

Communities Mental Health and Wellbeing Fund for adults

Year 2 - Monitoring and Reporting Summary

July 2023

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Executive Summary

Introduction and Background

Funding: In October 2021, as part of the £120 million Recovery and Renewal Fund to support the delivery of the Mental Health Transition and Recovery Plan, the Minister for Mental Wellbeing announced £15 million funding for 2021/22 for a new Communities Mental Health and Wellbeing Fund for adults (the Fund) to help tackle the impact of social isolation, loneliness and mental health inequalities made worse by the pandemic.

In February 2022, an additional £6 million was provided for 2021/2022 to the Fund to meet the demand for local mental health and wellbeing projects, bringing total funding made available in 2021-22 to £21 million.

On 6 May 2022, a further £15 million of funding for 2022/23 (Year 2) was announced, with a particular focus on responding to the cost of living crisis and an increased emphasis on those facing socio-economic disadvantage. This report relates to the delivery of Year 2 funding.

In April 2023, it was formally announced by the Cabinet Secretary for NHS Recovery, Health and Sport that £15 million for a third year of the Fund would be made available for 2023/24.

Aims: The Fund is aimed at tackling priority issues within the Mental Health Transition and Recovery Plan - such as suicide prevention, social isolation and loneliness, prevention and early intervention - and addressing the mental health inequalities exacerbated by the pandemic and the cost crisis including a particular focus on needs of 'at risk' target groups locally such as:

- Women (particularly women and young women affected by gender based sexual violence)
- People with a long term health condition or disability
- People at higher risk from COVID
- People from a minority ethnic background
- Refugees and those with no recourse to public funds
- People facing socio-economic disadvantage
- People experiencing severe and multiple disadvantage, people with diagnosed mental illness
- People affected by psychological trauma (including adverse childhood experiences)
- People who have experienced bereavement or loss
- People disadvantaged by geographical location (particularly remote and rural areas)
- Older people (aged 50 and above)
- Lesbian, gay, bisexual, transgender and intersex (LGBTQI+) communities.

Delivery: The Fund is being delivered through a locally focused and co-ordinated approach via Local Partnership Groups working together and building upon existing partnerships to ensure that support to community based organisations is directed appropriately and in a coherent way. Each regional Third Sector Interface (TSI) has overall accountability for the spend at local level and for working in collaboration with Integration Authorities and other

existing local partners. Each TSI leads in the coordination of the local plan and undertakes fund administration, capacity building support and local monitoring and evaluation.

This summary outlines a national-level analysis of local monitoring and reporting data for Year 2 funding, provided by TSIs in their capacity as the lead partner for the delivery of the Fund.

Key Findings: Reach of funded projects

- **Number of awards:** 1458 grants have been awarded in Year 2 which has resulted in funding for 1441 organisations. This means that 3233 awards have been made across the first two years of the Fund.
- **Balance of new and existing projects:** It is clear that there has been a good balance achieved between sustaining Year 1 funded projects whilst also investing in new work. Of the project data returned, 38% were entirely new projects, 42% were existing projects (previous Fund grantee) and 20% were existing projects (previously in existence but new to the Communities Fund).
- **Small grants:** The majority (59%) of grants awarded were for grants of £10,000 or less, with only 0.1% of awards for grants of over £50,000. Year 2 has seen an increase in grants of between £10,000 - £20,000.
- **Local organisations:** All funding was delivered locally and the types of organisations delivering the work were mostly local organisations who operate at either locality or local authority/TSI level (83%).
- **Smaller organisations:** Most funding (89%) went to either small or medium sized organisations, with incomes less than £1 million. This is very much in line with the overall ethos of the Fund.
- **Diverse:** A wide range of types of community mental health and wellbeing projects have been funded with an increase in those focused around group activities and peer support. These and many other projects highlight the strong themes of community connection, social interaction and preventative approaches. Other projects focus on sport and exercise, nature, social spaces, art, befriending groups as well as therapeutic approaches and many more. Annexes A and B of the report provide a rich set of project examples.
- **Target groups and priority issues**
 - **Targeting:** 48% of projects were aimed at general population, with 28% open to all but with a focus on particular target groups and 23% aimed directly at particular target groups.
 - **Spread:** Awards were made to projects focused on a range of the Fund's target groups as well as many others identified locally such as carers.
 - **The most commonly target groups were:** people facing socio-economic disadvantage (684), people with a long-term health condition or disability (548), older people (479), people with diagnosed mental illness (406), people disadvantaged by geographical location (particularly remote and rural areas) (277).
 - **The least commonly target groups were:** Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTQI+) communities (112), Refugees and those with no recourse to public funds (143), People at higher risk from COVID (190). It is positive to see the actions taken by TSIs to help reach target groups (see the Process section). It will be important for Year 3 of the Fund to further improve the accessibility of the Fund to these and all groups.

- **Priority themes**

Overall, there is very strong coverage across the fund priorities, with prevention and early intervention, social isolation and loneliness, and tackling poverty and inequality the most prominent. Suicide prevention continues to be a focus for some, but is less commonly cited.

- Prevention and early intervention are a focus of all projects, with 923 projects citing both of these themes.
- Social isolation and loneliness was a strong theme, with 1239 projects including a focus on this
- Tackling poverty and inequality (an increased focus in year 2 to in response to the cost of living crisis) was the focus of 723 projects, and a shared theme of many others.
- Suicide prevention is the least common theme to be adopted (with 299 having this as a sole focus although many included this as a shared theme)
- Additional local priorities were noted such as improved community resilience and learning and personal development.

Key Findings: Process – Fund delivery approach

- **Local partnership plans:** Overall, Local Partnership Plans showed a clear progression from Year 1 planning, with TSIs building positively on existing partnership arrangements and their approach to managing the Fund.
- **Fund management:** Positive feedback was provided by TSIs on the effectiveness of their Fund management, with challenges similar to the first year, with time, competing demands and resource restraints being the most common issues.
- **Reflection from Year 1:** TSIs have built on the experience of delivering Year 1 of the Fund, leading to a range of improvements such as changing the structure of the Fund (including use of tiers of funding), the size of grants (with many opting for more use of smaller grants) as well as changes to application approaches and capacity building support.
- **Value of the administration and capacity building grant:** A range of uses and benefits of this grant provided to TSIs have been highlighted. It has ensured the Fund has been managed effectively, and meets its aims around accessibility to small grassroots organisations who are often less experienced in applying for funding. Key uses are staff employment, training and support to applicants and awardees, fund promotion, software and expenses to involve those with lived experience.
- **Partnership working:** This has been strengthened over the course of the second year of the Fund, with a broadening range of partners involved, including 100% involvement of local Health and Social Care Partnerships. Challenges to effective local partnership working were very similar to last year, with time, competing demands and resource restraints being the most common issues.
- **Lived experience:** An improved approach to lived experience has developed over Year 2, with 100% involving those with lived experience of mental health and wellbeing in the

implementation of the Fund and 81% specifically involving this group in the local partnership groups.

- **Reaching target groups:** The report provides a range of good practice in actions taken by TSIs to reach target groups, with TSIs building on work undertaken in Year 1. As well as improving accessibility to the Fund overall, a key development has been in the more targeted approaches to ensuring specific target groups are supported.
- **Equalities considerations of funded projects:** There is some encouraging feedback from projects about their consideration of accessibility and inclusion, with a wide variety of actions such as raising awareness of the services, physical accessibility and transport, and providing inclusive, affordable spaces. The most common groups which accessibility measures targeted were people with socio-economic disadvantage, people with long-term conditions/disabilities, older people (50+) and women. Some good examples of accessible projects and those considering human rights and intersectionality are detailed in the main report.

Key Findings: Learning and Reflections

- **TSI feedback:** TSIs have reflected well on the Year 1 Fund administration process and fed this learning into Year 2 processes. It is encouraging to see the range of positive comments that were made around Year 2 guidance and the support provided by the National TSI Network meetings. TSIs have provided a range of constructive comments around the need for further clarity and earlier guidance, as well as process improvements on reporting which can be used to directly inform Year 3 guidance and monitoring requirements.
- **Next Steps:** For Year 3 of the Fund, it will be important to build on the successes of Year 1 and 2 such as the development of sustainable partnerships and the good practice shown in terms of TSI capacity building support to less experienced applicants.

Introduction

1. Purpose

This report summarises the monitoring and reporting data for Year 2 of the Communities Mental Health and Wellbeing Fund for adults (the Fund).

This summary outlines a national-level analysis of local monitoring and reporting data for Year 2 provided by the Third Sector Interfaces (TSIs) in their capacity as the lead partner for the delivery of the Fund. The analysis has been undertaken by the Mental Health Analytical Team and Communities Team within the Wellbeing and Prevention Unit of Scottish Government.

2. Fund delivery

- The Fund is being delivered through a locally focused and co-ordinated approach via Local Partnership Groups working together and building upon existing partnerships to ensure that support to community based organisations is directed appropriately and in a coherent way.
- Each TSI has overall accountability for the spend at local level and for working in collaboration with Integration Authorities and other existing local partnerships; leads in the coordination of the local plan and undertakes fund administration, capacity building support and local monitoring and evaluation.
- Local application processes were developed by local partnership groups and were accessible through local TSIs and were shared nationally at [Communities Mental Health & Wellbeing Fund - TSI Scotland Network](#) and through a wide range of networks. All local application processes for Year 2 of the Fund had commenced no later than October 2022.
- National Fund guidance was shared with TSIs, which in keeping with local needs and strategies and the national aims of the Fund, provided local flexibility about the approach to distributing the Fund to grassroots community groups and organisations locally.
- Funding was distributed through grants to the 31 Third Sector Interfaces (TSIs) across Scotland (with the Dumfries and Galloway TSI managing Borders funding of their behalf).
- £15 million was distributed across all regions and in line with current NHS Scotland Resource Allocation Committee Formula (NRAC). Further detail can be found at Annex C.
- An administration grant was provided to each TSI to support administration of the Fund including a capacity building role to support and ensure accessibility of the Fund to less experienced groups.
- Support has been provided to local partnerships through the establishment of a National Communities Mental Health and Wellbeing Network. The Network meets regularly and aims to connect local partnerships (TSIs, Health and Social Care

Partnership leads, Suicide Prevention leads and any other interested parties) to help share good practice and learning from the Fund.

- A National Oversight Group for the Fund was established in January 2022 to provide advice around delivery of the Fund in line with the vision and intended outcomes as set out in the Fund guidance. The independent advisory group, made up of Scottish Government officials and external experts has met regularly over 2022 and 2023 to help inform policy and practice.
- To inform the future policy and practice, an external evaluation of the Fund has been commissioned and is being undertaken by Blake Stevenson Ltd. This will provide an evaluation of the Fund in terms of the impacts of Year 1 of the Fund but also a process evaluation of the delivery approach which will also reflect on the Year 2 process. This evaluation is soon to be published on the Scottish Government website.

3. Method

All TSIs were asked to complete:

- a Local Partnership Plan summary feedback questionnaire in December 2022 (drawing on the Plan being produced by TSIs in coordination with local partners)
- an interim reporting questionnaire and submission of interim project level data in January 2023
- an end year reporting questionnaire and submission of end year project level data in April 2023

The returns were provided in two forms (as outlined below), which collectively help us to understand how well plans have been advanced locally and to collate consistent information to provide a snapshot of progress nationally. The survey aimed to primarily gather key information on the processes in the delivery of the Fund, while the excel return sought to collect the project level data to provide an account of the reach of the Fund. These were collected in two returns as the project level data was not suitable for a survey response due to its detailed nature.

Table 1: Data collection and monitoring

Focus	Format	Questions	Responses received
Data on projects	Excel return	Project level data was provided at interim and end year stage on the type of organisations applying for and receiving awards, fund amount, project descriptions, types of organisations, size of grants, target groups, accessibility, etc.	31 TSIs
Data on process	Online survey (Questback)	Feedback from TSIs was provided at local plan, interim and end year stage in terms of partnership working, use of administration grant, involvement of lived	31 TSIs

		experience, learning and progress, plus a high-level update on total spend/applications received/awarded so far.	
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Analysis of the data was undertaken by Communities Team within the Wellbeing and Prevention Unit and the Health and Social Care Analytical Unit. This involved analysis of qualitative data through identification of key themes and statistical analysis of the project level data.

4. Limitations

This summary is focused on reporting returns from TSIs on: the process (in terms of the approach to delivery), the reach of projects (in terms of the number and nature of projects and their reach to target groups), and on the learning gained from Year 2 of the Fund.

Analysis is based on returns from all TSIs. It should be noted that the analysis is based on the 1437 project returns received by the point of analysis in April 2023. Further returns have since been provided, leading to the final number of projects being 1458. It should also be noted not all questions have been answered for all projects (a fairly low missing response rate overall) therefore this will explain any discrepancies in numbers.

More information on outcomes will need to be collected at a later date to allow projects to be embedded and lead to intended outcomes, rather than collecting this in end year reporting. Given this, questions posed to TSIs were largely limited to those areas where progress could be measured and reported.

5. Structure of the report

This report outlines key findings under three themes:

- **Section A: Reach Of Funded Projects**
- **Section B: Process - Approach To Delivery**
- **Section C: Learning And Reflection**

Section A - Reach of Funded Projects

It is important to note that a strength of the Fund is the diverse range of projects it has funded. To help illustrate this, a wide selection of projects being funded through Year 2 of the Fund are listed at Annex A (which are grouped by target group, priority theme or other themes) and Annex B (which provides an example for each region). A full list of projects funded in Year 1 can be found [here](#). A list of funded projects for Year 2 will also be published in due course.

What was asked

TSlS were asked to provide project level data in terms of the number of awards, size and coverage of the funded organisations, size of grants, type of initiative as well as their focus on priority groups and themes.

1. Number of grants

The total number of applications received across Scotland was 2585. The level of applications was similar to Year 1.

Of those applications, 1458 awards were made to community projects, resulting in funding for 1441 organisations. Some organisations gained funding for more than one project.

2. Type and range of projects

In reviewing the range of funded projects, it is clear that a diverse range projects are being supported. The most common types of projects being funded are:

- Group activities (369) (representing a 169% increase on the previous year)
- Peer support (209) (representing a 190% increase on the previous year)
- Social activities (132)
- Sport or physical activity (92)
- Therapeutic activities (86)
- Financial inclusion/cost of living (65)
- The most common responses in the 'other' category related to education, training and support.

It should be noted that projects were to select one of the above categories best fitted to the project although many will relate to more than one of these categories.

Projects involving equipment were often for small amounts of money and highlight how a small item such as a laptop or a video editing licence can make such a huge difference to the survival of these initiatives and impacts of the beneficiaries.

A selection of projects funded to date in Year 2 have been set out below to give an indication of the type and range of projects being funded.

Passion4Fusion project focuses on peer support and aims to provide one-to-one and group setting supports (including mental health and wellbeing workshops) for people across West Lothian who are struggling with daily challenges such as disability, mental ill health and isolation and loneliness. This includes specific support to members of the local African community with underlying health issues and concerns (including mental health) who struggle with access to culturally appropriate services and support.

Ardrossan Community Council aims to provide a community support worker, expand the community cafe hours and establish a community mental health and poverty relief initiative across three local towns. The project aims to provide a warm and safe space with a range of specialist support information and advice for anyone in need.

LGBT Plus ‘Out for a Cuppa’ befriending focused project in Dumfries and Galloway aims to allow those in rural locations the opportunity to socialise with likeminded groups in a safe accepting environment, through the creation of safe venues.

The Gate Charity’s project in Clackmannanshire aims to establish peer support groups to offer further support to those in the community who are often overlooked. New groups will include a memory café, an autism support group, and men’s mental health peer support.

3. Funding of new and existing projects

Of the responses to the question on whether Year 2 projects are new or existing projects, it is clear that there has been a good balance achieved between sustaining Year 1 funded projects whilst also investing in new work.

- 38% (539) were entirely new projects
- 42% (592) were existing projects (previous Fund grantee)
- 20% (294) were existing projects (previously in existence but new to the Communities Fund)
- With a further 12 responses marked as ‘existing project’ (these returns did not state whether they were previous Communities Fund recipients or not)

4. Size of grants awarded

Overall, most grants (57%) were for £10,000 or less. Small grants between £2,000 - £10,000 were most commonly awarded, with 49% of grants allocated in this bracket. 31% were for grants between £10,000 to £20,000, 12% were for between £20,000 to £50,000, 8% for under £2,000 with only 1 grant (0.1%) for over £50,000.

While this is a similar picture to year 1, the most notable change is an 11% point decrease in grants awarded between £2,000 – £10,000 and a 15% increase in grants between £10,000 - £20,000, possibly reflecting the prioritisation of this bracket or the rising costs for project requiring an uplift.

5. Size of organisations funded

TSIs were asked to list the size of organisation that had been funded. Of the 1394 responses to this question, the awards allocated as follows:

- 410 awards (29%) went to small organisations (with an annual turnover under £25,000)
- 856 awards (62%) went to medium sized organisations (with an annual turnover between £25,000 and £1 million)
- 119 (9%) went to large organisations (with an annual turnover over £1 million)

The vast majority of grants (91%) were therefore allocated to either small or medium sized organisations, which is encouraging given the ethos of the Fund. The figures are broadly the same as Year 1.

6. Geographical coverage of funded organisations

While all bids required the funded work to be community based within a specific local region, TSIs were asked to report the geographical coverage of the organisations receiving funding. Of all awards allocated:

- 35% went to organisations operating across a small locality
- 23% went to organisations operating across a few localities
- 25% went to organisations operating across a whole TSI region
- 7% went to organisations operating across multiple TSI regions
- 6% went to organisations operating across Scotland
- 1% went to organisations operating across the UK
- 5 projects (0.35%) went to organisations which reported that they operate internationally (however, from review of organisations, they may have misclassified themselves as they appear to have a small local focus).

Therefore, most (94%) of funded organisations operate at a local level (either TSI/local authority level, across few localities or one small locality, and it was much less common to see organisations working across Scotland or beyond. These figures highlight that awards reflect the ethos of the Fund in terms of supporting small grassroots activity.

The figures are broadly the same as Year 1, but with more funding to organisations operating across a few localities (an increase of 5%) and less to organisations operating across a whole TSI region (a decrease of 12%).

7. Project focus on target groups

TSIs were asked to report whether projects were primarily aimed at the general population, open to all but with a focus on particular target groups or aimed directly at particular target groups. Analysis shows:

- 48% were aimed at general population

- 28% were open to all but with a focus on particular target groups
- 23% were aimed directly at particular target groups

TSlS were also asked to note up to three target groups that their projects were seeking to reach. The results are outlined in the table below. This shows that the most commonly targeted groups were:

- People facing socio-economic disadvantage (684)
- People with a long-term health condition or disability (548)
- Older people (479)
- People with diagnosed mental illness (406)
- People disadvantaged by geographical location (particularly remote and rural areas) (277)

These are broadly in line with Year 1 figures. While difficult to compare numbers (with around 200 less projects funded in Year 2 due to different level of funding), the numbers focusing on diagnosed mental illness have increased while the geographical disadvantage focus have decreased.

The groups less commonly targeted were:

- Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTQI+) communities (112)
- Refugees and those with no recourse to public funds (143)
- People at higher risk from COVID (190)

A number of “other” entries were also recorded, with 67 projects targeting unpaid/adult carers being identified, along with small numbers of organisations targeting groups including people who use alcohol and/or substances, people at risk of self-harm or suicide and young people.

In comparison to Year 1, there has been an increased focus on those with no recourse to public funds (from 112 to 143) and ethnic minority communities (from 202 to 221) which is positive given around 200 less groups were funded in Year 2. However, there has been less focus on LGBTI groups (from 161 to 112). The new reduced focus on people at higher risk of Covid is understandable given the reducing impact of the pandemic more generally.

It should be noted that the lowest numbers are consistent with groups that are often the least represented in health support, as well as the groups that can face the most health inequalities and stigma. Whilst it should be factored in that this is a society wide trend, these low numbers are still a concern. However, section 2 of this report sets out the impressive efforts of TSl areas in proactively reaching overlooked groups.

Table 2: Outlining the target group focus of the projects in Year 2

Target group	Number of projects supported
People facing socio-economic disadvantage	684
People with a long-term health condition or disability	548
Older people (aged 50+)	479
People with diagnosed mental illness	406
People experiencing severe and multiple disadvantage	383
People affected by psychological trauma (including adverse childhood experiences)	288
People disadvantaged by geographical location (particularly remote and rural areas)	277
People who have experienced bereavement or loss	208
People at higher risk from COVID	190
Women (particularly young women and those affected by gender-based violence)	268
People from a minority ethnic background	221
Refugees and those with no recourse to public funds	143
Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTQI+) communities	112
Other (top response was adult/unpaid carers)	146

8. Project focus on Fund's key priorities

TSl's outlined which of the Fund's national priorities the projects included a focus on. Overall, there is very strong coverage across the fund priorities, with social isolation and loneliness, prevention and early intervention and tackling poverty and inequality the most prominent, with suicide prevention a less common theme. Many projects highlighted a focus on a range of themes.

Of the 1437 responses, analysis shows that:

- 1239 projects included a focus on social isolation and loneliness
- 723 projects included a focus on addressing poverty and inequality
- 299 projects included a focus on suicide prevention
- 641 projects included a focus on addressing poverty and inequality and social isolation and loneliness
- 264 projects included a focus on both suicide prevention and social isolation and loneliness
- 166 projects included a focus on suicide prevention and poverty and inequality

- 159 projects included a focus on all three target areas
- 592 projects included additional local priorities, such as improving mental wellbeing, learning and personal development and improved community resilience
- 923 projects worked on both prevention and early intervention
- 291 worked on prevention
- 218 worked on early intervention.

Key Findings: Process – Fund delivery approach

9 . Contribution to Child Poverty Plan

The Fund Guidance highlighted the importance of considering the six priority at risk family types (most at risk of poverty) identified in the [Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022 to 2026](#). TSIs were asked at a late stage (early 2023) to consider whether projects being funded are helping to support some of the six priority at risk families.

Analysis of returns shows that 24% of projects were supporting people from at least one of six priority at risk families.

Amongst these: 268 projects (19%) were supporting lone parents, 253 projects (18%) were supporting families with a disabled family member, 210 projects (15%) were supporting families with 3+ children, 204 projects (14%) were supporting minority ethnic families, 200 projects (14%) were supporting mothers aged less than 25, and 190 projects (13%) were supporting families where the youngest children are under 1 year old.

10. Equalities – Accessibility and Inclusivity of funded projects

Recognising that some target groups are unlikely to engage in projects without additional support, TSIs were asked to report the approaches that funded organisations were taking to ensure their projects were accessible and inclusive to a range of target groups.

There were a wide variety of different responses provided, which particularly focused around raising awareness of the services, physical accessibility and transport, and providing inclusive, affordable spaces.

The most common groups which accessibility measures targeted were **people with socio-economic disadvantage, people with long-term conditions/disabilities, older people (50+) and women.**

An overview of the key themes identified in the answers to this question is provided below:

- **Awareness:** Much of the focus on accessibility centred on raising awareness of projects. Organisations described specific targeted awareness and referrals through using links to other third sector organisations, community institutions (such as churches), health and social care services and social services. Targeted promotion was also used by many organisations, including through online social networking and posters.
- **Physical accessibility:** Many organisations described accessibility adaptations in terms of meeting mobility and impairment needs. This includes ensuring spaces are

fully wheelchair accessible (including within transport provided), providing mobility aids when necessary, and providing information in a range of accessible formats.

- **Transport:** Providing transport options was frequently highlighted as being necessary to ensure accessibility. Measures to ensure this was inclusive included ensuring activities took place in locations and at a time of day which are accessible by public transport, providing taxi or car share services for people who live more remotely, and offering services in multiple different locations to be accessible to the most number of people possible. Some organisations also highlighted the value of providing transport assistants to give participants confidence in travelling to new locations.
- **Online engagement:** Organisations also highlighted that where transport was unavailable or impractical, and for those less able to travel to physical locations, providing online and telephone alternatives was a key part of providing inclusive engagement. This was also highlighted as a way to provide greater flexibility for those with work and childcare responsibilities.
- **Inclusive environments:** Organisations highlighted the importance of providing environments which are safe, non-judgemental and inclusive to their participants. Examples of this include ensuring spaces reduced stigma around issues such as mental illness, poverty and substance use and, in cases, enabling people to participate anonymously. The use of trauma informed approaches were highlighted by some organisations and others highlighted the importance of making sure that projects working with a diverse range of communities are culturally sensitive. Many organisations shared that spaces should be warm and welcoming to participants, and some highlighted the importance of having options for quiet, confidential spaces where in cases where participants prefer these.
- **Communication:** Organisations highlighted changes to communication mechanisms to make them more inclusive. This included providing information through alternative formats (such as subtitled explanatory videos and translated information sheets), adopting jargon-free and non-judgemental language, using interpreters and volunteers who can speak multiple languages including BSL, ensuring fixed/portable hearing loop systems for people with hearing aids
- **Free participation:** Many organisations highlighted the importance of providing free services in order to be accessible to people regardless of socio-economic situation. Likewise, free-of-charge provision of equipment required to participate in activities was highlighted. Other organisations implemented “pay what you decide” models in their programmes to enable access to those in need, such as provision of bursaries for those facing financial barriers. One funded organisation - a social enterprise yoga studio - used profits from paid members to help fund free yoga classes for those in need and used funding to run additional free health and wellbeing sessions.
- **Childcare:** Several organisations provided activities for children and childcare support while parents, particularly mothers, participated in project activities. They also highlighted providing facilities such as baby changing for project participants. Some organisations adapted their timing to provide flexibility around childcare responsibilities.

- **Staff training:** Several organisations highlighted the training provided to their staff and/or volunteers to support providing accessible and sensitive engagement, which included using mental health first aiders and practitioners. Trauma informed approaches were utilised where appropriate.
- **COVID safety:** In the context of the COVID-19 pandemic, organisations adapted their approaches to provide additional safety for those at greater risk or concern of COVID-19. This included moving sessions outdoors.

TSIs were also asked highlight two examples of funded projects which are inclusive and accessible. Two examples from TSIs are noted below:

Refugees: In Edinburgh, the Bikes for Refugees community hub is in a central and accessible location accessed by good public transport links and good walking and cycling routes. Their hub is fully accessible, they can offer expenses to people to travel to their hub if required. They can also deliver bicycles and Welcome Packs directly to families if required. They have a volunteers' expenses budget to support those with lived experience to participate as volunteers. The project has a tried and tested accessible online form for requesting bicycles, which can be translated to any language. The project invites service users into their online community where they share information about free group cycling activities as well as other free community services and resources. They work flexibly and creatively to support refugees by placing pools of shared use bicycles within shared accommodations (Leith Ship, Heriot Watt University Campus, Hotels) where storage and security may be limited and an issue.

Rural: In the Western Isles we are supporting the Assist Project, based in Bernera Community Centre, which will focus on reducing social isolation and loneliness in the adult population of Great Bernera, encourage residents to participate in new activities/social events, and help to raise people's spirits and sense of community after the Pandemic and during the cost-of-living crisis, providing accessible support to users in a remote rural community.

11. Equalities – Human rights considerations of funded projects

TSIs were also asked for examples of funded projects who have considered how they can promote people's human rights in the delivery of their projects.

Seven TSIs provided detailed information on the approaches taken, with others more limited. There was a good range of projects adopting a human rights approach varying from outreach advocacy services - which remove barriers that prevent people accessing advocacy support and understanding their human rights - to early intervention approaches as well as human trafficking which can be a driver in, as well as a result of, mental illness. Two examples illustrating strong consideration of human rights approaches are outlined below:

In North Lanarkshire the FAMS project - supporting people in distress - is a wide-ranging programme of supports but with elements strongly focussed on the identification and tackling of mental health inequalities and the reduction of stigma. Additionally North Lanarkshire has funded the Miracle Foundation a project targeted at marginalised and often under-represented groups in order to maximise their opportunities to fully participate in their communities and society as a whole.

In Inverclyde the TSI is funding the Parklea Branching Out project - a community inclusion project which will deliver a programme of activities for adults with learning disabilities which places human rights, equality and human dignity at the heart of the work delivered. The partnerships developed activities are delivered in line with the overall terms for the National Taskforce for Human Rights Leadership. Core to the work is ensuring that no client is excluded from taking part due to their disabilities and adaptations and support is provided to ensure inclusivity.

In Edinburgh, SOHTIS (Survivors of Human Trafficking in Scotland) Speak Up Stay Safe initiative takes an early intervention approach to addressing concern about the rise in human trafficking in Edinburgh thought to be driven by & resulting in mental illness. By working with clients and practitioners SOHTIS aim to create opportunities for people at risk of mental illness to have access to preventative messages about trafficking and provide victims with opportunities to discuss their experiences of trafficking in a safe and trauma informed way. The project will also provide training and second tier advice for practitioners on trafficking to strengthen prevention, resilience and early identification. It will demonstrate links between mental health and human trafficking with the aim to develop a strategic city wide response to trafficking which prioritises prevention and early identification of trafficking, improving mental health outcomes for victims and potential victims and increasing capacity across third and statutory sectors.

12 Equalities – Intersectionality considerations of funded projects

TSIs were asked to support projects which consider intersectionality in terms of the benefit of the project (i.e. multiple-marginalisation, such those experiencing both poverty and disability). We asked TSIs for examples of funded projects which consider this.

A range of examples were shared, with two of these noted below:

Multiple-marginalisation: In the Falkirk Area the Transform Forth Valley project is supporting additional capacity for an Early Intervention service, partnering with Police Scotland so they may access those most in need. This project supports adults aged 30-49 who are socially isolated, have poor mental health - some with severe and enduring mental illnesses, have experienced trauma, are engaging in substance misuse, with an aim to improve their health outcomes and reduce drug-related deaths in the area.

Mental health issues and poverty: In Inverclyde the Community Advice, Support (CASH) project will help by taking referrals from other Communities Mental Health and Wellbeing Fund supported projects for people who are struggling with mental health issues and who are living in poverty. People suffering from mental ill health are often unable to work and can suffer from poor financial housekeeping. As such by working collaboratively with other funded projects this joined up project is considering the intersectionality in terms of experiencing poverty and poor mental health.

13. Spend

TSIs were asked to provide information on: the total number of applications received; the number of awards the total amount of funding spent; levels of spend and amount allocated to capital funding. Analysis shows:

- Of the £15 million total allocated to TSIs for onward distribution to community organisations, £14,957,278.52 had been distributed by the end March 2023.
- Of the money spent, 2% of overall fund value (£295,605) has been allocated to capital spend (such as the construction, refurbishment and/or purchase of buildings, amenities or vehicles). The Fund guidance allowed small capital spend of no more than £5,000.
- £2.1 million of additional match funding has been gained through other sources (such as local authority funding, external funders and so on). The high level of matched funding highlights some of the benefits of the TSI led delivery model and the strong partnership working which has been built through the Fund. In future, it would be useful to gather further data on match funding in terms of the funders.

Section B - Process Approach To Delivery

1. Local plans

Plans: TSIs were asked to coordinate the production of a Fund Local Partnership Plan with local partners to set out local priorities for spend within the parameters of the national Fund criteria. The plans were intended to:

- Ensure coherence of approach locally.
- Tie into existing planning for mental health and community wellbeing.
- Provide a strategic approach to addressing identified priorities locally in line with fund criteria.
- Take account of current provision and address evidence on gaps in support.
- Agree a set of outcomes for community mental health and wellbeing support locally and identify the contribution the Fund will make to these.

What we asked:

- TSIs were asked to submit summary feedback of the plans covering which of the national fund priorities (themes or groups) have been identified in Local Partnership Plans, whether other local priorities have been included in these local plans, some information on rationale, evidence base and process was for agreeing key priorities in Local Partnership Plans.

Key observations

National priority groups and themes:

- Over 68% of all Local Partnership Groups have included all of the national fund priorities (themes/groups) in their Local Partnership Plans. This reflects a similarly broad approach to planned priorities as adopted in Year 1.
- The two highest priorities (both 97%) were social isolation and loneliness and people facing socio-economic disadvantage. This reflects the emphasis in the guidance and local needs around responding to the pandemic and the cost of living crisis. Addressing poverty and inequality is also a clear priority at 90%.
- Given the Fund's focus on prevention and early intervention, it is positive to see 94% of TSIs highlighting this as a key local priority.
- Those priorities included the least in local plans are people at higher risk from COVID and refugees and those with no recourse to public funds (68%).

Table 3: National Fund Priority Groups included in Local Partnership Plans

Priority group	% included across all Local Partnership Plans
LGBTI communities	77%
Older people	87%
Geographical disadvantage	84%
Bereavement or loss	71%
Psychological trauma	77%
Diagnosed mental illness	74%
Severe and multiple disadvantage	77%
Socio-economic disadvantage	97%
Refugees and people with no recourse to public funding	68%
Minority ethnic background	77%
People at a higher risk from COVID	68%
Long term health condition or disability	84%
Women	77%
Poverty and inequality	90%
Prevention and early intervention	94%
Social isolation and loneliness	97%
Suicide prevention	81%

Other local priorities included:

- 68% of Local Partnership Plans also include a wider range of other local priorities besides those listed in the national fund priorities – see Table 3 below.
- It is clear from these priorities that local partnerships are making broad connections across a number of the underlying drivers of mental ill-health such as climate change, unemployment, access to the outdoors, as well as identifying those groups most likely to be suffering as a consequence.
- Whilst still adhering strongly to the priorities identified in the Fund guidance, TSIs are enhancing nationally set Fund guidance with a range of additional local priority themes and groups. This shows the nuanced ways in which the Fund is being adapted by TSIs and communities themselves to meet particular local needs and circumstances.
- There is a newly recognised anxiety around the cost of living crisis which is not limited to fuel and food poverty but also to home security, debt and related issues. In the Western Isles TSI it was also felt that the Western Isles are likely to experience a greater effect from this due to the already high cost associated with the geographical locality.
- A number of TSIs have an additional focus on the wellbeing of third sector staff as well as volunteer involvement and support, for example, around training needs, capacity building, and alleviating anxiety relating to the cost of living.
- A further priority lies around peer support with and for parents and families, refugees and host families, military families and adult volunteers, for example.

Table 4: Local priorities in addition to those set out in the national fund priorities

Activity	Local priority group
Dementia community supports	Those affected by and recovering from drug and alcohol addiction
Perinatal support	Carer givers and unpaid carers
Access to physical activity, diet and nutrition	Care experienced adults (16yrs+)
Creative approaches such as the arts	Parent councils and family engagement
Spaces and places i.e. venue hire, access to indoors and outdoors	Single person households, including single parents
Activities that support resilience (individual and community) and wellbeing such as mindfulness	The 16 to 24 year old group specifically disadvantaged young people to make positive changes in their lives, connect with peers and local activities, confidence building and widening horizons
Personal self-care, self-management and coping skills	Neurodivergent adults, people diagnosed with autism spectrum disorders
Connecting people digitally	People with additional support needs
Employability (including learning new skills and focus on supporting unemployed/underemployed people)	Suicide prevention specifically for younger men
Community transport and accessible spaces	People affected by homelessness

Rationale for agreement of local plans

Key priorities for local plans were agreed by taking into account the following factors:

- Existing local mental health policies, HSCP strategic plans and integrated joint board (IJB) themes, local strategic, community and child poverty plans, council corporate plans, joint strategic needs assessments, and Local Improvement Plans.
- The Transition and Recovery Plan and National Performance Framework.
- Work around primary care mental health investment.
- Results of the 2022 third sector census process.
- Evidence on mental health trends nationally and locally, SIMD and National Records of Scotland data and the NHS third sector commissioning engagement report 2021 etc.
- Gaps in applications from Year 1 from certain groups, such as minority ethnic communities.
- Feedback from Year 1 (Fund recipients, networks of funded groups and key partners)
- Availability of organisations operating in the locality.
- Anticipated impact of the cost of living crisis.
- Insights from refined co-production activities.
- Consultation with local groups and those with lived experience.
- Information from other partnerships such as an alcohol and drugs partnership and local employability partnership, and with individual organisations such as the Citizens' Advice Bureau, local hospices and recovery services.

Additional priorities - Perth and Kinross TSI

The 'Our Plan for the Future' - Perth and Kinross Mental Health strategy includes themes which echo those contained in the Fund guidance. These include challenging stigma, carers, peer-led networks, perinatal mental health, and the promotion of self-management and investment in the health and wellbeing of staff. This falls under the 5 themes, a number of which are relevant to implementation of the Fund:

- Good Mental Health for All
- Access to Mental Health Services and Support
- Coordinated Working and Person Centred Support
- Participation and Engagement
- Workforce Requirements

Prioritisation process - Argyll and Bute TSI

As with Year 1, the TSI facilitated a face to face workshop to agree the criteria for the Fund at a local level. A range of partners were in attendance, including representation from the HSCP, Vibrant Communities, Housing, Education, Homeless services and the third sector. Also present were Police Scotland, the local authority Catering and Facilities team, East Ayrshire Recovery Network, Carers Centre and people with lived experience. NHS Ayrshire and Arran, Community Justice Social Work and Community Engagement staff were also in attendance.

As part of this process partners were asked to use their own experience and knowledge of the local community to help identify key priorities and gaps in service provision at a local level. Consideration was also given to the key actions and priorities within the three Community Planning Partnership Thematic Delivery Plans; Economy and Skills; Health and Wellbeing; and Safer Communities.

Strategic alignment with wider mental health and wellbeing priorities

TSIs were asked to explain how their local partnership plan aligns to existing local mental health and wellbeing priorities, for example those set by the HSCP.

- All responses to this question confirmed that Local Partnership Plans align to local mental health and wellbeing priorities, with each TSI making specific reference to alignment with the HSCP plans.
- Many referenced the involvement of HSCP and CPP partners in the process of agreeing shared priorities.
- Some TSIs made reference to wider engagement such as with partners involved in alcohol, drugs and homelessness services. Another TSI is engaged with an equalities subgroup of the HSCP Strategic Planning Group, with the aim of developing a health equalities charter for the Renfrewshire area.
- Some TSIs have also been involved in direct stakeholder engagement on mental health needs (such as through development of a [Community Wellbeing Centre](#) in Dundee). Many referenced community engagement as part of the HSCP plans.
- Some noted the importance of engagement with partners to avoid duplication and ensure fund provision is complementary to other provision, such as support to children and young people, as well as the new primary care developments.
- Some referenced additional and increased emphasis on priorities locally such as unpaid carers.

Community Commissioning - Aberdeen City TSI

Aberdeen TSI ring fenced a portion of the Fund to target two particular groups: older people and unpaid carers. They are adopting a community commissioning process in order to share decision making power. This links into the ambition of the local plan's aim to work with locality empowerment groups to ensure local needs are addressed. The cost of living crisis and the impact of this on mental health has been addressed by the group and it was agreed to prioritise those applications where support for those at most risk from the rise in fuel and food prices was being addressed.

2. Local Partnership Group working

What we asked

We asked TSIs:

- If they increased the number of partners involved in their groups compared to Year 1 and to provide a list of all Local Partnership Group partners
- How well they thought their partnership approach has operated across Year 2 of the Fund
- What benefits were gained from their partnership approach
- What challenges they had experienced in relation to their partnership approach
- And how their partnership approach could be improved going forward, in the event of any future years funding

Key Observations

- TSIs were very positive about partnership working-
- 61.3% of TSIs said their partnership work was "working very well", 35.5% said it was "working well" and 3.2% said it was working "moderately well". Figures are similar to Year 1.
- 65% of TSIs reported that they had increased the number of participants in their partnership groups in Year 2 compared to Year 1.
- Around half of TSIs reported having increased wider participation from Health and Social Care Partnerships (HSCP) from Year 1. Local authority membership is similarly high at 90%.
- Representation from Community Planning Partnerships is now 74% across TSIs.
- It is interesting that there is more participation from non-mental health third sector organisations on the partnership groups (68%) than from third sector mental health organisations (55%). This could be due to the broad criteria/focus of the Fund on addressing the wider drivers and conditions which contribute to mental ill-health.
- Consideration could be given to boosting participation from local authority mental health lead officers, with 55% of all TSIs currently involving them.
- Involvement of community link workers and suicide prevention leads is fairly low, both at 32%, which suggests room for improvement.
- A range of benefits in adopting a partnership approach were identified, with nearly half (48%) of TSIs also noting some challenges in partnership working.

Partnership group members in year 2

Table 5: Partnership Group Members

Local Partnership Group members	% across all Local Partnership Groups
Health and Social Care Partnership	100%
Local authority	90%
People with lived experience	81%
Community Planning Partnership	74%
Third sector organisations (not mental health)	68%
Local authority mental health lead officer	55%
Community anchor organisation	55%
Third sector organisations (mental health)	55%
Umbrella groups and representative organisations	45%
Other	36%
Community link workers	32%
Suicide prevention leads	32%
Police Scotland	19%

Partnership Benefits

As with Year 1, the partnership process has continued to work well, helping to deliver the Fund in an open and transparent way and bringing with it some additional benefits.

South Lanarkshire TSI

“The benefits of having specialist Third Sector mental health representation are such that the partnership assessment panel can obtain first-hand knowledge of the impact related to community, grassroots support. The addition of NHS MH specialist input supports this and provides the overall panel with detailed knowledge that can support decision-making. Many of these partners have commented on how well our process works”

Partnership working in some cases has led to building of sustainable wider partnership working. For example, in one case, the Local Partnership Group has been incorporated into an existing, wider partnership arrangement in order to provide a platform for wider discussion around how community mental health and wellbeing support will be delivered in the area in future. This integration will also strengthen the relationship the TSI has with statutory partners, arts, business, social enterprise, economic development etc.

TSIs report that collaboration has enabled them to maximise the reach of the Fund, working with more local statutory partners than before, which in turn has led to increased contacts including access to lived experience networks. As a result, harder to reach groups are more likely to have benefitted, and this is reflected in the overwhelming demand from the community and third sector.

Conflicts of interest with the assessment of bids have been resolved through the involvement of additional partners and other mitigating actions.

Clackmannanshire and Stirling TSI

"The partnership approach has helped as it draws on a wider pool of expertise, experience, including those with lived experience and networks. This collaboration assists with the circulation of the funding opportunity, the sharing of intelligence of the communities, which in turn assists in the delivery of the funding appropriately. The shared responsibility within the partnership of delivery of the funding provides further credibility to the ethos of the fund."

Falkirk TSI

"We have previously noted the value of partners' experience and local knowledge in avoiding duplication with any awards made and ensuring the Fund meets local need, however, we also increasingly see the benefit of the Fund raising the profile of the responsive and community-led approaches taken by the third sector in Falkirk, the role of CVS Falkirk as an effective TSI, and the unique skill set we have that is essential in particular when encouraging and supporting smaller, newer and less experienced groups to secure funding for their activities."

Partnership Challenges

We were interested to know if TSIs have experienced any challenges so far in relation to the partnership approach they have taken. It was found that 48% said they had experienced challenges, whilst 52% reported none – showing very little change from reports of the first year of the fund.

The majority of challenges reported by TSIs concerned the capacity of partner organisation representatives to engage, working around and juggling diary commitments and changes to personnel – both with partner organisations and within TSIs. However, no one reported or raised a concern that the challenges they had been presented with were insurmountable.

Falkirk TSI

"Third sector colleagues moving on from posts due to funding ending (2 x partnership group members lost for this reason) and a general lack of partner capacity has been our main challenge but with awareness, careful planning and being as flexible as we can to facilitate participation we have overcome these challenges to successfully deliver the Fund using a partnership approach."

Improving Partnership Working

Other than expressing a wish for more time, TSIs spoke about increasing the capacity and stakeholder representation in partnership groups – this includes involving more people with lived experience, wider third sector representation and engaging with organisations to help increase knowledge and expertise.

Dumfries and Galloway TSI

“We are currently working with the Scottish Recovery Network to increase our knowledge and understanding of engaging and working more effectively with people with lived experience. We will focus more on engaging people with lived experience at all levels of fund delivery, including in the governance arrangements and in the review of applications. We will also look to better understand how we can engage with people with lived experience to ensure that the fund is community -led. In addition, we will be working with our multi-sector, multi-agency steering group to identify specific local priorities should future rounds of funding be available”

North Ayrshire TSI

“We would continue to build on the success of the current approach and scrutinise current membership of our steering group to identify any gaps in members and encourage further collaboration. It would be helpful to involve more of the previous applicants within the group and bring statutory and community bodies closer together to develop their understanding of needs and challenges”.

3. Fund management/administration

What we asked

TSIs were asked about:

- Structure/approach of the Fund locally for Year 2
- Effectiveness of their fund management arrangements in Year 2 and what difficulties they had experienced in administering the Fund
- How had they utilised the additional administration and capacity building grant and the difference made in their ability to manage the Fund
- Ideas to further improve their approach to managing and administering the Fund.

Key observations

Local approaches to structuring/administering the Fund

Tiers of funding

- Overall, a range of approaches were adopted in relation to the size of grants and size of organisations eligible to apply. Many approaches show that TSIs have reflected on what worked well and less well in Year 1, and have given some consideration to the current context such as the cost of living crisis.
- Just over half of TSIs have structured the Fund using a two tiered approach, mostly by establishing small and larger grant schemes. For example, East Dunbartonshire has ring fenced 10% of their funding pot to provide a small Cosy Spaces fund.
- A quarter of TSIs have adopted a three or four tiered approach – these tended to be for small, medium and large sized grants.
- For all tiered approaches, un-constituted groups were often eligible for smaller funds, with larger funds usually open to organisations with larger incomes or for partnership bids.

- Just under a quarter of TSIs have adopted a one tiered approach. Many of these have set restrictions in terms of how the funds are allocated. The most popular restriction was ensuring a split of new projects and those projects funded in Year 1 (for example, a 40:60 split to existing/new projects respectively), with some others prioritising supporting smaller scale organisations.

Changes to size of grant

- Smaller grants - a common change is an increased emphasis on small/micro grants, with many setting aside more of the funding pot for smaller grants. Some have slightly increased the size of the small grants to reflect the cost of living context. The focus on small grants often related to needing to ensure more small grassroots organisations applied, for others it was established in response to being oversubscribed with applications in Year 1. Others noted that small grants offer great value for money, often with small scale recipients being much more responsive and engaged than larger grant holders.
- Maximum size of grant - in order to reflect the Fund's focus on small grassroots initiatives, the National Fund Guidance suggests issuing grants of £50K or less. It was found in local plans that:
 - A third of TSIs set the maximum size of grant that can be issued at £50K, with some only allowing larger grants for partnership bids.
 - A third of TSIs set the maximum size of grant at between £20-30K. Many areas have set lower thresholds due to high level of oversubscription to the Fund last year.
 - A third set the limit at under £20K, with £5K being the lowest amount set. The rationale for the lower threshold related to the prioritisation of small grassroots initiatives and for some smaller local authorities to spread the provision of the comparatively lower funding pot.
 - One TSI set a higher limit for Year 1 awardees and a lower limit for new bidders.

Accessible applications

Many TSIs have improved their application approach in terms of the system used, bringing in longer application windows and improved information gathering. Some areas have made efforts to make the process more accessible especially for small value and un-constituted group applications.

Partnership bids

Some mentioned more emphasis was being placed on partnership bids to the Fund. Another TSI reflected on the improvement in their own relationships with partners which has led to match funding from their local authority, and in Year 2 will involve distributing additional funding relating to children and young people, and green focused initiatives.

Effectiveness of fund management approach

TSIs were asked to self reflect on effectiveness of own approach to management of the Fund. 77% reported their management approach was very good, 19% reporting that their approach was good and only 3% reported that their management approach was moderate. This represents no significant change from the first year in respect of the effectiveness of their management approach.

74% of TSIs reported that they had not experienced any difficulties in managing the Fund, however 26% of the TSIs did report that they had experienced difficulties – these included issues related to:

- Lack of staff capacity – time and availability
- Engaging with people who have lived experience
- Oversubscription
- Providing one-to-one feedback to applicants
- Assisting applicants who are less experienced and small in size and capacity
- Challenging timescales.

East Renfrewshire TSI

“Our biggest challenge this year has been supporting smaller groups with no active bank account, in year 2 we have been asked to act as custodian for more groups than in year one, we have managed to do this, however, it has put some extra strain on our finance officer.”

Dumfries and Galloway TSI

“In Year 2 of the Fund we increased our focus on engaging people with lived experience. We introduced a two-stage main awards programme, with initial expressions of interest being reviewed by lived experience panels. The recruitment of people with lived experience proved more challenging than anticipated with high levels of drop-off throughout the process.

Use and benefits of administration and capacity building grant

As with the previous year a significant number of TSIs reported that they had utilised the administration/capacity building grant to:

- Increase their capacity in promoting and managing this year’s grant
- Employ new staff and increase existing staff hours
- Significantly invest in training and support for applicants such as mental health support and advice around monitoring and evaluation
- Promote the Fund
- Assist successful applicants with grant management
- Provide support and feedback to applicants.

Other uses included:

- Commissioning independent assessors to review all applications and make recommendations to the partnership
- Developing social media and websites to promote the Fund
- Improved computer software and IT to manage the application process
- Putting on network and promotional events
- Volunteer expenses to support the involvement of people with lived experience.

TSIs reported that the benefits derived from the administration and capacity building grant include:

- Having the capacity to deliver the Fund
- The ability to employ appropriate staff
- Modernising the approach of the TSI
- Increasing the reach and impact of the TSI

Clackmannanshire and Stirling TSI

“The administration and capacity building grant has made a significant difference to our ability to manage the fund as it has allowed us to utilise a variety of measures, including training, technical assistance, staff resources to enable the efficient delivery of the fund and the continuing monitoring and evaluation of all the funding years”

Inverclyde TSI

“We delivered an Inverclyde Communities Mental Health and Wellbeing Fund Showcase event in March which promoted awareness locally of the funded projects, promoted exchange of best practice, encouraged collaboration and cross referrals between projects and joined up working with other statutory partners. The event was well received and we want to develop the event concept further”.

Further uses of the grant can be found in the Reaching Target Groups section.

Ideas to further improve managing/administering the Fund

More than two thirds of the TSIs reported that they did have suggestions to improve the management and administration of the Fund – these included:

- Pulling forward the timeline to increase time for applications
- Building on the current networking and what we have learned so far
- Changing to a minimum administration grant, evenly distributed, with an additional top-up for high population areas
- Tightening the eligibility criteria by focusing on a smaller number of local priorities
- More money in order to have a dedicated team to support organisations to apply
- further time for administration of applications, giving fuller feedback to applicants
- Further streamlining the guidance to make it easy for organisations to apply.

North Ayrshire TSI

“The fund allowed us to employ an apprentice to support the existing work, however it is challenging to find them an onward destination within our organisation without knowledge of funding for Year 3. If we were to receive an acknowledgement of funds for Year 3 soon it would allow us to keep them employed for another year in a trainee development officer role to backfill some of the work done by the project lead.”

Midlothian TSI

“Our main approach in future would be to pull forward our timeline so that we can assess applications earlier and distribute the money out to projects sooner. With relatively little time to dedicate to the Fund based on the current admin grant given, we will try to work more consistently through the year on refining some of the processes mentioned previously (e.g. risk register), as opposed to peaks and troughs of activity dependent on impending deadlines and time pressures.

We will also look to a wider range of community-based or community-led partners for input around how we are running the Fund, including people with lived experience. To date, we have involved people with lived experience mainly around assessment of grant applications. However, this is an already strong area that we feel we could build on to achieve excellent results. In future we may want to expand people with lived experience’s input to involve them more in the overall process and incorporate their suggestions as to how certain elements could be done differently (e.g. role of people with lived experience, comms and promotion, impact measurement and networking etc).”

West Dunbartonshire TSI

“The span of applications/awards in year 2 show that our capacity building activity has been successful in diversifying the application base and introduction a larger number of smaller awards (under 10k) than had been the case in year 1. We strongly feel that there is still work to be done to expand interest from this cohort as knowledge of the aims of the scheme become better recognised.”

4. Reaching target groups

What we asked

We were interested in:

- What actions TSIs have taken to reach target groups
- Whether TSIs have focused on any particular groups
- How successful they think these actions have been
- Whether they have experienced any challenges in reaching their target groups
- What difference the capacity building support has made to organisations applying to the Fund

Key observations

Actions to reach target groups

TSIs outlined a range of actions taken to reach the Fund's target groups. Many built on good approaches established in Year 1 therefore making further improvements in Year 2. Partnerships have considerably extended their efforts around supporting equalities considerations through their promotional, application support and assessment processes, with a rich and varied set of actions in place to underpin this.

Key actions taken were:

- Promoting the Fund locally.
- Providing support for applications.
- Extending deadlines for those in need of support with applications.
- Appropriately designing the Fund - i.e. in terms of application process and the assessment of bids.
- Providing one-to-one support to organisations.
- Providing information sessions to ensure groups were briefed and aware of the terms and conditions of their funding.
- Holding funding roadshows (including in rural areas) – this has resulted in applications being received from groups and organisations that have not previously applied for funding.
- Improving awareness raising and engagement with underrepresented groups
- Evaluating the impact projects have had on groups including improved equality information.
- Ring fencing approaches to ensure certain groups such as ethnic minority communities and LGBTQI+ groups were represented in response to local gaps in provision.

Promotional activities – whole population and targeted

Overall, TSIs reported a range of methods they have used to promote the Fund, either widely or in order to target underrepresented and at risk groups, with many referencing ethnic minority communities. In some urban areas applications targeting specific groups largely reflected local demographics and the spread of different communities, especially ethnic minorities and LGBTQI+. Promotional activities included:

- Noticeboards in development trusts and other community hubs.
- Local press coverage.
- Website content including Year 1 success stories to promote what is possible.
- e-bulletins, including TSIs, schools and many others.
- Social media including such as community Facebook pages and resident groups - some noted using social media more intelligently to target groups.
- Engaging with partners and utilising existing networks - this involved some TSIs communicating with thematic anchor organisations to raise awareness of the Fund. Others drew on networks from Year 1 projects (such as BAME focused work) and engaged with staff in community engagement roles in local authority and HSCPs. Many others utilised the networks of partner agencies to advertise the Fund.

- Events – these have included weekly roadshows, networking and Meet the Funder events. One TSI ran a ‘Let’s talk Diversity’ session held with the sector, ethnic minority groups and other marginalised groups to promote the Fund and to help shape and inform applications. Others have drawn upon existing local ethnic minority engagement forums.
- One TSI noted that “between the funding periods, we did some work on segmentation of our membership, and also the organisations we work with so that we could become more intelligent about the messaging that we were able to produce and distribute to encourage applications”.
- Another TSI produced specially formatted versions of fund information to ensure accessibility, for example, for the Visual Impairment Forum and Older Persons Network.

Fund promotion and linking up – Renfrewshire

During the application period, the Renfrewshire TSI asked multiple partners to promote the Fund widely, including their local authority, council administrated local partnerships, and local equalities groups. They also attended public meetings and events such as a local Funding Fair, Integration Network events, and Employability partners’ events to promote the fund.

During the activity period of the Fund the TSI linked in with the HSCP team responsible for ALISS in Renfrewshire to ensure cross-over between ALISS and Renfrewshire’s Mental Health Directory for all local practitioners and link workers to access. This promotion was supplemented by a Community Mental Health and Wellbeing Network which led to calls for a showcase/celebration event where all funded groups network and promote to new audiences - “We were very pleased to have someone from the Scottish Government Wellbeing and Prevention Unit attend our October network and groups were welcoming of the interest shown in their work.”

The TSIs fund officer also attended meetings with heads of Community Link Workers and continued to promote all new activity through these channels as well as with the NHSGGC Mental Health Improvement Team.

Focus on particular target groups

TSIs expanded the range of target groups they have reached in Year 2, including organisations which have delivered projects with a wider community benefit. The most common groups targeted through their actions were whole population, those with a long term health condition or disability, people from a minority ethnic background and older people (aged 50 and above).

Table 6: Detailed priority target group figures.

Priority target group	Targeted groups reached as a % across Scotland
Whole population	77%
Those with a long term health condition or disability	77%
People from a minority ethnic background	77%
Older people (aged 50 and above)	74%
People experiencing severe or multiple disadvantage	71%
People disadvantaged by geographical location (particularly remote and rural areas)	71%
People with diagnosed mental illness	68%
LGBTI communities	65%
Refugees and those with no recourse to public funds	65%
People facing socio-economic disadvantage	65%
People who have experienced bereavement or loss	55%
People affected by psychological trauma (including adverse childhood experiences)	52%
People at higher risk from COVID	29%
Other	20%

‘Other’ groups mentioned were unpaid carers; care experienced young people 16+; single person households, including single parents; people with additional support needs; people diagnosed with autism spectrum disorder or other neurodevelopmental disorder; new families transitioning to parenthood; people who are lonely, cancer survivors; families affected by a loved one’s drug or alcohol use; and those affected by homelessness.

Actions to support the application process

TSIs have adopted a range of approaches to provide support to potential applicants, particularly those with less experience or struggling with the process. Actions include:

- **Running events** such as bespoke information/briefing sessions, networking events, funding fairs, Meet the Funder partner events and roadshow events, as well as attending other forums and networks, with many taking place both online and face to face.
- Providing **bespoke one-to-one support** particularly on application support. One TSI mentioned getting in contact with those groups who had incomplete online application forms to offer support. Others noted plans to provide support for unsuccessful bidders or for those requiring support to get thee next stage of the process. Many said that they targeted their support to enquiries from groups supporting at risk communities. Some noted that their capacity officers targeted localities that tended not to have a good success rate at applying for funding, with one saying that a Social Prescribing officer signposted struggling projects to their TSI capacity officers for support.
- One TSI highlighted **engaging with a local equality organisation** to: tailor guidance; promote the Fund; enable access; provide support to those facing barriers; and signpost groups to the TSI.

- A few outlined running an **online training** session on evaluation to capture impact on equality groups.
- **Sharing of guidance documents** - one TSI published "How to write a strong application" guidance on their website. Another has been actively promoting their [accessibility toolkit](#) to those applying to the Fund. A further one has been sharing the SCDL information resource '[Active, Connected, Included](#)' with the groups and organisations on how people with learning disabilities can become more involved in community life.

Supporting the assessment process

Many TSIs also noted how important it is include equalities considerations in their assessment process. Specific examples are outlined below:

- Some, often through guidance and events, emphasised to projects the importance of **equalities and accessibility in their applications**. One said that “we have taken on board the findings of the national oversight group and are supporting groups to take meaningful steps in incorporating a focus on equalities ... and local plan highlighting support from development officers, easy read documentation or advocacy is made available as required”.
- A few demonstrated an **increased emphasis on certain groups** as a result of learning from Year 1. For example, one TSI actively encouraged applications from two key target groups - BAME and LGBTQI+ – who had been identified as being under-represented in their Year 1 applications. As a consequence, they specifically ring fenced a portion of the funds to support capacity building and/or service provision targeted at these groups.
- Some TSIs noted holding [workshops on equalities](#).
- One TSI noted that they have an **assessment panel agreement to ensure a diverse range of projects** in terms of type of activity, geographical spread, organisation type (with a focus on grassroots activity), and ensuring a range of beneficiaries are supported through the Fund.
- One engaged with the National Involvement Network to better interact with representatives around accessibility to projects and to contribute to final funding decisions.
- Addressing gaps in provision – one TSI highlighted how they now have a strong [service directory](#) with up to date information to help better assess applications against existing provision to avoid duplication.
- Encouraging **older people with lived experience to** take part in their decision making panel. One TSI offers a phone line and shares information on posters and flyers to help attract interest from this group in being part of the panel.

Success in reaching target groups

When asked how successful their actions in Year 2 have been in reaching target groups, 87% of TSIs said they had been either very (58%) or quite successful (29%), with 13% saying this work had only been moderately successful. Some TSIs will be carrying out further analysis of Year 2 projects to identify where inclusion and targeted promotion could be improved.

Some good examples of progress from Year 1 were noted, with many TSIs reporting an increase in small grassroots organisations applying from last year. In one TSI, for example, an equalities strand was established during Year 2 to encourage applications targeting

under-represented communities. This was following analysis of Year 1 of the Fund which had identified that certain key target groups were under-represented in funded projects, principally LGBTQ+ and minority ethnic communities.

Others noted the importance of partnership working and the involvement of people with lived experience and wider partner groups in decision panels in helping to prevent disproportionate representation from certain target groups. A number of TSIs undertook further engagement with underrepresented groups by running events that attendees where such groups were encouraged to apply and engage with the TSI to get additional support with the application process.

East Ayrshire TSI

“The overwhelming response to both the small and large grants is testament to the promotion of the fund by all partners and has helped us to reach all our target groups. We are particularly pleased with the increased number of organisations and awards made under the small grants programme.

The delivery of workshops on application writing and monitoring and evaluation was welcomed and we have seen increased networking across the organisations involved and participation in other third sector engagement fora.”

Midlothian TSI

We have new projects for Year 2 targeting the following groups who are particularly marginalised: LGBTQI+ people, care experienced young people (16+) people whose family members are in prison, women who have experienced domestic violence and trauma, people with complex needs (learning disabilities), people in recovery and people from minority ethnic communities.

Challenges in reaching target groups

TSIs tended to respond to this question with examples of the positive action they have taken, although one challenge mentioned was that groups were still struggling with the concept of selecting a few target areas. Very few challenges were identified, however, some noted that certain target groups such as LGBTQI+ communities are harder to support as they have fewer directly, representative/associated organisations in some rural areas. Of concern also is continued difficulties experienced by two TSIs in reaching minority ethnic communities, refugees and LGBTQI+ groups – they said they are going to re-look at this during year three planning to see what more they can do.

Clear progress was recorded by others in relation to providing increased support to BME, LGBTQI+ and ASN communities, as well as unpaid carers among others. One TSI used the capacity building grant to spend focused time working with older people to develop and agree projects using a co-production approach.

A wide variety of methods were used to address challenges in reaching target groups including:

- Save the Date, roadshows, Meet the Funders, Third Sector Showcase, and Let’s talk Diversity events
- Working with the local authority Settlement Co-ordinator
- Creating an equalities strand within Year 2 funding
- Using a Community Commissioning approach

- Through specific social media posts targeting small, local Facebook groups in areas of deprivation

Use of the capacity building grant to support applications

The capacity building grant has had a significant impact on reaching target groups. This support is clearly appreciated by Fund applicants. For example, one very new group set up to provide peer support for people living with long COVID was given help with collecting reporting information in a way that worked for them. Their response to this was “Wonderful, that has taken a big worry off my shoulders.”

As one TSI noted “the capacity building in relation to the fund has also opened doors to smaller grassroots groups to receive support to move their groups forward with plans to expand services.” Another said that “One to one advice and support has enabled several groups to apply for funding who would otherwise not have had the confidence to do so.” Organisations further benefitted from capacity building support: “help in understanding the process, how to complete an application, how to cost applications, set up in terms of their governance, looking for volunteers, networking, raising awareness of what else the TSI offers was invaluable.”

Some specific actions are outlined below:

- Pre-application assistance and information on the monitoring and evaluation required.
- Support to unsuccessful groups
- Work to support small groups with reporting (which is daunting for small volunteer led groups) has meant that those groups have been able to be funded.
- Support in developing partnerships bids has helped support small groups to gain funding.
- Targeted one-to-one support has been provided to those groups most in need.
- Piloting and managing alternative approaches and providing appropriate and targeted support throughout the application process.
- Promoting the Fund effectively through multiple channels including digital, email, showcasing Year 1 projects at an AGM and in TSI News.
- Providing 1-1 funding surgeries with applicants, an editing and enhancing service and development support to emerging organisations.
- Encouraging organisations to work together to deliver projects.
- Supporting unsuccessful applicants with advice on other funds that may be more suitable for them.
- An ability to market the Fund.

Reflecting on the high quality of applications overall, where only one applicant who received capacity building support was unsuccessful in securing a grant, one TSI attributed this success to effective communications and the capacity building support and training offered by the TSI and partners to help organisations understand what makes a good application.

Looking forward, one TSI would like to do more targeted work with local organisations to help them develop and refine suitable mental health orientated project proposals. They pointed out that this takes time and effort, and consequently administration grant/staff resource would be necessary again to enable this to happen.

Midlothian TSI

“We adjusted local guidelines and pitched promotional materials to make clear their preference for applications from under-represented groups and as a result we were able to reach more LGBTQI+ groups, care experienced young people (16+), people whose family members are in prison, women experiencing domestic violence and trauma, and people with complex needs (learning disabilities), people in recovery and people from BAME communities.”

Glasgow TSI

“Overall, 50% of applications specified a target group in some form either exclusively or by targeting them while being open to everyone. Applications targeting specific groups were largely in line with what we would have hoped for in relation to city demographics, especially ethnic minorities and LGBTQI+ which accounted for 24% and 7% of applications respectively. Positively, the percentage of successful applications in comparison to all applications remained proportionate e.g. LGBTI people were represented in 7% of all applications and 7% of successful applications - this remained consistent across all target groups with no more than a 2% swing in any one group.”

West Lothian TSI

“We ran a funding Q&A session for the sector to help explain the guidance and offer the opportunity for organisations to ask questions about the fund. We also provided handy hints and tips on how to best complete the application form. We filmed the session and posted on our website for the benefit of organisation unable to attend. Feedback was very positive.”

5. Engaging those with lived experience

What we asked:

TSIs were asked to report (at different stages):

- Whether their Local Partnership Group has involved those with lived experience
- Whether they have involved people with lived experience of mental health and wellbeing in the implementation of the Fund
- To outline their approaches to the involvement of lived experience
- To provide some examples of funded projects which involve people with lived experience

Key observations:

- 81% of Local Partnership Groups involve people with lived experience of poor mental health, with nearly two thirds of partnerships noting increased lived experience membership from Year 1.
- In instances where those with lived experience are not included in partnership groups, the TSI has worked with organisations that support people with lived experience or separate lived experience panels. For example, in recognition that

joining a group like this can be a challenge for some people experiencing/who have experienced poor mental health and wellbeing, a bespoke lived experience group was set up, facilitated in a supportive and confidential format, that both informed the Partnership Group and allow people to participate in some funding panel activity.

- 100% of TSIs noted that they involved those with lived experience in the implementation of the Fund. This is a marked improvement on the figures for Year 2 where 80% of TSIs had been able to involved those with lived experience.

Involvement in local partnership groups

Approaches to involving people with lived experience in local partnership groups focus around them being an integral part of panels and steering groups. In some TSIs, face to face training has been provided on assessment and scoring processes to support lived experience panel members.

Edinburgh TSI

“We have engaged with a MH collective advocacy group to facilitate their involvement with the decision-making process. We have individuals on the decision panels with lived experience, but our original plan was to develop a more specific group input.

“Building on the work in Year 1 when we commissioned CAPS Independent Advocacy in Year 1 to work with people with lived experience, they helped shape the projects’ proposed by organisations, in delivering activities and services that meet the needs identified by people with lived experience. This work is still valid in Year 2. Additionally, CAPS Independent Advocacy participate in the Locality Advisory Teams and Citywide Advisory Teams bringing the views of those with lived and living experience.”

Clackmannanshire and Stirling TSI

“Our Lived Experience partners bring with them a wider pool of knowledge and experience of living day to day with challenging mental health and wellbeing, they are able to offer insight into the small actions that can make a huge difference in someone’s ability to maintain positive mental health and wellbeing or to maintain healthy positive connections while experiencing a challenge to their mental health and wellbeing. All of this supports a preventative approach to our allocation of the mental health and wellbeing funds.”

Dumfries and Galloway TSI

“In Dumfries and Galloway, the Fund is overseen by a multi-agency, multi-sector steering group. Lived experience panels, drawn from local communities as well as third sector organisations across the region, who provide services to the ‘at risk’ groups listed in the guidance, review applications submitted in stage 1 of their main awards programme. These are advisory rather than decision-making panels.”

Involvement in implementation of the Fund

A range of wider approaches have been adopted such as:

- Consulting with local mental health network groups
- Recruiting and consulting with lived experience volunteers on the grant application and sifting process
- Convening a panel of people with lived experience
- Running workshops and focus groups on the Fund with people with lived experience

- Working with other organisations to facilitate engagement with people with lived experience.
- In some cases, understanding about what constitutes lived experience has been extended beyond the experience of mental health to take a more intersectional approach i.e. homelessness, poverty, addictions; homelessness; physical disabilities and long term conditions; sensory impairment; unpaid carers; those with involvement in the justice system.
- TSI noted how those with lived experience, seldom heard groups and also previous grant holders have been involved in developing Local Plans, adapting fund application processes/formats, reviewing applications and taking part in community commissioning processes.
- In Renfrewshire, the TSI devised a public survey which is open throughout the application period to ask residents to rank their preferences of what they would like to see funded as well as providing some limited data on mental health lived experience.

Examples of projects informed by those with lived experience of mental health and wellbeing issues.

Some TSIs noted how they have supported projects to be informed by lived experience for example:

“At our in-person community commissioning events we included presentations on good practice and involving people with lived experience. For instance, we had speakers with lived and living experience talk about making services accessible to people with disabilities, minority ethnic communities, people who identify as LGBTQI+ and people in recovery from substance use. Speakers also spoke about intersectionality and including young people with lived experience in service design. Having speakers with lived and living experience at these events has enabled their views to be influential in project design.”

A range of good examples were provided with a few outlined below

In **Edinburgh the Spit it Out** project will create peer-to-peer support groups where people who share a common experience meet as equals, sharing skills, strengths and hope; learning from each other how to cope and thrive. The project will feature three groups for people of lived experience of grief and sexual assault and one for people who care for or have experience as carers of individuals struggling with their mental health. The groups will be led and organised by people who have been directly affected by these experiences which is a key factor of every activity they deliver. Participants will have the opportunity to talk but also to access creative ways to express their emotions. A major focus for Spit it Out is to create opportunities and reduce barriers for under-represented groups. They are creating a safe space, where marginalised groups can open up about difficult and taboo subjects.

In **Inverclyde the TCS Outreach, Let’s Connect** project has been funded and is inspired by service users. The service users (people who suffer from addictions and are frequently homeless) who helped to create the project, met together and worked on plans to develop the service to better meet their needs. Service users wanted more time with the volunteers who deliver the activities, and this led to the creation of the project. Let’s connect will build on the peer support model and will work to reduce the stigmatisation and marginalisation faced by our service users whilst creating meaningful connections and enabling service users to participate in society.

Section C - Learning And Reflections

1. TSI Feedback

What we asked

We asked TSIs to share any learning points or improvements to implementation of the Fund going forward.

Key observations

Fund administration

Returns indicate a number of points in relation to fund administration:

- Several TSIs reported that new groups supported last year to apply and become constituted have subsequently been able to complete strong applications this year on their own – this demonstrates success in the capacity building priority of the Fund.
- Some TSIs indicated that a longer-term funding approach would greatly benefit the projects funded and the communities these projects support.
- Some noted that the timing of distributing the Fund to TSIs (in August 2022) was a barrier to Fund dispersal, as it led to short lead-in times, including less time for planning initial support to potential applicants and for application assessment.
- TSIs also expressed a desire for more time to develop partnership working.
- Another noted that compressed time scales for consideration of applications have led to difficulties around staffing considerations.

Guidance and support

- Several TSIs indicated that they had found the National Network meetings helpful in terms of learning about other approaches to administration and noted how this has directly influenced development of their own processes.
- Respondents indicated that the updated guidance was very useful and it was clear that feedback from TSIs was heard and appreciated in the development of the guidance.
- It was noted that earlier guidance would have been useful, with lots of work involved in developing the Fund in advance of the launch of each Year. For example, the guidance documentation for Year 2 came out very close to the agreed launch deadline. Having guidance earlier would give more time for planning.
- Some TSIs indicated a desire for the evaluation criteria to be published in the guidance document.
- Others highlighted the importance of greater clarity on spend figures and the return of underspent funds. It would also be good to reinforce the auditable rules and requirements which prohibit the rolling forward of funding between financial years.

Submitting returns

In relation to making a survey return:

- The survey was designed to allow TSIs to download their own copy of their responses, however, some noted issues in saving their return.
- A few said that it would have been helpful to have the monitoring return provided in a format with all questions to make it easier to prepare as different staff are responsible for different elements. However, it should be noted that a PDF of the survey was provided alongside the survey link.
- There were some challenges identified with the Excel project level return, with some requesting more advance notice of requirements to ensure these can be reflected in application forms.
- It may be helpful to have a template provided by SG to ensure consistency across TSIs.
- More clarity from Scottish Government on the monitoring and evaluation required to ensure that all information can be collected from the start.

2. Conclusions

- **Tackling priority themes:** Year 2 of the Fund has included coverage of all the Fund key priorities set out for the Fund this year, with social isolation and loneliness remaining the most common Fund priority theme. It is positive to see poverty and inequality is a key focus, given the Fund's increased emphasis on socio-economic disadvantage and the cost of living. Whilst still adhering strongly to the priorities identified in the fund guidance, TSIs are enhancing nationally set Fund guidance with a range of additional local priority themes and groups. This demonstrates the importance of local based decisions.
- **Reaching target groups:** Groups such as LGBTQI+ communities, refugees and those with no recourse to public funds and people from a minority ethnic background continue to represent the least number of awards to date. A lesson from Year 1 was to better understand the quality of the impact on target groups. The detailed responses of projects in considering accessibility and inclusion are therefore very encouraging to see. Furthermore, partnerships have considerably extended their efforts around supporting equalities considerations throughout their promotional, application support and assessment processes, with a rich and varied set of actions in place to underpin this. This work is a real strength of the approach to Year 2 particularly the rise in the targeted approaches to reaching specific target groups.
- **Local partnership plans:** Overall, Local Partnership Plans showed a clear progression from Year 1 planning, with TSIs building positively on existing partnership arrangements and their approach to managing the Fund.
- **Local Partnership Working:** A wide number of TSIs have extended the membership of their Local Partnership Groups whilst also broadening and deepening the connections they are making between local organisations, statutory bodies, funded groups and so on. Challenges to effective local partnership working were very similar to last year, with time, competing demands and resource restraints being the most common issues.
- **Lived experience:** It is positive to see 100% involvement of HSCPs in Year 2 and notable effort to further involve those with lived experience in Local Partnership Groups. It is also positive to see that all TSIs involved those with lived experience in the delivery of the Fund (compared to 80% in Year 1).

- **TSI administration and capacity building grant:** Views on the administration of the Fund were positive and it is clear that the administration and capacity grant has been well valued and used to undertake a range of necessary aspects of the Fund. Key uses are staff employment, training and support to applicants and awardees, Fund promotion, software and expenses to involve those with lived experience.
- **Learning/feedback:** TSIs are reflecting on learning from Year 1 fund administration process and feeding this into Year 2 processes. It is encouraging to see the range of positive comments were made around Year 2 guidance and the support provided by the National TSI Network meetings. TSIs have provided a range of constructive comments around the need for further clarity and earlier guidance, as well as process improvements on reporting which can be used to directly inform Year 3 guidance and monitoring requirements.

Annex A

Project Examples – by target group and priority issues

This Annex provides a selection of examples of projects which include a focus on the Fund's identified themes and at risk target groups, as well as examples of other at risk groups identified locally.

Project examples by target group

Women (particularly young women, and women and young women affected by gender-based sexual violence)

Aberdeen City, Pathways, Domestic Abuse Peer Support Group

The project will support women who have experienced domestic abuse (or continue to do so), who have gone through the counselling process, or do not feel the counselling process fits their needs. The project will run two weekly support groups for women, supported by a trained counsellor, to address the need for ongoing support, especially for those who are experiencing delays in the court system. The project will be supported by counsellors to ensure that the mental health needs of the group at times of increased anxiety can be met.

People with a long-term health condition or disability

Headway Highland offers peer support groups to adults with an acquired brain injury (ABI) and their families/carers. Support groups are located in Thurso, Wick, Alass, Inverness, Nairn and Fort William and enable individuals to be themselves, celebrating the unique contribution they can make to the group and empowering and encouraging them to see their social contribution. Just because someone has experienced an ABI, that is not all they are, nor is a caring role all a person is. The group promotes shared interests, activities and peer support for each other.

People at higher risk of covid

Portlethen Jubilee Hall Aberdeenshire

The project will provide a lunch-club for people with complex additional needs. Participants will be fully involved in developing menus, preparing food and planning activities. The idea has come from community cafe users who have additional support needs and physical disabilities. Many can't leave the house without assistance and find it hard to find places to socialise with peers in a supportive environment. The lunch club will be geared towards their specific needs, where they can have a "voice" and have fun meeting new people and trying new activities.

People from a Minority Ethnic background

PASSION4FUSION Edinburgh

The project will address the disproportionate impact of mental health inequalities affecting African men living in deprived areas of Edinburgh with limited access to appropriate mainstream services. A trained team will provide appropriate support and early interventions to men with complex health needs. Services will be under-pinned by peer support and activities are designed to involve the real-lived lived experience of service users in order to reduce stigma and discrimination, reduce social isolation and loneliness and increase self-esteem and self-efficacy to seek for help. Activities will include workshops, mental health

first aid training space to discuss men's mental health issues and weekly physical fitness exercises.

Refugees and those with no recourse to public funds

Mossvale Community Church, Sewing2gether All Nations

The project seeks to support refugees and asylum seekers by engaging them in sewing/craft workshops. Dedicated workers (including Lived Experience Workers) work with each individual on any need that arises as part of their process for seeking refugee or asylum seeker status. Signposting to external partners or developing knowledge within the group are also key.

The planning team engage with external services e.g. Scottish Refugee Council, and Renfrewshire's Integration Network (IN-Ren) to identify the specific needs of the refugee community in Renfrewshire and Glasgow.

People facing socio-economic disadvantage

Whitlawburn Community Resource Centre, The Stay Warm Project (South Lanarkshire)

The aim is to provide a warm communal space for people who are finding it difficult to heat their homes. There is a Cosy Corner with books, board games, TV and hot drinks where people can meet as well as weekly coffee mornings, offering basic breakfast items and Tea & Tablet group for people to learn how to make best use of their devices. Services provided in the hub include welfare benefit, money, debt, fuel poverty and energy advice through a Citizens Advice Bureau outreach 2 days per week. A food co-operative provides access to low-cost food in partnership with Fareshare and supermarket retailers and recycled donated school uniforms are issued to family to save on the cost of the new term.

People experiencing severe and multiple disadvantage

Grassmarket Community Project

This project will focus on vulnerable adults including: people who are rough sleeping, homeless or vulnerably housed, people with disabilities, mental health issues or mental illness, people with experience of or currently experiencing trauma, people in poverty, with substance misuse issues, long term physical or terminal illness, older people and people who face deep social isolation and exclusion.

Four wellbeing activities will be provided each week, a peer support/ mental health and wellbeing group (bringing in experts in a safe environment), (a gardening group, a local walking group and an outdoor swimming group.

People with diagnosed mental illness

Lucky Ewe Recovery and Renewal Fife

The project supports the mental health and wellbeing of the learning disabled and those with additional support needs who may leave school with no academic qualifications and no option to enter further education or seek employment.

This project will engage interns using different stimuli and models compared to conventional forms of learning. Interns will be supported in an animal husbandry and farming environment, particularly working with sheep as relatively small, undemanding, and non-aggressive animals, but requiring care, attention and management. The experiences are

also all embedded in farming management and operations, with the related skills required for employability in that sector.

People affected by psychological trauma (including adverse childhood experiences)

The Moira Anderson Foundation Glasgow Satellite Service

This project supports adults with long-term health conditions affected by childhood sexual abuse. Working in partnership with the Alliance Links Worker Programme to reduce barriers to participation, it will deliver therapy/counselling, complementary therapies, self-management programme and Peer Support from identified GP practices across Glasgow and in the City Centre.

People disadvantaged by geographical location (particularly remote and rural areas)

Fun First will deliver monthly sessions and some special events which will include sessions on the peninsula (Garelochhead & Rosneath) to reach those who are rurally isolated in addition to the Drumfork Community Centre in Helensburgh and Colgrain Community House. Attendees will have access to health practitioners as well as fitness, nutrition and other local wellbeing/care organisations. It is free to attend and organisers will reach out to people they have not seen for a while.

Older people

Charlies Chatterboxes meets every day in different care homes and hospices throughout South Lanarkshire, between one and two hours with each group of six to ten residents. It brings people together to chat, play games and share photographs with everyone joining in for as long (or short) a time as they feel able.

Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTQI+) communities

Four Pillars UK LGBT+ Outreach - Moray

The aim of the project is to improve the mental, emotional, physical and sexual health of LGBTQI+ individuals across Moray by delivering LGBTQI+ awareness training in community centres to promote a zero-tolerance attitude towards homophobia, biphobia and transphobia and other discriminations. An Outreach Coordinator will support individuals and engage with communities working with service users in reporting crimes to Police Scotland.

Project examples focusing on the Fund's identified priority issues

Social Isolation and Loneliness

Forth Valley College Social Hub

The Social Hub aims to reduce the social isolation and loneliness experienced by young people with ASN, by offering informal opportunities for them to connect out-with their College day. The Social Hub will be a relaxed atmosphere which will promote social interaction, activities and encourage young people to discuss their mental health needs and promote ways for them to improve their own coping strategies and resilience.

Early Intervention

Pillar aim to maximise mental health recovery through early intervention and prevention, ensuring that those in the early stages of mental health decline, those living with long term, clinical mental health diagnoses and those at risk of relapse have the support they need to take control of their lives, find hope and make the most of life's opportunities whilst establishing their own goals and aspirations and how to achieve them. The needs led service supports individuals to develop the range of skills and opportunities required to self-manage their mental health and establish meaningful community connections.

Addressing Poverty and inequality / Cost of Living

Nairn Citizens Advice Bureau, Armed Forces Community HUB

The project will provide a holistic advice service: reducing poverty by income maximisation, employability and opportunity to reach partner agencies in a local, independent face to face environment which does not currently exist such as Poppy Scotland, Combat Stress, SACRO, DWP Forces Champion. This will increase independence, reduce strain on family life and increase social inclusion.

The Hub will providing a safe space for a hard-to-reach group (vulnerable members of the armed forces) who by their nature are often socially & rurally isolated, preferring the company of those with shared experiences.

Other themes (identified locally)

Carers and Bereavement

Touched by Suicide Scotland

The project will support individuals bereaved by the suicide of a family member or friend. Suicide is a very isolating death for the bereaved because of the stigma. Support will be provided for 40 individuals in one-one or group support whatever is suitable to the individual. Group sessions will be offered in Scotstoun and Easterhouse as well as one to one support across Glasgow.

Sports

Forth Valley Disability Sport

The Without Barriers project will deliver bespoke sport and physical activity sessions for adults aged 16+ living with a disability or limiting condition. The project will meet a significant gap in daytime provision of this kind taking a targeted approach. The project has been developed following the '5 steps to mental wellbeing' to generate the greatest impact.

Arts and Culture

Firefly Arts

This is a free weekly programme of up to 30 sessions to vulnerable young adults (16-25) who have been identified as requiring additional support to address the barriers to them building social networks, engaging with education and/or moving on to further training and/or employment.

These multi-media arts workshops will build confidence and wellbeing, generate a sense of community, and develop transferrable skills. The issues explored in the sessions will be young people led.

Food will be provided at each session as many of the young people engaged are dealing with food insecurity. All our practitioners and staff have received training in First Aid for Mental Health (SCQF level 5) and have a proven track record of success working with young people with additional support needs.

The Spit it Out festival

This will be the second festival for the women-run consent and mental health charity 'Spit It Out'. The festival will deliver a programme of 48 events in 13 venues across Glasgow, Edinburgh and online, The Spit it Out Festival is an immersive arts festival focusing on creative ways to talk about consent, mental health and healing with exhibitions, workshops, talks, film screenings and live performances, all held in a supportive, safe and inclusive space.

Annex B

Project Examples – by region

Aberdeen City:

Third Level Foundation Community Interest company CIC - The project will support adults struggling with the effects of trauma and suffering loneliness and isolation in Cornhill, Fersands, Middlefields and St Machars. Weekly workshops will provide an opportunity for group/s to build connections and support each other, while learning about the effects of trauma and coping skills. They will also learn practical tools and understanding the relationships around them. These benefits will strengthen mental health, self-esteem and provide a sense of inclusiveness rather than isolation and loneliness.

Aberdeenshire:

The Seed Box - The Seed Box provides horticultural training and outdoor therapy to adults with additional support needs (both physical and mental), They are outgrowing their current site and are planning to set up a new site near Banchory to allow them to increase the number of co-workers they work with. They currently provide around 2,000 sessions a year and are planning to steadily increase this over the next 2-3 years. The site includes a shop which will allow them to expand the training they provide and allow more people to buy their produce and jams etc, reducing their carbon footprint.

Angus:

Nash - The Neurological & Stroke Hub (NASH) will bring wrap around service to people, carers & their families that can respond timely and appropriately to their changing needs. NASH is a unique and innovative support network to people who have a neurological condition, is proactive and appealing and aims to reduce deterioration whilst maximising levels of physical and mental health.

Argyll & Bute:

Crossroads North Argyll - To provide free respite for unpaid carers in Oban, Lorn and the Isles. This enables them to have a much-needed break each week to meet up with friends, go for hair appointments, etc. anything that helps their own mental health and wellbeing which has been affected by their caring role and coping during the pandemic. Some carers have been struggling as there have been no groups running to support the cared-for person, leaving the carer to support/care for them 24 hours a day, 7 days a week.

City of Edinburgh:

Saheliya - We will provide trauma-aware counselling in first languages and art, music, and dance therapy for marginalised women from racialised communities with lived experience of gendered abuses including harmful cultural practises who are unable to access other appropriate services due to barriers of language, stigma and taboo towards mental illness. Counsellors will be fully qualified and registered with the British Association of Counselling and Psychotherapy (BACP) and / or COSCA (Counselling and Psychotherapy in Scotland) and wishing to gain experience of using their first languages to provide counselling.

Clackmannanshire and Stirling TSI:

Dollar Community Development Trust - To recruit a project officer to drive forward our Caring, Connected Dollar activities. To develop services within the Hive to support those most vulnerable within our community. Services envisaged being – those aimed at people with dementia, unpaid carers, those bereaved and those needing a warm space/social opportunities. Engage volunteers and organisations from across Dollar to work together for the benefit of the community.

Dumfries & Galloway:

All Roads Lead to Whithorn - To increase the use of the Hall by groups at either end of the age spectrum - the elderly and vulnerable and also young people at risk. For the older community, we target those who may be disproportionately affected by the Cost of Living crisis and may also have lost confidence to socialise, as a result of shielding or caution due to the pandemic. New engagement with the public will kickstart the use of our Hall after an 18 month closure for extensive construction works. We want to deliver a project that is accessible to everyone in our community but particularly those who have health and socio-economic challenges.

Dundee City:

Ardler Village Trust - Funding will be used to extend the opening hours of the Ardler Community Café, to fund additional subsidised meals, to extend the flexibility of support that can be offered and to provide a warm safe space

East Ayrshire:

Netherthird Initiative for Community Empowerment (NICE) - To facilitate staff costs and travel for two fully accredited Psychotherapists to work within Netherthird Community Centre for a 1 year period. This will be done by working in Partnership with charity Youth Interventions who are specialists in the emotional and mental wellbeing of young people. There will be a dedicated focus on supporting young people at risk of suicide, emotional distress or maladaptive behaviour through therapeutic one to ones with individuals and family members.

East Dunbartonshire:

LGBTQI+ Youth Scotland - This project will provide activities for LGBTQI+ young people aged 16-25 in East Dunbartonshire, enabling them to socialise, access engaging workshops and build positive relationships. They build the confidence, resilience and skills of LGBTQI+ young people, supporting them to move on to positive destinations.

East Lothian:

S.M.I.L.E. Counselling - To provide assist (suicide intervention) training to 144 people over 6 courses in 2023/24, a wide range of those living, working and supporting the community in East Lothian. ASIST (Applied Suicide Intervention Skills Training) A two-day skill building workshop that prepares participants to provide suicide first-aid interventions. ASIST trains participants to reduce the immediate risk of suicide and increase the support for a person at risk. The workshop helps participants recognise what a person at risk may need from others in order to keep safe and get help.

East Renfrewshire:

Neilston Parish Church. Free Weekend Lunch Service

A free weekend lunch service aimed at tackling food/fuel poverty and isolation in the local community. Running for 2 hours on a Saturday afternoon we aim to provide a warm safe space where people can relax and not have to worry about having to feed/heat/entertain themselves or their families.

Eilean Siar (Western Isles)

Western Isles Community Care Forum – Musical Memories -

Musical Memories is a monthly series of live and online music and singing events that stimulates and entertains care homes residents and others in Harris. The project is designed to reduce social isolation and loneliness by offering social activities to people affected by dementia, other long term conditions and their carers. There is an inter-generational aspect and people attending can also receive cost of living advice.

Falkirk:

The Braveheart Association - To help support across the district, inequalities experienced by those disadvantaged in society are clearly seen. Older people, women, ethnic minority groups, refugees, and asylum seekers are most at risk of adverse mental health. The project will address these complex issues by using their individual and collective resources to deliver emotionally engaging activities and provide evidence-based, practical wellbeing strategies to build resilience and better mental health.

- To increase volunteering, amongst people from priority groups
- To enhance community cohesion
- To increase capacity and resilience skills.

Fife:

Curnie Clubs - Six Curnie Clubs will help Members access nature and explore their own and each other's local areas to help improve mental health. They will practice commonly problematic issues, i.e. accessing public places and utilising public transport. The project will serve as an extension to their deaf Stage 3 Mindset Group. For those ready, it will help them access local nature spots with staff and peer support with regards to previously mentioned issues. It will run for 15 weeks and will include walks with sit-spot invitations and nature-based workshops. Each participant will be provided with a waterproof sit-spot pad and sit-spot journal.

Glasgow:

Deafblind Scotland - The Don't Worry, Be Happy Project will continue to address the mental health/wellbeing inequalities experienced by deafblind people, made transparent during Covid-19 with particular regard to older people -lack of access to mental health improvement information, guidance/support. The project offers deafblind people an equitable approach to improving their mental health through accessible phone/home-based one-to-one sessions - mental health brief interventions, advice/support. Participants will be provided with home-based self-care information/support.

Highland:

Held In Our Hearts - To support the expansion of their services in the Highlands. They are working in partnership with NHS Highlands to provide both specialist 1:1 baby loss counselling and peer support for bereaved parents. Prior to their partnership with NHS Highlands, there has been no support available for families and we have had some families reach out, who have been experiencing suicidal ideation or in one case actively suicidal. Their specialist services give families a safe space to share and find ways of coping with the loss of their baby in the long term.

Inverclyde:

Safe Harbour Inverclyde - To support individuals and families experiencing emotionally chaotic lifestyles, often due to long term mental health issues, poverty and trauma. This new programme will offer telephone support and outreach practitioner support, befriending, and delivery of wellbeing therapeutic sessions. This work is anticipated to help participants build emotional resilience to self-manage issues (trauma, domestic abuse, phobias, loss, isolation, exclusion), and reduce social isolation and challenge exclusion arising from poverty, poor health and education within poorer communities across Inverclyde.

Midlothian:

Circles of Support for People with Learning Disabilities in Midlothian - To recruit and train volunteers, who will support up to four individuals and their family members by delivering three main activities: 1:1 befriending; 'Circles of Support' and local social events. This includes co-production of person-centred plans to address their specific needs. The project will enable people with a learning disability or autism to live their best lives, facilitated by volunteers. This will include 1:1 volunteer befriending and tailored small scale social events to bring individuals and families together for mutual connection and friendship.

Moray:

Moray Coast Methodist Church - To develop Moray Hope for Peace into an ongoing programme, including a centre for Restorative Justice (RJ) and reconciliation, and a high-quality training facility focusing on the restoration of relationships and victim support for communities in Moray. Strong RJ and reconciliation support is shown to be a significant contributor to positive community mental health.

North Ayrshire:

Irvine Community Sports Club - To open a community warm room project with mental health support integration. They will run a community warm room for 4 days per week and in 4 evenings, allowing for community members suffering from socio-economic deprivation, disabilities, and those furthest from social interaction. Providing a warm space to interact, have some hot food and drink, play games, watch TV, gain digital literacy training, and access support for benefits, grants, mental health, suicide awareness, and bereavement support.

North Lanarkshire:

Getting Better Together - To take an early intervention and prevention approach by providing antenatal services that support families throughout the whole pregnancy and create clear pathways into Early Years services.

Orkney:

Orkney Blide Trust - To enable and support a group of men who are experiencing mental health difficulties, social isolation and a lack of purpose/opportunities to use their skills to engage with the Men's Shed. The project will involve a group of men who access support from the Blide Trust working alongside others from the Men's Shed community initially to plan, build, and erect a new garden tool/potting shed for the Blide garden and then to work on other agreed projects over the year. Their experience has shown that in order to overcome barriers to participation and maintain engagement this group of men would require a member of staff from the Blide Trust to work alongside them to provide support around issues such as anxiety, trauma, low mood and poor self-confidence.

Perth and Kinross:

Lighthouse & The Neuk (Partnership) - To support the continuation and further development of the family support project which the Lighthouse and The Neuk received funding from the 2022 CMHWF. The project provides crisis support for all family members when one member presents to their services for support. For instance, if a young person comes to The Lighthouse for support, their family members/carers will automatically be asked if they would like support from The Neuk.

Renfrewshire:

Jambo! Radio - To deliver a weekly mental health broadcast project - Mind Matters - for the BAME community across the West of Scotland. Funding will support volunteer expenses, admin support and production costs.

Scottish Borders:

Eastgate Theatre (Peebles) Ltd - To develop work across two strands of creative classes for vulnerable adults living with chronic conditions; a new set of movement-based workshops designed for adults seeking to improve their physical and mental health; along with training for practitioners, volunteers and Eastgate staff.

Shetland Isles:

Relationship Scotland Shetland - To provide a peer support group offering emotional support for young people who are experiencing or have experienced family separation. They aim to provide a safe space so that they can work on feelings and emotions to help support better relationships now and in the future.

South Ayrshire:

Symington Friendship Group - To provide a safe and warm environment for local people struggling with energy bills. Offering light refreshments and hot drinks and activities.

South Lanarkshire:

Supporting Older People - To support older people to re-engage in their community is a project being developed in direct response to the needs of older people in Cambuslang, Rutherglen and Hamilton. As they have met and listened to our older, resoundingly many of them who have been adversely impacted by shielding, state that they are still anxious about leaving their home and meeting in groups. They wish to offer these people the opportunity

to come together in a safe environment and participate in a range of opportunities aimed at building lasting relationships whilst improving an individual's feelings of mental and physical wellbeing.

Clackmannanshire and Stirling:

Forth Valley Disability Sport - To support the 'Without Barriers' project will deliver bespoke sport and physical activity sessions for adults aged 16+ living with a disability or limiting condition. The project will meet a significant gap in daytime provision of this kind taking a targeted approach. The project has been developed following the '5 steps to mental wellbeing' to generate the greatest impact.

West Dunbartonshire:

Flourishing Faifley - To establish and support a new men's group within the Flourishing Faifley community. This group, which would be open to all men, is a proven mechanism for tackling social isolation, loneliness and mental health issues.

West Lothian:

Team Jak Foundation - To run support sessions and activities for parents, carers and other adult family members who have a child with cancer (or related illness) and for those who have been bereaved. This includes, Counselling sessions, weekly Parent Patter sessions, Monthly Angel (bereaved families) Parent Patter, Mindfulness, Yoga, footgolf, games night. More relaxed sessions where adults can gather while their children are at our Mini Dener's programme or they have the opportunity to receive a pamper or relaxation treatment, knowing that their child is being taken care of by staff and volunteers who understand their condition. All of these provide essential emotional, social and practical support to help ease the journey of having a child with cancer, including when that means losing a child to cancer.

Annex C

Information on the distribution of the Communities Mental Health and Wellbeing Fund for adults in 2022/23

This annex provides information on the breakdown of the:

- £15 million Communities Mental Health and Wellbeing Fund for adults distributed to Third Sector Interfaces across Scotland in August 2022, to support local, grassroots community organisations
- £1.1 million of funding provided to support the administration and capacity building functions of Third Sector Interfaces to deliver the Fund locally.

Distribution of the £15 million of funding in 2022/23

The following table provides the value of the £15 million funding distributed to regional Third Sector Interfaces in 2022/23 to support community organisations.

Table 7

REGION	FUND ALLOCATION
Aberdeen City	£571,787
Aberdeenshire	£639,856
Angus	£324,180
Argyll and Bute	£282,303
Clackmannanshire and Stirling	£385,343
Dumfries and Galloway	£445,031
Dundee City	£428,708
East Ayrshire	£355,821
East Dunbartonshire	£277,982
East Lothian	£280,035
East Renfrewshire	£236,962
Edinburgh	£1,252,232
Falkirk	£434,033
Fife	£1,029,121
Glasgow City	£1,798,348

Highland	£704,900
Inverclyde	£242,385
Midlothian	£243,982
Moray	£259,461
North Ayrshire and Arran	£404,782
North Lanarkshire	£953,878
Orkney Islands	£73,946
Perth and Kinross	£416,962
Renfrewshire	£504,837
Scottish Borders	£321,858
Shetland Islands	£71,420
South Ayrshire	£337,068
South Lanarkshire	£888,304
West Dunbartonshire	£266,451
West Lothian	£469,318
Western Isles	£98,706
TOTAL	£15,000,000

The NHS Scotland Resource Allocation Committee Formula (NRAC) was adopted as the distribution model for the £15 million of funding. NRAC is the annually reviewed and adjusted formula, used by the Scottish Government to calculate and distribute resources to NHS Scotland Health Boards and Integrated Authorities (including Integrated Joint Boards). NRAC takes into account a range of factors, such as population size, concentration, health, age and deprivation as well as adjustments for rural geography and more isolated communities.

Distribution of the Communities Fund Administration and Capacity Building Grant to Third Sector Interfaces in 2022/23

A grant of £1,136,695 was provided to support administration costs and the capacity building efforts of Third Sector Interfaces.

This was distributed across Third Sector Interfaces, each receiving 7.5% of their Fund grant amount as an Administration and Capacity Building Grant.

For Third Sector Interfaces in smaller island regions – Orkney, Shetland and the Western Isles – where the level of the grant would fall below £10,000 it was agreed that this should be brought up to £10,000 to ensure they were not disadvantaged.

The table below outlines the distribution of the Administrative and Capacity Building Grant for each Third Sector Interface Region.

Table 8 Administration and capacity building grant distribution to TSIs

REGION	GRANT ALLOCATION
Aberdeen City	£42,884
Aberdeenshire	£47,989
Angus	£24,314
Argyll and Bute	£21,173
Clackmannanshire and Stirling	£28,901
Dumfries and Galloway	£33,377
Dundee City	£32,153
East Ayrshire	£26,687
East Dunbartonshire	£20,849
East Lothian	£21,003
East Renfrewshire	£17,772
Edinburgh	£93,917
Falkirk	£32,552
Fife	£77,184
Glasgow City	£134,876
Highland	£52,867
Inverclyde	£18,179
Midlothian	£18,299
Moray	£19,460
North Ayrshire and Arran	£30,359
North Lanarkshire	£71,541
Orkney Islands	£10,000
Perth and Kinross	£31,272
Renfrewshire	£37,863

Scottish Borders	£24,139
Shetland Islands	£10,000
South Ayrshire	£25,280
South Lanarkshire	£66,623
West Dunbartonshire	£19,984
West Lothian	£35,199
Western Isles	£10,000
TOTAL	£1,136,695



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