

COMMUNITY WELLBEING & SAFETY PARTNERSHIP – TACKLING INEQUALITIES GROUP (TIG)

DATE: 22ND February 2018

PRESENT: **Anthea Coulter** – CTSI, **Debbie Carter** – Clacks Council, **Joe Hamill** – NHS Forth Valley, **Nicola Stewart** – ADP, **Donna McLean**- CAB, **David Kennedy** (In replace of Lawrence Hunter)– Clacks Council, **Julie Russell** – Team Leader Housing Clacks Council, **June Anderson** – Clacks Tenants' and Residents' Federation, **Janet Hay** – Keep Well NHS Forth Valley, **Liz Rowlett** – CTSI, **Hazel Hedley** – Manager at Alloa Family Centre, **Mark McKay** – Department of Work & Pensions, **Leehanne Smith** – Clackmannanshire Women's Aid, **Lesley Jack** – CTSI

APOLOGIES: **Angela Beardsley** - Resonate, **Sylvie McLeary** – Integrated Mental Health

Background:

The Community and Safety Partnership had wide agenda which covered everything, from slips and trips in home, safety issues right through to mental health, drugs and alcohol, violence against women. **With new LOIPS – more targeted approach needed:**

1. Clackmannanshire will be attractive to business and people and ensure fair opportunities to all.
 2. Our families, children and young people will have the best possible start in life.
 3. Women and girls will be confident and aspirational and achieve their full potential.
 4. Our communities will be resilient and empowered so they can thrive and flourish.
- New TIG will be targeted around certain areas including women, employability, fuel and food poverty, mental health and Alloa South and East.
 - Workshop of CPP lead partners on 13th March (now postponed) to decide on new framework for measuring and recording and linked to the forums and communities.

There are 3 groups being set up initially:

- Community Engagement; Community Safety; Tackling Inequalities

Aims:

- Connecting and have some baseline figures that group deliver on and see if we can collectively focus on 'change'.
- Monitor on difficult areas where change is not happening.
- How do we do something different, we need to work better or use different methods.

What is success for this group? What would that look like?

- **DM** – Need to be connected as services, people do not want to tell their story 20 x times. Want to get the help as they may be in a vulnerable state and through their journey they will feel empowered and be able to do stuff in the long term. What help is there available for each individual? Important to plug into different services and

being aware of what other services are out there. Multiple points of contact can be an issue. CTSI Community Guide for Older People has been well received.

- **AC** - Pipeline – in Dundee they had 3 strands, so there was a Mental Health Strand, Youth Strand and a Young Parents' Strand – result you become much more aware of what's going on.
- **DC** – Clacks now has a 5 Stage pipeline which is nationally recognised in Scotland, stage 1 is engagement, stage 2 is about barrier removal, stage 3 is about developing vocational skills, stage 4 is work ready people but need help looking for work, stage 5 is in work support.
- Pipeline is good way of organising and presenting the services, some people don't care what stage of the pipeline they are on and you shouldn't start classifying people by a stage, it actually just helps you identify the right service. Our challenge is about how we keep up to date with that, so that all partners know what services are there and not having individual advisers/workers having to do research every time they try to help someone.

AC - Good employability directory available. Could part of our success would be to really focus on the pre-stage and early stage. That would be pre-Fair Start.

- **JHAY** –Biggest barrier for people is community awareness. Part of our job to network with everybody so we make these links, but it doesn't seem to get back the client, and it's not until you actually sit face to face with that person and tell them what's available.
- Often not just one issue, they are a person who has multiple issues. Single point of contact where they can keep the trust on an on-going process through their journey.
- **JH** – In terms of the public health reform, it's about getting ourselves smarter, it's also working together a lot more, having that one point of contact. Building confidence has to start very early on. We can talk about employability as much as we like Clackmannanshire only has enough jobs for so many people, so the jobs in Clackmannanshire are not actually here, so trying to get young people to think further afield that takes a lot of work, even for adults that takes a lot of work. The Asset based approach is fine for us professions but for the people on the ground they are not on a level playing field, we need to start that process at the bottom. Work going on all over Clackmannanshire in relation to that and we are finding that some agencies and some people who are out there working and supporting people are maybe not trusting other relationships around here. We need to try and bridge that gap so that we are working to the benefit of the people. We need to get people to engage with the whole process rather than parts of the process. It's how we want to change people's life for the better.
- **DC** – In terms of jobs, there aren't enough jobs locally, we have one of the worst jobs density in the UK, there is basically 1 job for every 2 people, the idea that the people from Clackmannanshire are reluctant to travel is a bit of a myth, because we have one of the highest rates of out commuting, so over half the amount of people who live here and work travel outside of Clackmannanshire to work. What we have is an issue of people who can't afford to travel or for who the public transport options are just not practical, or who have caring responsibilities, which means they need to work near home, so there is a whole thing around, child-care, transport, but for some people it is just too complicated and expensive, this is where City Region Deal will hopefully help.

- **JA** – Success for the federation is the engagement with partners. Directory needed for people in a state of despair, rather than me thinking of phoning the council.
- **HH** – Success for me is us working together to deliver services in real partnership and that we all genuinely know that someone who is the victim of domestic violence might also have food and fuel poverty and mental health and how we work together in a seam-ess way to address it.
- **NS** – From the AP strategies the Road to Recovery came out in 2008 and in 2009 you had the Changing Scotland's Relationship with Alcohol both of those strategies are being refreshed at the moment. New policies have brought in a recovery focus, so it was that holistic approach to health and well-being so it isn't just about the treatment side, someone can't recover if they don't have safe and secure accommodation, or if their benefits are not sorted, they might need linked in with the family centre, or to a THRIVE programme, and within the ADP the services.
- ADP is triangle with tiered services and single point of referral, which would be good to get everyone a directory so everyone all the different services, so everyone goes in via Signpost, the case is then assessed, to see which is the most appropriate service, so you have Signpost, then counselling services, the community addictions team, which has mental health and at the top you have the hospital addictions and your residential. Also have Recovery Cafes, Monday 4pm at The Gate. Recovery Cafe is about being with peers, that social modelling, we only ask that users are not intoxicated as it has to be a safe place for other user, they can make a meal together, holistic therapies yoga etc. Do a lot of walks throughout Forth Valley, gorge walking etc, but also have a step for change course as well, someone could be miles away from employability, so it's trying to make the progression. Again about knowing what services are there, but it's the people on the ground that need to know. A whole part of recovery is that the families need to recover too, Lynne Wandrum from SFAD does various meetings in Falkirk, Stirling, Clackmannanshire and she also does one to ones, they also have a telecare service too. We have really good training courses with Scottish Drug Forum as well, there is a trauma course, motivational interviewing, Getting our priorities right for children.
- **AC** – maybe we should role that out to housing officers etc, so people are a little bit more informed on the ground?
- **DC** – so if you want an actual measure for success it could be that we identify all the relevant workers by organisation and that they all have access to knowledge, training, resources, and if we could have a resource to actually develop things like service directory keeping that up to date.
- **LS** - Working together, making a directory is an excellent idea, from our service its making it more accessible, we have a drop in in Alloa on a Saturday morning at Greenfield Lodge.
- **JH** -Making Links and a clear pathway for people. Seeing how some young people come through the education system, who may not have the academic ability, we need to go behind the education system and stop that cascading downwards.
- **AC** – When you sit on different groups you can see that the same issues are coming through and when Hazel started we got a group together, a lot of different people from across the region to look at the Early System Change Fund which was a big fund offered by the Big Lottery. Although not successful, on the back of that we were looking at very early intervention/prevention activities with case worker approach so

we had one point of contact for a family, it was using volunteers also, because we can't do it alone we have to call on our resources better in our community.

- **HH** – Its looking at everything from a grass roots level so having community mentors, trained on how to support victims and perpetrators on getting them support on how to change their behaviour. Establishing a voluntary programme on perpetrators. There is only the Caledonian project which is 16 people a year and you have to referred. It's trying to get that low level early prevention. There were 697 incidents of domestic abuse that was reported last year and this course is only for 16, so we have a massive gap and the impacts of that, there is a space there that I feel is unfilled.

Action Plan and Identifying baseline figures

- **DC** – to provide baseline figures from the City Deal research. **ACTION: DC PASS TO AC**
- **AC/LR** – Suicide Strategy & Health Volunteers – we need to find way to support people who are not needing the same input, looking at whether we can train up volunteers to do some work in this area. The issue for Clacks is where its normally more men aged 20-35, in Clacks its actually more women. **ACTION: LR/AC TO TALK WITH SYLVIE & VOLUNTEER TEAM**
- **JH** – To get a breakdown of figures for the Mental Health First Aid. Stress control also really useful, we are giving you the skills to empower you to make the change to your life. You can also bring you family and friends along. **ACTION: JM TO PASS FIGURES TO AC**
- **DM** – Mental Health drop in at Speirs Centre Thursday between 10-12noon is for anyone with any stress – currently the waiting list for Mental Health is 9 months. **ACTION: NUMBERS ATTENDING & PROMOTION**
- **NB** - Numbers attending Recovery community activities - how to increase this peer support activity and share activity across FV. **ACTION: NB TO PASS FIGURES TO AC & PROMOTION**
- **LR** – **ACTION – COMMUNITY GUIDE FOR MENTAL HEALTH DISCUSS WITH SM.**
- **MM** – has a Scottish Flex document to be circulated, split payments has always been available, if there is a recognised need or if someone has an addiction, then that is available. Scottish Welfare Fund 330% rise in looking for the Scottish Welfare Fund – number of referrals for the SWF will get figures from Murray. **ACTION AC TO GET FIGURES FROM DM** on Scottish Welfare Fund, budgeting and outreach sessions from CAB, and including the prison. **ACTION – MS FIGURES FROM COUNCIL**
- **DM** - Fuel Poverty – 305 clients supported over 500 enquiries, financial gains over £53,000 that ended in September. In October got funding through Citizens Advice Energy Best Deal since Oct 23rd – 21st Feb we had seen 190 1-2-1 assessments, 19 group sessions. Included in that we have done energy sessions for 80 front line workers and 200 consumers and that was outside the bureau. **ACTION DM TO PROVIDE AC WITH WHO THEY ARE/ RETRAINING?** DM outlined - nothing available for Energy Advice Worker, unless you see a volunteer.
- **AC TO PROVIDE FIGURES FROM THE GATE**
- **JR** - Homelessness, sustaining tenancies - **ACTION JR TO MEET WITH AC AROUND FIGURES**

- **HH** - THRIVE project, information to be sent round with the minutes, and possibilities of how that cascades and how that's been worked and funded in Stirling. **ACTION HH TO PROVIDE FIGURES**
- **AC** - focus more on younger women, we have seen a rise in our volunteering. How to increase that and move into work– crèche provision to give young women that little bit to get out. **ACTION AC TO ENQUIRE OVER COSTS**

AOB

- Covered domestic violence/Gail Cook left role. Women in Social Enterprise and Fairstart.
- Update on Fairstart at next meeting **ACTION AC TO ASK JA TO ATTEND**
- Conclusion : Group agreed to meet every 2 months.

Next meeting: Thursday 19th April CTSI Connect Centre 9.30-11.30am

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| Outcome area | Data | Impact – what difference are we seeing? Are we seeing success? |
|--|---|--|
| 1) Prevalence of suicide | 2012- 2016 EASR (per 100,000 population) figures Clacks Males 35.1 Females 13.3 | |
| 2) Improve access to wellbeing & stress provision | 2017 figures Number of people attending stress-control sessions – No trained in Mental Health First Aid – 58 (JM's numbers) Recovery Community - no. to be provided by Elaine Brown Keepwell numbers referrals? | Evaluation of stress/sleep control sessions – how effective have they been? 50 new staff members across Clacks cover MHFA course 10% increase in no. accessing Recovery Community activities Keepwell numbers increase? |
| 3) Knowledge, skills and confidence to provide referral/signposting on money and debt advice | 2017 figures 191 meetings with UC clients No relevant figure CAB Outreach sessions Referral pathways | 2018 226 target from DWP 337 budgeting sessions with CAB How effective are these? |
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