense of attending university through taking part in taster sessions and motivate them to continue with their study

Raise awareness of vocational pathways available to senior pupils and volunteering opportunities

- Developing a Positive Mindset: this is an early intervention model which provides support to young people who struggle with confidence, goal setting, self esteem and interview skills

Achieve a more representative spread of young people moving into further and higher education

- Step Up: a 12 week course designed and taught by the University of the West of Scotland which will introduce young people to the variety of learning styles in university setting

Engaging with our hardest to reach families to interact with schools and support their children's achievement and aspirations

- Parents in Partnership: a project designed specifically to support both parents and children with the transition from primary school to high school through encouraging parents to be more involved in school life and their children's learning

ENERGY ADVOCACY SERVICE IN RENFREWSHIRE

The Energy Advocacy Service provides face to face support to vulnerable householders in their homes to resolve complex energy issues which are not addressed in national service provision. For example debt, disputes with suppliers, meter issues and applications for Warmer Homes Scotland works.

Key Activities

- Universal referral path through an email portal which all advocates and other relevant staff have access to. The incoming emails are monitored and responded to within 24 hours.
- Self-referral mechanisms where members of the public can contact the team by phone, through Council advice services, Council general contact number and local offices.
- Face-to-face service, visiting people's homes and gaining valuable insight into clients needs and then offering targeted advice.
- The advocates work in partnership with other service providers such as the foodbank, RSL providers, NHS and social work services. The partnerships with NHS and social work providers such as mental health services has proven to be mutually beneficial and ensured an enhanced service provision to clients.
- The advocates can resolve energy issues that are causing stress for clients with poor mental health and act as a door opening for the mental health officer who can offer support that clients are not otherwise picking up.

Benefits and Impact

The headline benefits are 827 clients visited over a 12-month period which saved over £225,000 for clients. The value of the savings exceeds the cost of providing the service. The greatest benefit arises from the joint working with partner organisations. The advocates can resolve energy issues that are causing stress for clients with poor mental health and act as a door opening for the mental health officer who can offer support that clients are not otherwise picking up.

Learning

It is challenging to identify the most appropriate groups within the NHS and Social Work Service that have a client base that would benefit from the advocacy service.

The Council has addressed this through ensuring that there is a personal relationship between the service providers, and as quickly as possible demonstrating to all front-line staff the client benefits that can accrue from these partnerships.

TRANSPORT SCOTLAND – TRANSPORT AND CHILD POVERTY BEYOND THE PANDEMIC

Transport provides a critical infrastructure for households when living on a low income and must work effectively for household circumstances to help alleviate poverty.

Looking forward for solutions

The relationship between the drivers of child poverty and transport is complex. However, evidence clearly indicated that transport could intensify or increase the poverty families were experiencing. At the same time, effective transport systems could help to reduce poverty and improve wellbeing. Several policies and initiatives to support families and young people and tackle the challenges presented by current transport provision were highlighted.

- Discounted or free entitlements for families: The everyday costs of transport were highlighted as a key pressure across the study. In terms of removing this barrier, participants favoured the extension of free travel or discounted travel for low-income families to enable them to access day-to-day services and engage in wider life. This was seen to have benefits for children and young people within the study who faced exclusion from their day-to-day life due to restricted household budgets. One participant suggested the value of having a card for travel similar to the provision offered in the Best Start Food Scheme where the card was pre-paid for use.
- Free times on public transport for families: It was highlighted that at some points during the day, transport services could be less busy and rather than having underutilised provision, these periods could be offered as a free travel times for families.
- Specific pick-up bus: It was discussed that specific groups of families faced challenges due to wider circumstances such as health conditions or disabilities; or other barriers that would make accessing wider transport infrastructure and services difficult such as language barriers or wider risks during the pandemic. It was suggested that specific schemes could be operated for families as was available for other groups such as the elderly in the form of specialist bus service pick up.
- Staff Training: Frontline customer service was important during journeys and families advocated training to be provided for those delivering and supporting front line transport provision to provide an in-depth understanding of the circumstances for different passengers including cultural differences and accessibility issues.
- Impact assessment of changes to transport infrastructure and services: Loss or changes to transport connections was viewed as being extremely detrimental to some communities. It was suggested that any changes to infrastructure and services should be carefully considered and assessed in terms of impacts on families and other key populations.
- Interconnections between providers: Using multiple forms of transport across one journey often resulted in high costs for families. Simplifying ticket structures and passes across transport providers to allow this to be combined into one ticket would alleviate some of the costs families faced.
- Greater rural infrastructure and services: There was a need for more joined up and extensive provision within rural communities.

IMPROVING ACCESS TO ADVICE SERVICES

Over the past three years the way in which individuals make initial contact with money advice and welfare rights services has changed significantly.

In 2017-18, 59% of all individuals accessing local authority funded advice services, made initial contact on a face-to-face basis. In 2018-19 this had reduced to 55%, and in 2019-20 it reduced further to 48%. This information was drawn from data provided in relation to local authority funded advice services

for the Common Advice Performance Management Reporting Framework (CAPMRF) It shows a downward trend in the numbers of individuals making initial access to advice services on a face to face basis. In the data returned for the most recent iteration, 2021-22, face to face represented only 2% of initial contacts, telephone made up 40%, and web channels 42% (compared to 1% the previous year). This significant shift in the volume, from in-person to web delivery, makes evident the scale of the changes to service delivery models required to maintain services throughout the pandemic, and the change in behaviour expected from users.

In 2020, 27% of services made face-to-face contact available to an extent but, as with many other services, this was only possible in exceptional circumstances.

Digital access routes to advice are likely to remain the default position

For some local authorities, the pandemic brought forward existing plans to increase digital access, whilst others had to quickly plan and deliver digital services. A survey of local authority advice leads conducted to identify the extent and impact of increased digitalisation showed that 45% of services had been able to immediately implement a digital approach.

Many respondents acknowledge that whilst face-to-face delivery must be reintroduced for the sake of vulnerable clients who are 'slipping through the net,' this will not be to the same extent as before COVID-19. The efficiencies introduced through digital provision overall have been positive.

Less than 30% of services surveyed were engaging in new outreach activities, and the increased demand for the service over the past three years was seen as a barrier to these activities.

Digital access on advice service outcomes

Survey respondents made frequent mention of encountering users who showed discomfort or reluctance towards sharing sensitive information over the phone, making it more difficult to create a rapport using this channel. It was suggested that 'information required, especially sensitive health information, is much easier to get in a face-to-face setting where empathy can be seen.' From the service provider perspective, removing travel time to appointments increased capacity to see more service users per day, and the time-cost of missed appointments had less impact in a virtual setting. Some service providers found that there were 'less no-shows' and increased engagement in the move to virtual delivery and suggested that this was because it was more convenient for the service users to engage in this way.

Tackling the digital deficit

Councils are choosing to address this problem in a variety of ways. These include working more closely with other public agencies and third sector organisations to improve engagement with individuals who are most likely to be in need of advice. This can take many forms- from working with community based third sector groups to offer supported digital access from the organisation's premises (West Lothian) to accompanying Community Psychiatric Nurses when home visits are carried out (Inverclyde). Improving referral routes (South Lanarkshire) and providing staff in regular face to face contact with the skills and understanding to recognise when referrals to advice services should be made (East Lothian).

Improving the accessibility of face to face services

It is recognised that there will still be a requirement for face to face services and that these may be best provided in accessible settings. There is compelling evidence of the multiple benefits of offering advice in GP Surgeries and educational settings. In this way, services can be targeted at those groups in greatest need, support can be offered at an earlier stage and such services are more likely to be used by individuals who would not usually seek support.

CPIB – Final Security for Low income households – SDS feedback

Good practice examples of innovative/effective progress (including those emerging from COVID)

- CIAG all age services and PACE supporting those at risk of redundancy, made redundant and looking to upskill reskill with access via helpline, web and customer centres (all open). While the majority of that is demand led, PACE is a proactive offer.
- Covid responses led to development of enhanced national to local referral mechanisms and support for whole households due to customers being in the home
- These services providing mediated support for those looking to access upskilling and reskilling opportunities such as GJWA, LinkedIn Learning and NTTF
- My World of work careers has a priority campaign focus around reach and engagement to those identified as being in precarious work or underemployed to encourage engagement with upskilling and reskilling opportunities
- Approach to LEP self assessment and refreshed LEP framework creates greater opportunities for whole system approach to support
- 16+ Data Hub recently progressed Data Sharing to include UC data up to 24 year olds and this provides a single view of 16-24 year old participation and is enabling a stronger partnership response to targeting services
- Continued prioritisation of co-location opportunities between SDS, DWP, Local Authorities, 3rd Sector and Social Security Scotland
 - Emerging development of approach in Orkney we are taking to bring Local Employability services, SDS and Social security into a codelivery site to offer a holistic or wraparound service to each individual customer to address financial security, access to training and learning and career decision making.

Engaging partners who have a key role to play

- Extensive partnership working across Local Employability Partnerships, Regional Economic partnerships, CPP's create the conditions for partnership response and delivery.
- Beyond this, SDS have formal partnership arrangements with Island Local Authorities, DYW, DWP and Local Authorities to ensure integration of service delivery providing the right support, at the right time

Barriers that are stopping us delivering person led services

- Operating environment continues to adapt and change and, while these changes are required, it creates challenges with delivery of frontline services responding to wide range of priorities
- There is variation in the place-based approaches at an authority level in relation to deployment of the LEP partnership framework and commissioning relevant provision under NOLB funding
- There is no clear, shared or consistent approach to 'segmentation' of particular groups and the whole system response/contribution to maximise the resources for those groups
- The data and intelligence to inform service delivery at a local level is not structured or consistent however, work is underway to consolidate this for consistent decision making
- The codesign of services with those with lived experience has improved and should continue to be prioritised to ensure solutions are developed with users

Governance and planning arrangements that could be streamlined

- The opportunity to streamline national/regional/local structures as a result of the accelerated covid response would be welcome to understand how they interact/align

Areas where better data sharing is needed

- 16+ Data hub includes those up to 24 – there is no single view of adult participation that enables direct targeting of services through partnerships. Many organisations within the partnership will hold aspects of data to this regard
- Income data is not available via the 16+ data hub and HMRC data sharing is beginning to develop how this could be shared however, it is for statistical purposes only and will not provide clear sight of individuals in low-income households