

Evaluation of the Communities Mental Health and Wellbeing Fund for adults



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Executive Summary

The Scottish Government commissioned Blake Stevenson Ltd. to undertake an evaluation of the first year of the Communities Mental Health and Wellbeing Fund for adults to understand the processes for delivering the Fund and its impact. The report presents the findings from the evaluation of Year 1 of the Communities Mental Health and Wellbeing Fund for adults.

The evaluation was, however, conducted at the end of Year 2 and as a result, the research was also able to take account of some of the developments that took place between Year 1 and Year 2 and draw out learning from this.

Throughout this report, the term ‘community supports’ is used to describe the wide range of support, activities and initiatives that seek to improve people’s mental health and wellbeing in the community context. This term is used to differentiate it from the provision within mental health services.

Context

In October 2020, the Scottish Government produced the [Mental Health Transition and Recovery Plan](#) as part of its response to the mental health impacts of Covid-19. The plan addressed the challenges that the pandemic had, and would continue to have, on the population’s mental health. It laid out key areas of mental health need that have arisen as a result of Covid-19 and lockdown. In February 2021, £120 million of funding was announced to ensure the delivery of the commitments set out in the plan.

As part of this, a new Communities Mental Health and Wellbeing Fund for adults (the Fund) was established in October 2021 to support projects that would help to develop a culture of mental wellbeing and prevention within local communities and across Scotland to contribute to the four key areas of focus in the Mental Health Transition and Recovery Plan.

The delivery of the Fund marked a departure from how mental health funding is usually distributed and it was managed by Third Sector Interface (TSI) led local partnerships so that the funding and support would be directed to grassroots community-based organisations. In Year 1 (2021/22), £21 million was disbursed to 1842 local projects across Scotland. In Year 2, £15 million was distributed to 1458 local projects. Funding for a third year was announced in April 2023.

Methodology

The evaluation approach included desk-based research and several activities to gather evidence and views from TSIs, funded projects, project participants/people with lived experience of mental wellbeing concerns and national stakeholders. Key evaluation activities involved:

- Online survey of all TSIs to increase understanding of the administration of the Fund, the involvement of people with lived experience, local capacity building activity, key learning and wider impacts of the Fund

- Online survey of funded projects to gain a clearer understanding of the profile of funded organisations and the range and type of projects being delivered
- One-to-one interviews with ten TSIs to develop a greater understanding of the TSIs' experiences of leading the Fund, their local partnership approach, and their considerations in developing and delivering a process suitable for their communities
- Twelve case studies of funded projects to depict a rich picture of a range of project and participant experiences of the Fund and two case studies about TSI approaches to delivering the Fund
- Four national stakeholder interviews to explore the wider strategic context for the Fund, their views on the new model of managing and distributing funding through the TSIs, and the impact of the Fund

The extensive qualitative data generated by these evaluation activities was analysed in line with the evaluation questions and a draft report outline was agreed which shaped the structure and content of the report.

Findings: Fund delivery and management

The national Fund criteria set out the broad parameters for how the funding should be allocated but it was intentionally flexible to allow the TSI-led local partnerships to identify their own priorities in line with local needs. Each partnership co-produced a local partnership plan which set out spending priorities in line with the Fund criteria, whilst ensuring that the local approach complemented existing provision and intended outcomes for community mental health and wellbeing support.

Approaches to managing the Fund

The TSIs received an administration and capacity building grant to support their management role and to build capacity amongst community organisations applying to the Fund. This helped to build new or reinforce existing grant management processes and support effective delivery of the Fund.

As well as providing the shape and context for the management of the Fund, the local partnership plans identified governance arrangements and detailed the wide range of partners involved in supporting delivery. The range of partners represented multi-agency and multi-sector organisations and brought a wealth of mental health, grant management, community planning and third sector expertise to the partnership. Partners fulfilled various roles including sitting on steering groups or assessment panels, awareness raising and undertaking capacity-building with community organisations.

In terms of the logistics of the application process, the TSIs developed their own approaches often using the administration and capacity building grant to invest in software to streamline functions for applicants and the TSI teams. They all took actions to encourage target groups to apply for funding, which included:

- targeting promotion and support and guidance
- working with specialist organisations to help reach specific groups within communities

- creating funding streams for the smallest community organisations
- ring-fencing monies for particular types of organisations

Most TSIs ensured that people with lived experience were involved in the planning and delivery of the Fund and this varied from roles in assessment and decision making to identifying local priorities. By Year 2 of the Fund all TSIs had involved those with lived experience in the Fund. TSIs identified learning and an increased understanding of the support and activities that were required to ensure that people with lived experience could meaningfully engage and be heard in the process.

Building capacity amongst community organisations

TSIs and their local partners played a key role in the capacity building of the community organisations through:

- Developing skills to apply to the Fund - There were wide ranging approaches to supporting community organisations to develop their understanding of and skills to apply for the Fund. These included roadshows, one-to-one support sessions to support organisations to review draft applications and provide feedback and hyper-local workshops in specific communities.
- Developing skills to apply for other funding - In addition to Fund-specific support, some TSIs provided more general training on writing application bids as well as evaluation techniques.
- Increasing organisational capabilities - There was a host of activities to help develop the organisations' knowledge and skills. These most commonly focused on governance and operational support to smaller organisations to assist them with creating constitutions, applying for charitable status, strengthening their business planning and reinforcing their volunteering.
- Increasing organisations' capacity to deliver supports which help address people's mental health and wellbeing.

Organisations' experience of applying to the fund was very positive. Access to the support and training further enhanced the capacity of these community organisations and improved the accessibility of the fund to less experienced groups.

Learning about the improvements to the delivery and management of the Fund

Reflections from TSIs and funded projects identified changes to some of the funding mechanisms that would further support community organisations to apply and accept funding. These included simplifying application processes, workshops and events to support the application process, and ring-fencing funding for small grants.

There were also requests for more timely communications about the Fund requirements and realistic timeframes to help with forward planning both at TSI and project level. The introduction of more standardised elements and additional guidance was viewed as important to improve consistency across TSI areas in the

monitoring, e.g. what is collected from projects and decision-making on what can be funded.

The regularly held Fund National Network meetings were identified as a valuable source of learning and reassurance for the TSIs. The request from several TSIs was to provide greater opportunities within that setting for more peer-to-peer learning.

Summary

The evaluation findings showed that the TSI-led management model has worked well with involvement from multi-sector partners and people with lived experience to deliver a Fund that addresses local needs and priorities. The administration and capacity building grant was a valuable resource to build capacity internally and support capacity building in community organisations by developing their skills to apply to the Fund and other funding and increase their organisational capabilities. The learning from the experiences of the TSIs and the funded projects provides opportunities for the Scottish Government and TSIs to make small changes to enhance future delivery and management of the Fund.

Findings: Impact of the Fund

The monies from the Fund positively impacted on local people, community organisations and the TSIs. As a result of the Fund, mental health and wellbeing community support initiatives were newly created or extended to more or different beneficiaries. A set of case studies highlighting the impact of the Fund are included throughout the main report are also available in a [standalone document](#).

Reach of the Fund

In Year 1 of the Fund 1842 projects delivered a range of community supports focused on improving mental health and wellbeing to an estimated 300,000 people across Scotland.

Local community supports for people's mental health and wellbeing

In the main, and in keeping with the primary focus of the Fund, all the projects identified the preventative work they delivered to promote and support the conditions for good mental health and wellbeing at population level. They did this by:

- Creating connections – creating a safe space for their beneficiaries to engage in open and supportive conversations; creating a sense of community and the promotion of peer support; increasing people's social networks and strengthening support networks in the local community
- Providing support and self-help – providing access to mental health and wellbeing workers, offering courses and training programmes to support people to improve their mental and physical health

The funded projects also delivered activities and services that increased access to help, advice and support through staff/volunteers with the skills to provide that individual support or with the knowledge of where to signpost to other services; by

working with organisations to provide support and through promotion and awareness raising activities.

Training of volunteers and staff was highlighted as critical to providing services and there were several examples of the funding being used to train staff and volunteers so they were equipped with the necessary skills to provide appropriate support to those accessing services.

The majority of projects provided support to help promote good mental health or signpost people to other advice and services, recognising that their work was often complementing treatments or care being delivered by health professionals.

Nevertheless, there were examples of projects working with health professionals that provided treatment and/or care or using their grant to fund professional roles as part of their service to ensure safe, effective treatment and care of people living with mental health and wellbeing concerns.

Outcomes for people with mental health and wellbeing issues

Many of the projects involved people with lived experience in their design and delivery. This ranged from lived experience-led organisations to working with beneficiaries to shape day-to-day project activities or influencing future service developments at a strategic level.

The organisations provided many examples of how their funded projects had positive impacts on their beneficiaries' mental health and wellbeing. Positive outcomes were identified for a vast array of project activities, including art therapy sessions, women's drop-in groups, inter-generational pilot projects, weekly cafes and music therapy services.

These changes included positive effects on socialisation, physical activity and skills development to emotional support. They also provided opportunities for creative expression, holding discussions around health and providing the support required for mental health issues, and enhancing the quality of life for beneficiaries.

Impact of the Fund on local organisations

Alongside the provision of community supports, there were other impacts on the organisations that received funding for their projects. These centred on:

- Increased organisational capacity and capability: by extending their services or creating new ones but also through the training and support provided by the TSIs which led to staff and volunteers who were better equipped and more knowledgeable.
- Better understanding of local need: projects had increased understanding of what was needed at a local level and by working with people with lived experience they were better placed to support the mental health and wellbeing needs of their local communities.
- New networks and partnerships: in many TSI areas funded organisations were encouraged to or brought together to create new networks and collaborations which encouraged cross-referrals and joint working.

Impact of the Fund on the TSIs

The TSIs identified several additional benefits to administering the Fund.

They had an increased profile and standing amongst local partners with strengthened relationships with the Health and Social Care Partnership (HSCP), local authority, and mental health teams. They had established themselves as effective fund managers with robust and appropriate processes, approaches and skills to disburse grants and capacity build and become recognised as an agency with a greater and more dedicated focus on mental health and wellbeing so that they can support policy and strategy development.

The Fund resulted in a strengthening of partnership working both in relation to delivery of the Fund (with partners, for example, supporting the TSIs to reach grassroots organisations), and in relation to the wider delivery of community mental health and wellbeing support.

TSIs also valued the stronger connections they now had with smaller organisations and the local community. The administration of the Fund, the work with people with lived experience and the capacity building with grassroots community groups have resulted in closer relationships with some organisations and new connections with groups that the TSI had previously not engaged or interacted with.

The growth in those connections has provided insights into the need in local areas and how best they could provide support, a greater understanding of their local landscape and clearer intelligence of the third sector which will help inform and plan future services and support.

The administration of the Fund has increased TSI staff knowledge and understanding on various issues around effective fund management and systems that can support it. They were more skilled at community engagement activities to reach grassroots organisations and more effective in finding appropriate ways to engage people with lived experience.

Summary

The evaluation has shown that there were positive outcomes for people who accessed the funded community supports, the local organisations that received funding and the TSIs. The Fund supported a wealth and diversity of projects to deliver activities and services that promoted and supported the conditions for good mental health and wellbeing in the local population. It funded projects that led to positive effects on their beneficiaries' socialisation, physical activity, skills development, confidence and self-esteem and improved their ability to manage mental health and wellbeing. It also increased the TSI profile amongst local partners, created stronger connections and a better understanding of smaller organisations and the local community and augmented TSI capability.

Effectiveness of the delivery model

Placing fund management in a non-statutory body, like a TSI, has supported nimble and creative funding approaches with teams that could respond and deliver within the timeframes and parameters of the Fund.

Capacity building

The administration and capacity building grant enabled TSIs to invest in an appropriate infrastructure to administer and manage the Fund and carry out extensive capacity building amongst community organisations to support and encourage funding applications. This capacity building went beyond developing organisations' skills to design and submit funding applications. Using the expertise across the TSI they also supported improvements in governance and management capabilities to strengthen the organisations within the sector and developed the capacity of organisations to deliver mental health and wellbeing support.

The Fund was designed to support grass roots organisations to deliver community based initiatives and this was achieved. The majority of funded organisations were small to medium sized and 31% of the organisations were classed as small with an annual income of under £25,000.

Approaches to reach target groups

TSIs frequently worked with partners to ensure that they reached as many grassroots community groups as possible, which resulted in a wide range of organisations gaining access to the Fund in local areas. Some of these organisations were inexperienced, grassroots organisations that would have struggled to access the Fund without the support provided by the TSI and its partners. Ensuring these grassroots organisations had access to the Fund gave greater breadth to the programme and helped to ensure that programme target groups were reached. In some cases, it also contributed to more coherence across funding locally.

The 14 target groups ensured that a wide range of projects could be funded to address mental health inequalities and support the needs of those groups. The various capacity building and outreach activities employed by TSIs enabled them to effectively reach groups. These activities included focused work with seldom heard groups, local research into the needs of priority groups, sessions delivered in particular communities, working with advocacy partners to engage sections of the local population and ring-fenced funding, e.g for minority ethnic groups.

Collaboration and partnership working

The TSIs led this delivery model with the support of a variety of partners. A local plan was the guiding document for funding priorities within the overall Fund criteria. This approach allowed for a very local response to the Fund criteria and engagement. It also meant that local people with lived experience could have a voice in the decision-making process which would be less likely with a centrally-disbursed fund.

The TSIs valued the opportunity to manage the Fund and identified the organisational benefits that were realised as a result of their role – the increased profile and stronger connections with statutory partners; greater connections with grassroots organisations and the local community; and increased capability across their organisation.

The organisations that received funding welcomed the TSI-led funding approach and the capacity-building that they received. Projects did identify changes that would improve their experience and these related to clarification of some elements of the process, the timeframe for applying and using the funds, the short term nature of the funding and more cognisance of the demands on smaller organisations.

Improving effectiveness

With locally developed approaches to fund management and different monitoring systems in place, some of the benefits that a centrally managed fund would bring were lost – for example, the detailed knowledge of how many people benefitted from the funded projects and the economies of scale of a single system and team. There are some changes that could further improve the TSI-led delivery model:

- introducing more consistency in aspects of fund management (without the loss of local flexibility to address local needs),
- increasing learning and collaboration across the TSIs,
- applying the learning from work to reach target groups and engage people with lived experience, and
- ensuring that the local partnership plans act as a working document to inform funding decisions (which was done more effectively in some areas than others in Year 1)

Performance against the Fund aims

The overall outcome of the Fund is to develop a culture of mental wellbeing and prevention within local communities and across Scotland with improved awareness of how we can all stay well and help ourselves and others. The Fund also sought to contribute to the four key areas of focus from the Mental Health Transition and Recovery Plan, with the first two areas as the primary focus of the Fund - promoting and supporting the conditions for good mental health and wellbeing at population level; providing accessible signposting to help, advice and support.

There were also priority issues of suicide prevention, social isolation and loneliness, prevention and early intervention and 14 ‘at risk’ groups whose mental health inequalities had been exacerbated by the pandemic. With such broad parameters for the Fund’s criteria a rich variety of projects has been funded, ranging, for example, from improving the accessibility of a community garden to working with adults with an acquired brain injury.

In keeping with the Fund’s focus on prevention, there were many examples of the the tapestry and volume of support delivered that promoted and supported the conditions for good mental health and wellbeing in the local population and activities that provided accessible signposting to help, advise and support communities. Some of these community supports were provided by organisations that were not mental health organisations but were now undertaking focused activities that supported mental health and wellbeing outcomes, widening the range of provision and the number of providers.

Although a minority, there were project activities, and examples in the case studies, that focused on responding to those in distress or that provided treatment and care of people living with mental wellbeing concerns. The lesser focus on these areas is a reflection that the majority of the funding was directed, as intended, to the preventative work.

Accounts from funded projects and the case studies exemplify the positive impacts on participants' socialisation, skills development, confidence, self-esteem and ability to manage mental health and wellbeing.

Improving delivery

The Recovery Plan was published in October 2020 and Year 1 funding was disbursed at a time when Covid-19 restrictions were still in place. In Year 2, there was a greater focus on addressing issues arising as a result of the cost-of-living crisis. The issues in 2023 are different and, with Year 3 funding announced, there is an opportunity to consider whether changes should be made to channel the Fund into the most pressing areas of need at either a local or national level.

Year 1 of the Fund allowed for a very wide range of community supports to be delivered at a local level. There were more cohesive local approaches in some TSI areas than others. At a local level, clearer alignment to local mental health strategies would be helpful. At a national level, a refresh of the Fund priorities to one or two focus areas and clearer alignment to local mental health strategies would sharpen the focus of the support and services being delivered. With greater Fund clarity and the introduction of consistent monitoring across all TSI areas, there would be a more tangible understanding of the impact of the Fund.

Conclusions

The TSI-led local partnership model has delivered the Fund creatively and collaboratively to suit local circumstances and need. It has worked well with local partners and increased the capacity of grassroots organisations to deliver services within local communities.

The Fund has supported activities and developments designed to support mental health and wellbeing in local communities. With four key areas, four priority areas and 14 priority groups, the funding has supported a diverse range of projects.

The delivery model could be further strengthened to maximise the Fund's impact with

- more shared learning and collaboration across the TSIs and more formal ways that could capture elements of TSI approaches
- additional national guidance to ensure consistency across common areas and improve understanding of the impact of the Fund.
- continue to build on the learning and work to reach target groups and engage people with lived experience in the design and delivery of the Fund
- review elements of the process at TSI level to minimise the demands on the smaller organisations

- ensuring that the local partnership plans are refreshed and act as a working document to inform funding decisions so that at a local level the priorities align with other mental health and wellbeing activities within local areas
- consider what changes can be made to channel the Fund into the most pressing areas of need at either a local or national level

1. Introduction

This report presents the findings from the evaluation of Year 1 of the Communities Mental Health and Wellbeing Fund for adults. The evaluation was, however, conducted at the end of Year 2 and as a result, the research was also able to take account of some of the developments that took place in Year 2 and draw out learning from this.

Aims of the evaluation

In February 2023, the Scottish Government commissioned Blake Stevenson Ltd to undertake an evaluation of the Communities Mental Health and Wellbeing Fund for adults (the Fund).

The overall aim of the research was to develop a richer understanding of the delivery of the Fund in terms of both process and impacts; and produce accessible, user-friendly case studies which exemplify the successes, challenges and learning from the Fund. A set of case studies highlighting the impact of the Fund is included throughout the main report and is also available in a [standalone document](#).

The Scottish Government's Communities Team within the Wellbeing and Prevention Unit of the Mental Health Directorate specified that the evaluation should:

- Assess the effectiveness of the delivery model in terms of TSIs being the lead funder partner
- Assess the effectiveness of the delivery of the Fund in terms of the capacity building support provided to projects
- Assess the effectiveness of approaches to ensuring target groups were reached
- Gather an account of the model and approach taken from the perspectives of partners, projects and users to help inform future funding models

Structure and content of the report

Throughout this report, the term 'community supports' is used to describe the wide range of support, activities and initiatives that seek to improve people's mental health and wellbeing in the community context. This term is used to differentiate it from the provision within mental health services.

The remainder of this report is structured as follows:

- Chapter 2: Background and Context
- Chapter 3: Findings: Delivery and Management of the Fund
- Chapter 4: Findings: Impact of the Fund
- Chapter 5: Discussion and Conclusions

2. Background and methodology:

In this chapter we set out the context and background to the Fund and the approach for undertaking the evaluation.

Context

In October 2020, the Scottish Government produced the [Mental Health Transition and Recovery Plan](#) as part of its response to the mental health impacts of Covid-19. The plan addressed the challenges that the pandemic had, and would continue to have, on the population's mental health. It laid out key areas of mental health need that have arisen as a result of Covid-19 and lockdown. In February 2021, £120 million of funding was announced to ensure the delivery of the commitments set out in the plan.

The Fund

In October 2021, as part of the £120 million Recovery and Renewal Fund, the Minister for Mental Wellbeing announced a new Communities Mental Health and Wellbeing Fund for adults 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 meet the demand for local mental health and wellbeing projects, bringing total funding in 2021/22 to £21 million.

The intended outcome of the Fund was to develop a culture of mental wellbeing and prevention within local communities and across Scotland improving awareness of how to stay well, help ourselves and others. The Fund also sought to contribute to the four key areas of focus in the Mental Health Transition and Recovery Plan (with a primary focus on the first two areas):

- Promoting and supporting the conditions for good mental health and wellbeing at population level
- Providing accessible signposting to help, advice and support
- Providing a rapid and easily accessible response to those in distress
- Ensuring safe, effective treatment and care of people living with mental illness

In 2021/22 (Year 1) the Fund had a particular focus on:

- Tackling priority issues within the Transition and Recovery Plan, such as suicide prevention, social isolation and loneliness, prevention and early intervention.
- Addressing the mental health inequalities exacerbated by the pandemic and the local needs of a range of 'at risk' groups including: women (particularly young women, and women and young women affected by gender based sexual violence); people with a long term health condition or disability; people who are or have been on the highest risk (previously shielding) list; 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); and Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities.

- Supporting 'grass roots' community groups and organisations to deliver such activities.
- Providing opportunities for people to connect with each other, build trusted relationships and revitalise communities.
- Supporting recovery and creativity locally by building on what is already there, what was achieved through the pandemic, and by investing in creative solutions.

In Year 1, 1842 community projects were funded across a diverse range of community initiatives. Year 2 funding (£15 million for 2022/23) was announced in May 2022, was distributed in August 2022 by the Third Sector Interface (TSI) led local partnerships to 1458 projects and included an emphasis on responding to the cost of living crisis. In April 2023, a further £15 million funding for Year 3 was announced.

More information on Year 2 can be found in the [Year 2 Report](#)

Funding delivery model

The Fund was delivered through a local partnership approach to ensure that support to community-based organisations was directed appropriately and in a coherent way. Each of the Third Sector Interfaces (TSIs) acted as the lead funding partner and they worked collaboratively with the other local partners, particularly with Integration Authorities (via Health and Social Care Partnerships) to establish local needs and a process to disburse the monies within the Fund criteria and in keeping with local strategies and priorities. TSIs were given an additional administration and capacity building grant to support their local delivery of the Fund.

This delivery model marked a departure from how mental health funding is usually distributed and this partnership approach built on the strengths of the lead partners.

The TSIs were well positioned to provide knowledge and connections to, as well as capacity building support for, community groups. They also had flexibility and agility to disburse funds and build on the work undertaken through the emergency funding during the pandemic.

Involvement of the Health and Social Care Partnerships (HSCPs) ensured strategic planning and coherence with existing local mental health plans and strategies and an understanding of how the wider mental health delivery infrastructure can complement community support.

Throughout the funding period there were activities to support communication and engagement around the Fund. There was comprehensive guidance about the

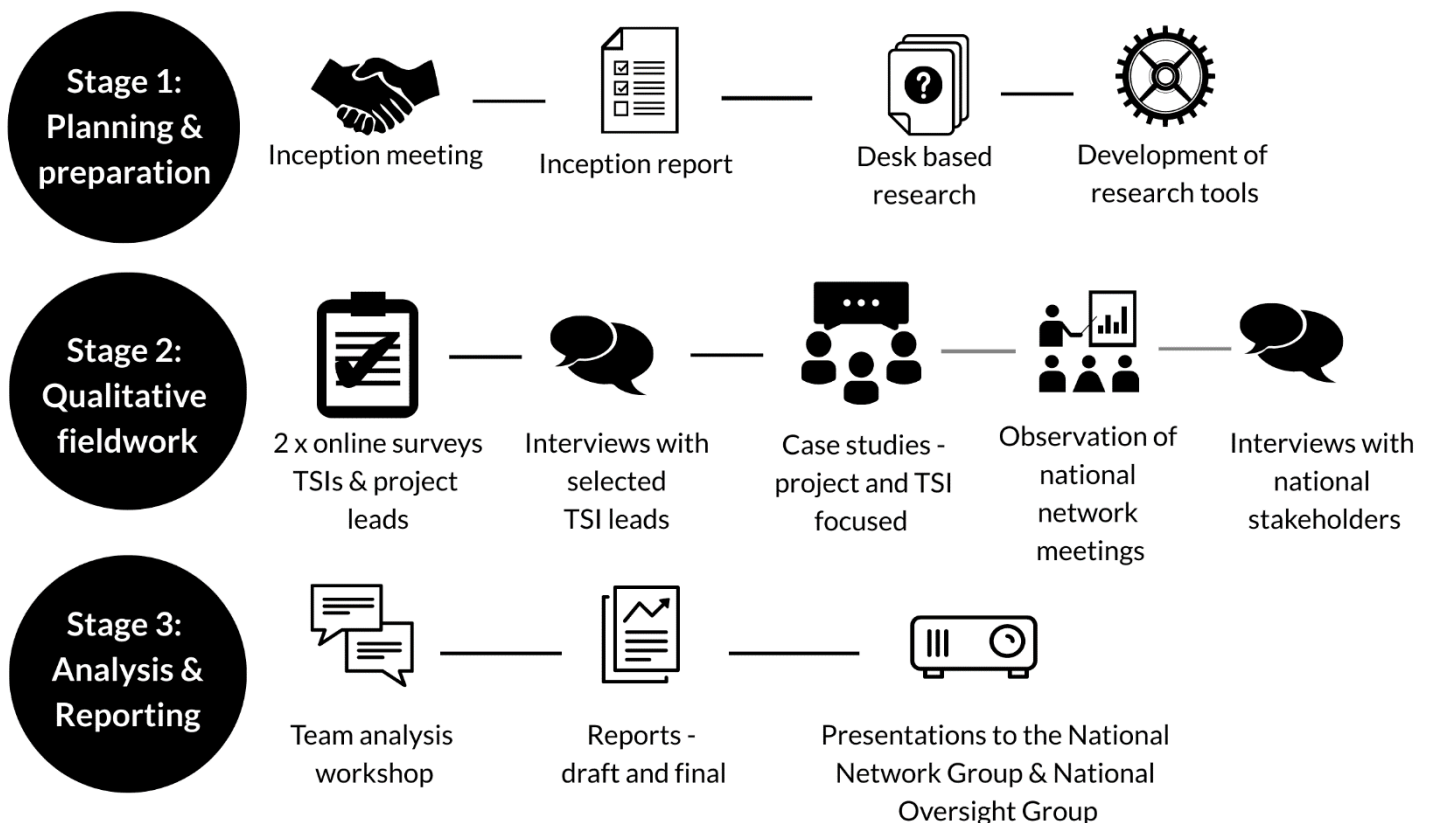
purpose of the Fund, how it would be delivered and who could apply. The Communities Team hosted regular Fund National Network meetings (made up of TSIs and other interested partners such as HSCPs and local authority mental health leads) and supported a National Oversight Group (made up of Scottish Government and external experts). TSIs were required to submit monitoring data that included a local partnership plan summary, interim updates and end of year reports on the TSI delivery experience and project level information. Year 1 reporting analysis was published in June 2022 and project level data in March 2023:

- [Communities Mental Health and Wellbeing Fund: Year 1 Monitoring and Reporting Summary \(www.gov.scot\)](http://www.gov.scot)
- [Communities Mental Health and Wellbeing Fund: year 1 - monitoring and reporting summary - easy read - gov.scot \(www.gov.scot\)](http://www.gov.scot)
- [Communities Mental Health and Wellbeing Fund Projects awarded funding in Year 1 2021/2022 \(www.gov.scot\)](http://www.gov.scot)

Methodology

In the remainder of this chapter the evaluation approach is described. The diagram below summarises the methodology and further detail of the key elements is provided in the rest of the section.

Figure 2.1 Evaluation methodology



Desk-based research

This stage involved rapid desk research in order to gain a strong background understanding of progress to date. As part of this exercise, local partnership plans, and interim and end year reports submitted by TSIs to Scottish Government and summaries of project-level information were examined.

This desk-based activity provided evidence of the activity delivered and progress achieved, helped to identify topics for exploration in the surveys and interviews and informed the selection of case study projects and TSI lead interviews. The information within the reports was also used in the analysis and reporting stage to sense check and add more details where there were gaps in the data.

Online survey of TSIs

An online survey was conducted to increase understanding of the administration of the Fund, the involvement of people with lived experience, local capacity building activity, key learning and wider impacts of the Fund. The survey was conducted using Snap Surveys. An online link was distributed by the Communities Team in Scottish Government, the survey was live for five weeks, and all 32 TSIs (100%) provided a response.

Online survey of funded projects

The second online survey was designed for completion by all projects leads. The purpose of this survey was to gain a clearer understanding of the profile of funded organisations and the range and type of projects being delivered. It included questions about the organisations' experience of the funding process, the use of the Fund and its impact on supporting adult mental health and wellbeing and learning.

This survey was also designed and managed in Snap Surveys. The survey was live for five weeks, the TSIs distributed the survey link to all their Year 1 projects and 660 projects from across all 32 TSI areas responded to the project. This represented a 36% response rate from Year 1 funded projects. As the table below shows, the organisation size, based on annual income, of the survey respondents closely mirrors the profile of the full cohort.

Table 2.1: Organisation size of survey respondents compared to the full cohort of projects

	Year 1 projects	Year 1 project survey respondents
Small organisations (Income under £25k)	31%	26%
Medium organisations	62%	67%

(Income between £25k - £1million)		
Large organisations (Income over £1m)	7%	7%

Interviews with selected TSI leads

In addition to the online survey, representatives from ten TSIs were interviewed from a mix of geographical and urban/rural areas. The interviews helped to develop a greater understanding of the TSIs’ experiences of leading the Fund, their local partnership approach, and their considerations in developing and delivering a process suitable for their communities. The interviews also explored the impact of the Fund at project, TSI, local partnership and community levels. The interviews were conducted by telephone or Microsoft Teams. 13 people contributed, and Appendix 2 lists the TSI organisations that they represented.

Case studies

The case studies were designed to depict a rich picture of a range of projects’ experiences of the Fund.

The data set of Year 1 funded projects informed the selection of case studies to ensure a balance in terms of:

- geographical spread (urban/rural setting)
- the projects’ priority areas, e.g. social isolation, prevention, early intervention; bereavement or loss, etc, and
- the projects’ target groups, e.g. long-term health condition/disability, older people, socioeconomic disadvantage, people with diagnosed with mental illness, minority ethnic communities or groups

Ahead of the visits, an introductory call with the project lead established the most suitable and convenient approach to undertaking the case studies and which stakeholders could be invited to engage and share their experiences.

The discussions with case study participants explored their experiences of attending the project, supporting the delivery of the project and the difference that had made to them or their local community. The majority of case studies were conducted in person. Appendix 3 contains the case studies and Table 2.2 shows which type of participants contributed to the case studies.

Table 2.2: Case study participants

	Number of participants
Staff & volunteers	28
People with lived experience of mental health	25

National stakeholder interviews

Four stakeholders were interviewed from national organisations to explore the wider strategic context for the Fund, their views on the new model of managing and distributing funding through the TSIs, and the impact of the Fund. All interviews took place via Microsoft Teams. Appendix 2 contains a list of organisations represented by the interviewees.

Observation of Fund National Network meetings

To gain a fuller understanding of the support mechanisms available to TSIs and to learn about their experiences, a member of the team attended two Fund National Network virtual meetings in an observer capacity.

Analysis and report writing

The extensive qualitative data gathered from the interviews, case studies and surveys were analysed in line with the evaluation questions. This involved a process of coding responses to identify key and recurring themes as well as any differences in viewpoints among different groups of participants.

The survey data was also analysed using Snap Survey software analysis functions and collated and analysed using Microsoft Excel.

An internal team meeting to discuss the key emerging themes was held before producing the report outline. This was shared with the Scottish Government for comment before the draft report was produced.

The results of the analysis are presented in this report.

Challenges and limitations of the approach

There were some challenges during the evaluation.

The timeframe for undertaking the work was sub-optimal and fell during the Easter holiday period which impacted on participants' availability. The evaluation also took place during the end of Year 2 reporting period and, although the TSI interviews were timed to occur after the reporting deadline and the TSI survey closing date was extended to accommodate time pressures, the TSIs were particularly busy during this timeframe. The projects that were selected as case studies needed reasonable lead in times to make arrangements for the research team to visit. This meant that the fieldwork period continued into May whilst the analysis and reporting was taking place.

The nature of the services and support, and the reasons for accessing them, meant that for some case study visits it was not appropriate to talk to service beneficiaries.

Either the participants did not want to talk about their experiences or the project staff were concerned that talking to the researchers could trigger the sensitive or difficult issues that they had experienced, or were experiencing. As a result, the majority of contributors to the case studies were project staff and volunteers.

As is frequently the case with qualitative research, the projects that responded to the survey (660) and project participants that were involved in the case studies are a selection of those involved in delivering funded projects or accessing services and support. Their views and experiences are therefore not necessarily representative of the wider funded projects or project participants.

3. Findings: Fund delivery and management

In this chapter we describe in more detail the local partnerships, the approaches to designing and administering the Fund and the activities undertaken to promote, encourage and support a wider range of projects to apply for funding. This includes the TSI and project experiences and specific examples of the range of local solutions to Fund administration and management. Although this evaluation focused on Year 1, the evaluation activities took place during Year 2 and so TSIs were asked to reflect on the experiences and changes over the two years of funding.

Introduction

The Fund criteria set out the broad parameters for how the funding should be allocated, but it was intentionally flexible to allow the local partnerships to identify their own priorities in line with local needs. Each partnership co-produced a local plan which set out spending priorities within the Fund criteria. The purpose of these plans was to ensure that the local approach was tied into existing planning for mental health and community wellbeing, addressed local priorities, took account of current provision, and established a set of community mental health and wellbeing support outcomes.

TSI-led administration of the Fund

Across the 32 TSIs there were differing levels of prior experience of administering grants and funds. This meant that some built on the knowledge and processes that they had used previously whereas others needed to design and implement a completely new system. In all cases, the TSI administration and capacity building grant helped to build new or reinforce existing processes.

Use of the administration and capacity building grant

The administrative grant has been invaluable in allowing us to build capacity to support both the delivery of the fund and providing additional support to the organisations applying. It has also enabled us to provide ongoing support to organisations applying to the fund, whether successful or not, to identify other sources of funding.

TSI

The TSIs were asked, in both the survey and the interviews, about how they used the administration and capacity building grant. Their responses showed the various ways in which it was used from building capacity internally to supporting projects through the funding process.

Table 3.1 shows the common uses for this grant and these various uses are described throughout this section and highlight the importance of the grant to ensuring the effective delivery of the Fund.

Table 3.1: Uses of the administration and capacity building grant (multiple response)

	% of TSIs
Create capacity within the TSI	84%
Provide bespoke support to help organisations apply	84%
Create fit-for-purpose application and monitoring process	75%
Further developed local partnership approach	59%
Targeted work with seldom heard groups	56%
Other, e.g. fees to third sector partners on the panels, consultancy or independent support to manage the Fund or assess applications	25%

Approaches to managing the Fund

The administration and capacity building grant enabled key fund management activities and this section describes the approaches used and the refinements and changes that TSIs made to the management of the Fund based on their Year 1 experience.

Partnership arrangements

The local partnership plan provided the shape and context for the management of the Fund at a local level and identified governance arrangements. For some TSIs, the local partnership plan was the reference point for all partners, for others it was an aspirational document of which some parts were delivered.

The local partnership plan detailed the wide range of partners involved in supporting the management and delivery of the Fund. The number and range of partners grew as the programme progressed, and as with all elements of this Fund, the level and type of partner involvement at different stages of the process varied across TSIs.

As part of the End of Year 2 reporting, the TSIs were asked to list their local partners and Table 3.2 shows the important role of the HSCP in all partnerships but shows representation from a wider range of public and third sector partners.

Table 3.2: Local partners (multiple response)

	% TSIs
HSCP	100%
Local authority	90%
People with lived experience	81%

Community Planning Partnerships	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%

Multi-agency, multi-sector representatives brought a wealth of mental health, public sector, grant management, community planning and third sector expertise to the table. These partners had various roles - some were on the steering groups, some were on assessments panels, others raised awareness and built capacity amongst community organisations.

To support the delivery of the Fund our TSI seconded a member of staff from Police Scotland into the team for administrative and management support and secured additional capacity through local delivery partners for 1-1 work, while also using a custom process and working in partnership with our CPP and HSCP.

TSI

The Aberdeen Council of Voluntary Organisations (ACVO) case study below highlights an aspect of the partnership approach in this TSI.

Case Study - Aberdeen Council of Voluntary Organisations (ACVO) – Partnership working

The Communities Mental Health and Wellbeing Fund has provided ACVO with the opportunity to strengthen relationships with a breadth of third and public sector organisations across the City.

One way these relationships have developed is with the collaborative working between ACVO and Aberdeen City Health and Social Care Partnership (AHSCP). The team managing the Fund worked with the HSCP team responsible for disbursing the Health Improvement Fund which aims to improve the health and wellbeing of people in Aberdeen with project funding of up to £5000.

“We realised that a lot of the same groups would be applying but it was also a time when organisations were trying to get back up and running after the pandemic so if we could link up with ACVO and the Communities Mental Health and Wellbeing Fund and try and get as many people to access the funding then that would be really beneficial for the people in Aberdeen”. HSCP

The teams at ACVO and the HSCP worked together to create a process then enabled applicants to complete one application form, that could be shared between ACVO or the HSCP if the bid was more suited to the funding criteria of each other’s funds. They were able to design their application forms in a way that included similar questions, even though priorities differed, and asked applicants to give permission for their application to be passed over to the other fund, if suitable.

The synergy and the differences between the Partnership’s established Health Improvement Fund and the Fund, and the ambition of both partners to streamline their application processes and support projects across the City, has enabled many more third sector organisations to be funded without having to go through the disappointment of their funding application being rejected due to being ineligible and the investment of time writing another application form.

This approach has resulted in a number of other benefits:

- it reduced the time spent reviewing applications that were not eligible for one Fund but eligible for the other
- it increased understanding of fund management practices across both teams
- it improved awareness and knowledge of what the need was for funding and support across the City

The two organisations are now looking to other funding streams and teams, like the Fairer Aberdeen Fund to see if they can link together and further streamline their processes.

“Collaborative working between funders could be transformative for the third sector. Writing applications is a huge investment in time and can be very stressful for organisations too. Many organisations are volunteer-led and the time spent writing applications is time away from the community they support. If more partnerships between funders could be forged, application processes and ‘fundable’ projects could be shared (with permission of the applicant), and potentially life-changing community projects could be put in front of the right funder and gain financial support”. ACVO

Common to most TSIs was the ongoing reflection and development of the partnership. Following Year 1 of the Fund some TSIs:

- reviewed the membership of the partnership groups to consider which voices were missing
- included more lived experience groups to the partnership
- ensured a balance of partners across the partnership groups

If there is a Year 3 we feel there is still more to be done in terms of looking at the balance of the steering group and ensuring there is enough representation from both statutory and third/community sector colleagues.

TSI

Identifying local priorities

There were several approaches taken to identifying the mental health and wellbeing priorities in the local area. This ranged from holding lived experience workshops to gathering their views on need and gaps in provision to using local partner knowledge and understanding of communities. For example, in Renfrewshire, a public survey was promoted across the area that asked participants to identify local needs and these responses were shared with the decision making panel. In Edinburgh, the Community Commissioning process involved Community Needs Assessments that applicants needed to consider when designing their service or project, which is highlighted in the next TSI case study. Whereas in East Ayrshire the key actions and priorities within the three CPP thematic delivery plans (Economy and Skills, Health and Wellbeing and Safer Communities) together with feedback from a local partners workshop shaped how the Fund was used.

They know what’s needed [people with lived experience], they know the areas. But they know what works and what doesn’t – what would make you want to come out of the house.

TSI

Application process

In terms of the logistics of the application process, across the TSIs they again developed their own approaches. The responses to the survey and interviews showed that these were refined for the Year 2 funding round, based on learning from Year 1.

Nearly all the TSIs had structured the funding levels available, usually for small and larger projects but some TSIs had a three tier system that was based on the applicants' annual income.

There were several examples of TSIs that had:

- adjusted the application process so that it was proportionate to the size of the individual grants “We introduced a small grants scheme for applications less than £3000 in value with a fast-tracked assessment process and shorter application window.”
- adjusted the application form to gather more contextual information to reduce the need to request additional information in the assessment process. “We expanded our application form to give more importance to the inclusion of lived experience in project design, and made additional space for any partnership approaches so that we would better understand the context for applications.”
- removed or added an expression of interest phase as part of the sifting process.

Some TSIs introduced mandatory elements like attending information sessions about the Fund to ensure that applicants had a good understanding of the criteria or training so that delivery and monitoring requirements would be met.

Using the administration grant, several TSIs invested in software packages for administering the Fund. This made the process more streamlined for applicants and, by automating several functions, it also reduced the administrative load for the TSIs teams.

We made a major change to the delivery of the Fund with the development and introduction of our online CVS Grant Funding Portal (GFP). The practical benefits include applicants having access to a more simple and streamlined application process, the ability to easily and quickly upload relevant documentation and evidence in one place and benefitting from notifications that swiftly alerted them to requests for additional information, application progress and decisions made, using contact methods that suited them. Implementing the GFP not only improved the experience of Fund applicants but complements our wider strategy which aims to bring additional accessible funding opportunities to the third sector.

TSI

In the TSI case study below, the community commissioning process employed by Edinburgh Voluntary Organisations Council (EVOC) is described.

Case study - Edinburgh Voluntary Organisations Council (EVOC) – Community Commissioning

The organisation

EVOC is one of three partners that make up Edinburgh's TSI and managed the Fund on behalf of the partners. EVOC took the opportunity to design an approach where the decision making was undertaken by communities rather than others who may not have a clear understanding of the needs and wants of the local area.

"We were given the space to take this risk and given a budget to put our money where our mouth is and move away from a system where the organisations that can best write applications get funded rather than identifying what communities need and what can you do to meet those needs. So we turned it around; with community needs up front, not organisational aspiration and not organisational agendas." (EVOC)

EVOC also wanted to design an approach that moved away from the competitive structures that regular grant making, and procurement produce, and instead create a process that encouraged collaboration across organisations and with local communities.

Results of the process

The less laborious application allowed more humble, grass roots organisations to apply. The applications were published online and by doing so encouraged community and capacity development, allowing applicants to see how they might contribute to a wider community of practice". (EVOC)

The process frustrated some of the more professional, larger charities who relied on fundraisers, whilst smaller organisations often represented by development workers and practitioners welcomed it". (EVOC)

Stage 1

- Established governance layers
- Received expressions of interest and carried out due diligence
- Consulted with short-life expert groups (with lived experience and priority groups representatives)

"We invited people to submit expressions of interest as opposed to fully formed proposals, and they were intended to be relatively short documents that were used at the consensus building events. We published them all online and we put them on

a GIS map. Everybody was able to look and see what was proposed and we wanted people to go away and talk to each other behind the scenes and lots of organisations went off and had a conversation amongst themselves to explore what was needed in that part of Edinburgh that fit the criteria for the Fund and meet the target” (EVOC).

Stage 2

- Core element of the approach
- Designed to facilitate honest and stimulating dialogue between all interested parties
- Discussion focussed on the ambitions for the whole community not individuals or organisations.
- Process involved - 3 x facilitated discussions with input from organisations, the expert groups and the need in the locality.

“The method used of being an inclusive application process was very good. The openness and clarity was a refreshing way to present the fund, the outcomes and to highlight how we could work together and avoid duplication. This brought many organisations together that otherwise would not have met. This provided excellent opportunities for discussions and highlighted that organisations would maintain their uniqueness and compliment the work of others”. (Project)

Stage 3

- Group comprised of representatives at operational level, e.g. from the local mental health team
- Take an executive stance and ratify the decisions made during the consensus building stage
- Explore solutions to areas where agreement not reached

Stage 4

- Group comprised of senior managers from health and social care, has overall ownership of the whole process
- Ultimate “fallback” position in the event that agreements are not completed during other stages

TSIs were asked about the actions they took to encourage target groups to apply for funding. Table 3.3 shows that targeted promotion and support and guidance approaches were most common. Activities also included direct approaches to

groups or working with specialist organisations to help reach specific communities' groups, e.g. equalities organisations to ask them to offer direct support to apply and support projects, post-award. There were also a few examples of creating specific funding streams for the smallest community organisations or to ring-fence monies for some types of organisations.

Table 3.3: Actions taken by TSIs to encourage target projects/groups to apply to the Fund

	TSI response
Targeted promotion of the Fund	88%
Applicant support & guidance within the community	88%
Direct approaches to projects	56%
Roadshows and network events to raise awareness	56%
Work with specialists to reach communities	50%
Relaxed or extended application period	28%
Other, e.g. social media promotion, community needs assessments, research on priority groups absent from the applications	19%

Involving people with lived experience of mental health issues

The TSI survey responses and interviews with TSI leads highlighted the ways in which people with lived experience were involved in the planning and delivery of the Fund. By Year 2¹ every TSI had ensured that there was involvement, in some way, of those with lived experience.

Table 3.4 Involvement of people with lived experience (multiple response)

	% TSIs
Assessment and decision making	94%
Identifying local priorities	81%
Promotion and awareness raising	63%
Design of application process and guidance	59%
Monitoring and oversight	44%

¹ In Year 1 three TSIs identified no involvement of people with lived experience in the planning and delivery of the Fund.

In reflecting on the work that TSIs had carried out to increase engagement and involvement of lived experience from strengthening representation on decision making panels or being part of the steering group, the TSIs identified learning and an increased understanding of the support and activities that could ensure meaningful engagement. For example, to minimise the administrative burden of reviewing full application forms, a few TSIs worked with the lived experience panel to review expressions of interest and their views fed into the decision making. In one TSI, this approach was adopted in response to a preference for a *'lighter touch involvement'* so that people with lived experience did not have the responsibility of decision making.

Our biggest success with diversifying partners involved, and voices heard, was the development and facilitation of a dedicated lived experience panel to review **and** offer feedback on applications.

TSI

Project experience of the Fund

In the project survey, questions were posed about the motivation for and experience of applying to the Fund. The mental health and wellbeing-specific funding and the focus on local community-based organisations were the two key factors that influenced organisations' decisions to submit applications.

The organisations' experience of applying to the Fund was very positive with a clear majority of survey respondents indicating that each aspect of the process was considered very good or good.

Table 3.5: Projects' ratings of the funding process

	% of projects rating good or very good
Ease of understanding and completion of the application	90%
Timescale for completing and submitting application	85%
Advice and support to complete the application	80%
Timeliness of the funding decision	87%
Communication with the TSI	87%
Monitoring requirements of the funding	82%
Timeliness of the payments	96%

The process was quick and easier to work through and apply. Funding came through in a timely manner and monitoring has been light touch. The system used was very good.

Project

Building capacity amongst community organisations

TSIs and their local partners played a key role in capacity building of the community organisations through:

- developing their skills to apply to the Fund
- developing their skills to apply for other funding
- increasing their organisation's capabilities

Developing skills to apply to the Fund

There were wide ranging approaches to support community organisations to develop their understanding of and skills to apply for the Fund. These included:

- Roadshows - going out to communities and meeting with people in their local communities which helped to encourage groups that the TSI had not come across before
- 1-to-1 support sessions to organisations that wanted to talk through their project and build their application
- Drop-in funding surgeries for answering common queries and issues
- Hyper local workshops in specific communities where support was particularly needed
- Thematic support sessions on bid writing and project design/development for applications to the Fund.
- Series of webinars or information sessions outlining the main principles of the Fund, criteria, allocations, timelines and how to apply
- Training and awareness raising about equalities to reinforce and improve the quality of equality, diversity, and inclusion elements of the applications
- Bespoke support reviewing draft applications and providing feedback to help strengthen submissions.

We ensured we aligned appropriate training with the application period: we hosted three 'How to write a good application' training sessions in the run up to the application period opening.. We also hosted eight information sessions which were open to all. These sessions encouraged groups to talk about their ideas/applications, on more than one occasion, offers of support were made to smaller/less-experienced groups from those more established.

TSI

The extensive support from the TSIs to community organisations, and, as in the example above, the peer support, helped prepare Fund applicants to develop and submit their applications.

Developing skills to apply for other funding

In addition to Fund-specific support, some TSIs provided more general training on writing application bids as well as evaluation techniques.

There were examples of evaluation training and guidance delivered by the TSI but also other organisations like Evaluation Support Scotland, to run workshops on the basics of setting outcomes and indicators.

As a small (and young) grassroots organisation born from lived experience, we don't have a lot of fundraising experience and really needed extra support in that area. It's been a steep learning curve.

Project

In most cases this general upskilling around applying for funding was provided to the less experienced groups to help formulate their project ideas into workable proposals with tangible outcomes and to unsuccessful applicants to support them to find alternative funding sources or to strengthen any future application to the Fund.

As part of the capacity building support, many TSIs recognised the importance of providing detailed feedback to unsuccessful applicants to facilitate learning and support future applications. In one TSI, because the Fund had been so over-subscribed, the TSI purchased Grantfinder in Year 2 to enable them to help projects seek other funding sources.

Increasing organisational capabilities

There was a host of activity to help develop the organisations' knowledge and skills. These most commonly focused on governance and operational support to smaller organisations to assist them with creating constitutions, applying for charitable status, strengthening their business planning and reinforcing their volunteering.

As well as improving governance and management capabilities, a few TSIs offered training to increase knowledge and understanding of mental health issues.

Overall this access to support and training further enhanced the capacity of these community organisations.

Additionally, a series of training was offered which focused on further building capacity, including, Adult Support and Protection, Suicide Awareness, Inclusion, (incorporating the Active, Connected, Included resource produced by the SCLD) and Measuring Social Impact.

TSI

Learning about the improvements to the delivery and management of the Fund

The timeframe of this evaluation came at the end of Year 2 of the Fund and the TSIs were asked to reflect on their learning and to identify any changes that could further enhance their management of the Fund.

Those reflections focused on improvements at Scottish Government level and local partnership level. For the Scottish Government the requests related to timeliness of communications and forward planning:

- Earlier notification or opening of the Fund to allow for a longer lead-in time, less intensive and compressed periods for administering the process, and where staff have been recruited within TSIs, enabled contracts to continue
- More timely guidance so that the application process can be developed at the appropriate pace
- Identifying key monitoring questions when each round of the Fund is released, so that there are no changes to reporting expectations once the process had begun and information could be captured at the time of application
- Flexibility about timeframe for using the administration grant and some of the funding so that it could roll into the next financial year.

There were also observations about providing more support with 'back end' elements of the fund management process from standardising project application and monitoring forms to providing terms and conditions for grants that could be tailored to clear branding for all TSIs to use in their documentation. It was felt that this would reduce the need for each TSI to produce this information and it would ensure a level of consistency and alignment across the TSIs whilst still allowing for local adaptations.

Learning from other TSIs

The Fund National Network meetings were identified as a valuable source of learning and reassurance for the TSIs. They found it very helpful to hear how other TSIs were addressing their management roles and this sharing of information and often finding solutions meant that for many of the TSI representatives this experience influenced their own TSI's developments or improvements to their processes. The request from several TSIs was to provide greater opportunities within this setting for more peer to peer learning.

While some of the network meeting presentations were useful, including the opportunity for discussion in breakout rooms, there was never enough time for the different TSI administrators and managers of the Fund to come together and discuss approaches and response to challenges, particularly around including people with lived experience and other hard to reach groups.

TSI

Learning from community organisations and people with lived experience

The TSIs also highlighted the learning they had gained from working with smaller organisations and people with lived experience. This is discussed in more detail in the next chapter on the impact of the Fund, but the learning points are highlighted here.

Local organisations: For some TSIs, the work highlighted the extent to which grassroots organisations struggled with the process of applying for funding and that, alongside the expertise that the TSI provided, organisations also needed support to build their confidence. TSIs acknowledged that it was important that their administrative processes did not deter smaller groups from applying, or accepting, funds.

Lived experience: A few TSIs recognised the balance of strengthening the invaluable involvement of people with lived experience with approaches that involved appropriate support to ensure equitable and effective participation. For example, a TSI described how literacy and numeracy support was provided to panel members to enable them to review the applications. Another highlighted the importance of safeguarding people with mental health conditions from potential triggers.

Projects' perspectives on learning and potential improvements to fund management

In general, the funded projects were very positive about their experience of applying to the Fund. Some of the improvement aspects they identified were beyond the gift of the TSIs, for example three-year funding so that the project can embed and the benefits could be realised and staff can be maintained in their roles.

Everything has been time-limited one-off funding as usual with no vision from funders and a complete disregard for the unattractive and unsustainable working conditions for third sector staff are expected to work under.

Project

However they made suggestions that related to improvements to the process. Each TSI had their own systems so whilst some of these considerations only apply to particular areas, they are helpful reflections for current and future approaches. Projects identified that:

- a check list of what evidence is required before completing the application would be helpful
- more consideration should be given to the additional time demands placed on applicants when processes had mandatory training/information elements

- the varying criteria between TSIs made it challenging for organisations that made multiple applications to deliver services at a local level
- there should be more awareness of IT skills (if these are limited) of applicants when the funding processes and monitoring are all online
- there should be clarity of TSI understanding of therapeutic versus clinical pathways for support work and therefore what activities were eligible for funding
- greater appreciation that many grassroots organisations are volunteer-led and have limited opportunities to complete the bidding process so aspects should be light touch where possible and time frames more realistic (but projects recognised that this reflected the time pressure that the TSI faced)

We received funding from two TSI areas for different projects, but the difference in monitoring and evaluation were stark between the two. One TSI had an interview-style Q&A with us which felt much more personable, like they really knew our organisation and that we were trusted. For one of the TSIs, we submitted a detailed report covering all of the project outcomes but because it wasn't in the right format for them, we had to re-submit information on a specific evaluation form and there was literally no feedback on any of it. It has really put us off.

Project

More time to complete the funding. We are a small organisation run by part time volunteers and we felt that there were a lot of admin to do and many meetings to attend.

Project

Summary

In this chapter, the evaluation findings about the delivery and management of the Fund have shown that:

- The TSI-led management has worked well and collaboration with multi-sector partners and people with lived experience has delivered a Fund that addresses local needs and priorities.
- TSIs frequently worked with partners to ensure that they reached as many grassroots community groups as possible, which resulted in a wide range of organisations gaining access to the Fund in local areas. Some of these organisations were inexperienced community organisations that would have struggled to access the Fund without the support provided by the TSI and its partners. This gave greater breadth to the programme and helped to ensure that programme target groups were reached.

- The administration and capacity building grant was a valuable resource to build TSI capacity and support community organisations by developing their skills to apply to the Fund and other funders and increase their organisational capabilities.
- TSI and project reflections of their experiences provide opportunities for the Scottish Government and TSIs to apply learning and make small changes to enhance Fund delivery and management.

4. Findings: Impact of the Fund

In Chapter 3 we described the approach to administering the Fund and the support and encouragement provided to organisations to apply for funding. In this chapter, we discuss the impact of that Fund as reported by those who responded to the project survey, those involved in the case study visits and from the TSI interviews and survey responses. A set of case studies highlighting the impact of the Fund are included throughout this section and are also available in a [standalone document](#).

Introduction

Our first consideration looks at the impact of the Fund on the local community mental health and wellbeing services and support and outcomes for those accessing the funded community supports. The impact on funded organisations and TSIs is then explored.

Impact of the Fund on local community supports available for improving people's mental health and wellbeing

As a result of the Fund, the organisations delivered mental health and wellbeing services and support that was newly created or built on existing services. Table 4.1 shows that the offer of new services had the highest response rate, followed closely by the extension of existing services.

Table 4.1: Projects' use of the funding (multiple responses)

	% of projects
Offer new mental health and wellbeing support	71%
Extend existing mental health and wellbeing support	65%
Work with a new type of beneficiary to support mental health and wellbeing	44%
Support staff or volunteers' skill development or resilience to address mental health and wellbeing	39%
Other, e.g. carry out consultation with the community, raise awareness of the support, strengthen collaboration	9%

Using project responses to the survey, the next section considers how these services contributed to:

- Promoting and supporting the conditions for good mental health and wellbeing at population level
- Providing accessible signposting to help, advice and support
- Providing a rapid and easily accessible response to those in distress

- Ensuring safe, effective treatment and care of people living with mental illness

Activities and services that promote and support the conditions for good mental health and wellbeing in the local population

In keeping with the primary focus of the Fund, all the projects identified the preventative work they delivered as part of their services. When asked in the survey to provide examples of this support, numerous respondents highlighted the importance of first understanding their population's specific wants and needs. This was deemed "paramount" by the Dalry Community Mental Health and Wellbeing Project, whose survey on mental health and wellbeing not only established what the residents needed, but was also used to engage community members in the value of their work.

Creating connections

The projects frequently highlighted how they created a safe space for their beneficiaries to engage in open and supportive conversations. For example, Dunrossness Community Hall explained how they created an environment which was "*eye opening, supportive, knowledgeable and confidence building*", in which women experiencing menopause could discuss their symptoms and support each other, without fear of judgement.

Central to many organisations was the creation of a sense of community and the promotion of peer support. The Women's Group, a constituted social group in East Dunbartonshire, highlighted that they created a system for the group to keep in touch and that this helped members to "*maintain friendships and check-in on each other.*"

By providing an opportunity to chat with others in a relaxed and friendly setting, we have given them a space to gather, to enjoy each other's company and to reconnect with others after the pandemic and hard winter building connections and friendships to combat loneliness and isolation and increasing their mental resilience.

Project

Through increasing people's social networks and strengthening support networks in the local community, organisations were able to "*lower isolation*" and alleviate some of the negative mental and physical health impacts from the pandemic. For instance, Menstrie Senior Citizens' Lunch Club reported that they provide:

"a social gathering for the elderly locally who have suffered over the period of covid" and that "the exercise class before their lunch helps to keep them fit".

Case Study - Fife Women's Tent

The organisation

Fife Centre for Equalities received a £10,000 grant from the Communities Mental Health and Wellbeing Fund for adults, provided by Scottish Government, to deliver the project "Fife Women's Tent".

The project aimed to promote positive physical, emotional and mental wellbeing for disabled, minority ethnic, transgender and other marginalised women in Fife by encouraging them to make positive connections and support each other.

The funded project

The project was delivered in response to the Covid-19 pandemic and gave women the opportunity to engage with and support each other through a range of activities.

The project facilitated three live events across Fife. Activities at the events included taster sessions for yoga, live music events and a disco. 144 women benefited from these experiences. A fourth event took place to celebrate International Women's Day which saw some 80 women taking part.

Project participants also received peer-to-peer support through the development of an online Facebook-based platform. All content of the online and in-person events was member-led and events were open to all women who were interested in taking part. Project staff provided the support to organise the monthly online events, and the in-person events.

The impact

Feedback collated by staff was very positive and the project helped to address social isolation resulting from the Covid-19 pandemic.

Participants reported engaging with a wide range of people they would not normally have had the opportunity to meet. The project gave the participating women more confidence to try new things and inspired them to continue with these activities at home.

The activities at the in-person events were very inclusive and helped people who might otherwise have self-excluded (for example due to a disability) to take part.

The project is still live online but there has been a natural reduction in participation levels as the effects of the Covid-19 pandemic have reduced. The focus is now on posting interesting information which others can see and respond to.

Case study - Breaking Bread

The organisation

Kilmarnock Station Railway Heritage Trust took over and repurposed the local station buildings in 2014 and have been supporting the local community through social prescribing activities ever since.

The Breaking Bread project was set up in 2021 with funding from the Communities Mental Health and Wellbeing Fund for adults, provided by Scottish Government, with match-funding from the Robertson Trust to tackle social isolation.

Funding was used to extend the project's activities and develop its offer. 51 people have benefited from it. Although families most at risk of poverty have not been targeted, the location of the project in an area of deprivation has led to their engagement.

The funded project

The project supports people with social isolation and anxiety through a six-week breadmaking programme. If additional support needs are identified, participants are referred to the Trust's counselling service.

Participants can access Breaking Bread through referrals from partners, including Community Connectors (based in GPs' surgeries and other agencies, or they can self-refer.

Self-referrals tend to be made after engaging with another of the Trust's activities or services. For example, one of the participants interviewed described how they had been attending mindfulness and acupuncture courses at the Trust when they saw an advertisement for Breaking Bread on their Facebook page.

The bread and other baked goods made during the course are sold in the Trust's café. Showing participants that people are willing to buy their goods was perceived to be an important mechanism through which confidence and self-esteem could be increased.

The impact

Project staff described how Breaking Bread had been life changing for some of its participants. It had provided a space in which people who are experiencing anxiety

and isolation could meet and interact with other participants. In doing so, it had given them the confidence to move forward and join other groups or take on a volunteer role. Participants reiterated this:

"I wasn't getting out much at that time but it gave me the incentive to go out and something to look forward to."

They reported feeling more confident at the end of the course. Another unemployed participant described being offered a place on the project and how Breaking Bread had helped them:

"I got back to where I belong and went on to volunteer in the Trust."

Providing support and self-help

Individuals with ill mental health were also supported in numerous organisations by trained professionals. In Low Income Families Together (LIFT) for example, a mental health wellbeing keyworker was available to provide immediate support.

Others discussed how they offered courses and training programmes to support people to improve their mental and physical health. The Bridge Community Project's emotional lifejacket day course, was described as "*full of practical support in how to manage your mental health*" and A Positive Start CIC explained how they:

"have taught clients techniques that allows them to calm their nervous system so they are calmer and less stressed".

The support from the sessions has been like a boat being slightly off course on the sea. With a little help and support they can get back on course and develop more confidence and trust in themselves to make decisions about their decisions and direction in life. For others, it is like turning around a gigantic cruise ship, they have been off course for a long time, and turning that around is slow work, but none the less, they are gradually turning their lives around. The flexibility of being able to work in several modalities and also offer both short term and long-term support has worked very well in this setting. The different therapeutic tools have helped the clients, from assessment forms to establish a baseline evaluation, and to chart progress; supporting tools such as grounding techniques, breath work, EFT (emotionally focused therapy); and exercises such as writing their personal trauma timeline to help the client see the series of events which have led to where they are now and how they feel and behave now.

Project

As well as supporting the project participants, a few organisations saw these benefits cascading into the community. The Community Renewal Trust explained that through teaching parents “*resilience skills and skills useful to them providing a good home for their young children*”, they were able to share their acquired knowledge with peers in their wider community.

Case Study - Western Isles Cancer Care

The organisation

The Western Isles Cancer Care Initiative (WICCI) was set up in 2019 with funding from Macmillan Cancer Support. It operates from a base in Stornoway and supports people who are undergoing cancer treatment or are affected by cancer. The support offered reflects individual needs and can include, for example, financial assistance to meet the additional costs faced when undergoing treatment, alternative therapies and signposting to relevant services.

Prior to the pandemic, if a need was identified for counselling a counsellor from the mainland would be flown to Barra to provide face-to-face sessions. The costs of this were considerable with both travel and accommodation being required. The £10,000 Year 1 funding has been used to recruit an island-based counsellor. Year 2 funding has enabled the continuation of the service.

The funded project

People are referred by a healthcare professional or they can self-refer and they receive six counselling sessions (although the number provided varies according to need). The island-based counsellor has enabled the Initiative to provide counselling every week from the Stornoway base. To ensure equitable provision across the Western Isles, online sessions are also provided and a mainland counsellor still travels to Barra when required. At the end of Year 1, 48 counselling sessions had been provided to 16 people.

The counselling service supports people to process the emotions experienced during cancer treatment or following the loss of a loved one. Timely access to support is essential for WICCI service users and having a counsellor on the island means that support can be provided when it is needed.

"People dealing with cancer, they go into the NHS system, have a fantastic treatment and then when they come home, as part of the recovery journey, they're just adjusting or coming to terms with the changes and effects of this....they sort of

then, probably even more so on the island, feel quite isolated and that's where the support we provide is really good for covering the wellbeing of people going through this." (Project staff)

The impact

Project staff described how the counselling supports people to come to terms with their circumstances and adjust to the changes brought about by cancer:

"Most people coming in say that they're tense, emotional, apprehensive and alone but after the sessions, they feel comforted, refreshed and stronger."

For a local health care professional, the counselling had "made a huge difference" in enabling their own service to offer a "support mechanism" for patients. Without it, there would be limited support for those struggling to cope with cancer.

An independent evaluation of the service found that beneficiaries felt listened to and better able to cope with their circumstances. Anxiety, depression and stress were also reported to have been reduced. A beneficiary explained how the counselling had helped them to process the emotions after their cancer treatment:

"It was a safe place for me to go to and discuss things that I didn't want to discuss with loved ones, you don't want to put that burden on them...it feels like a lot of things have been stripped away from you. Going there I felt I was able to express how I was feeling about that and be able to get it all out in a safe environment."

(Beneficiary)

Case Study - The Stove Network - Open Hoose

The organisation

The Stove Network is an arts and community organisation based in Dumfries. They use creativity to bring together people and ideas, inspire and support new community-led projects, grow opportunities and celebrate local places and people.

The Stove received £29,750 from the Communities Mental Health and Wellbeing Fund for adults, provided by Scottish Government, to develop an existing pilot project, Open Hoose. The project supports people to come together in different ways to promote mental wellbeing and social inclusion.

The funded project

10 groups were established (or re-formed post-Covid) through a community call-out for local group activity ideas and they represented a diverse mix of interests and involved a wide range of local people in terms of age (16-75) gender, sexual orientation and health conditions. The Stove's community café and meeting rooms provide a space for groups to meet and run different activities. A team of Community Event Producers provide tailored support to help the groups deliver their activities which can range from mentorship and signposting to governance development and marketing. Project activities include:

- Free Improvisation: Run by musicians and open to those who wanted to improvise and compose
- Queer Club: LGBTQIA+ activists met to advocate for the community and established Dumfries Pride
- Climate Kitchen: Meet to discuss the climate crisis & identify solutions
- Doughlicious: A breadmaking club that used the café to support people to make healthy bread;
- De-Growth Club: that met to discuss alternative living that was socially and environmentally conscious
- River Nith Conversation: that focused on how to protect the local river;
- Doon Gamers: Role playing card gaming club that met monthly for gaming sessions in the venue;
- Café Cuts: A lo-fi DJ evening on Saturday nights;
- Repair Shop: that repaired, fixed and built things from older things; and
- WRITE!: A monthly creative writing workshop.

The impact

Open Hoose was initially set up as a pilot project before Covid-19 but the pandemic drove activities online. The monies from the Fund enabled the project to restart face-to-face group activities in a safe way. The different activities offered through the project have created new connections, enabled participants to build trusted relationships and addressed social isolation:

“It is about that community spirit and one of the things that I really like is seeing those people basically making friends and chatting and knowing that we've been part of connecting those dots. It's all about reconnecting the community.” (Project Staff Member)

Other impacts of the project included:

- **Increased capacity** within the local community to support and promote good mental health and wellbeing: Grassroots community groups have been set up and/or developed to address specific issues, connect local people and meet their wellbeing needs.
- **Organisational development:** The funding has enabled Open Hoose to build upon a pre-Covid pilot to expand its services and increase the accessibility of the venue by investing in more appropriate lighting and an audio loop. The Stove has also used the learning from the project to develop its aims and “revolutionise” how its community space is used to benefit the local community.

Activities and services that increase access to help, advice, and support

There were several ways that organisations provided support or signposted their beneficiaries to these activities and services:

- through staff/volunteers with the skills to provide that individual support
- through staff and volunteers with the knowledge of where to signpost to other services
- by working with organisations to provide support
- through promotion and awareness raising activities

There were examples of volunteers who were trained to sensitively work with vulnerable people, like at Hope Garden SCIO and Positive Start CIC where weekly one to one support is provided for 12 months, working holistically with the individual to improve their mental and physical health.

Ensuring staff and volunteers had the knowledge about relevant local and national organisations to signpost to, like at Balmaclellan Community Trust, meant they could then signpost and refer to other organisations with the relevant expertise.

Projects identified that providing accessible signposting was often strengthened through collaboration with other organisations. For example, West Calder and Harburn Community Development Trust explained how their project worked with numerous local stakeholders:

“We work with local groups, partner organisations and services to maximise knowledge and asset sharing in our area while strengthening links and referral pathways with GP/NHS services and working proactively and collaboratively with West Lothian wide initiatives”.

Families were signposted and referred to a range of support agencies including Abernecessities (clothes, equipment, toys, games, books); Cfine (food bank, financial advice); Somebody Cares (food bank, furniture, household equipment, toiletries, clothes, toys, games, books); Grampian Womens Aid (domestic abuse); Cyrenians (homelessness, domestic abuse); Shelter (housing, homelessness); Grampian Regional Equality Council. We supported families to attend meetings and court hearings. In addition to this very practical help, we have provided encouragement, reassurance and emotional support to families who are living in a situation which is challenging, stressful and harmful to the health and wellbeing of both parents and their children

Project

Advice and support was also provided through specialist sessions and training which sometimes involved collaboration with other organisations. Greener Peebles for instance organised “*well-being skill share sessions*” in partnership with Health in Mind.

Case Study - East Renfrewshire CAB

The organisation

East Renfrewshire Citizen Advice Bureau (ERCAB), which is part of the Scotland-wide network of citizens advice bureaux, has specialist advisers who offered assistance with homelessness/evictions, debt & money advice, completion of benefit application & appeal forms, benefit appeal representation, Patient Advice Service, and an Armed Services Advice Project.

The advice they provide is free, independent, confidential, impartial and available to everyone.

ERCAB received £31,040 from the Communities Mental Health and Wellbeing Fund for adults, provided by the Scottish Government, to deliver a community-based project to support people experiencing mental health problems with the aim of preventing them from experiencing disadvantages.

The project provided holistic advice, representation and advocacy services (welfare rights and financial inclusion).

The funded project

A specialist wellbeing adviser was recruited to provide advice to those ERCAB clients experiencing mental health; and where appropriate and within resources,

provided a casework support service to those clients who presented with more acute mental health issues.

As part of this service, advisers provided information, support and, where appropriate, representation on money management, debt-related problems and social security entitlements. They also assisted with the development of practical money management skills and signposted them to other local services where appropriate.

Service user with mental health issues were referred to the service via a range of partner organisations including the East Renfrewshire Council Community Care Team (Mental Health); and the NHS Advocacy Service. Some clients also self-referred to the service.

The project was accessible through all CAB services in East Renfrewshire and 218 clients benefited from this service.

The impact

At the end of the project's first year, the adviser role generated £516,267 in client financial gain (CFG) for service users with mental health issues - for every £1 invested, £12.90 was generated and this financial gain came from:

- successful Personal Independence Payment (PIP) applications
- successful Universal Credit (UC) applications
- access to Adult Disability Payment (ADP)
- small percentage generated through ESA applications - a benefit for clients too sick to work due to ill health or disability. To be eligible for ESA however, clients need to have requisite National Insurance contributions and clients with longstanding mental health challenges often did not have the required contributions to be eligible for this benefit.

This is particularly important as awards for disability benefits based on mental ill-health are less likely to be successful than applications based on physical disability.

"It was a great help - without it I would have struggled as when I was getting my treatment I was on half pay." Beneficiary

ERCAB continued to operate this project through a successful Year 2 funding award.

Several projects like Singergie, discussed the importance of effectively publicising the services of other community groups to their members to ensure that the diverse needs of their community can be better met. This sometimes involved helping to develop skills to access the support. As numerous advice services and distributors of information operate online, Stoneyburn and Bents Future Vision Group offered technology training, in collaboration with OPAL:

"for those who needed help with their mobile phone, iPad or tablet meaning they felt more confident and comfortable using this and finding information they required."

GP practice is a key to signposting, and word of mouth in a small village is positive. We also place articles in our local newsletter to spread our news about Hub operations.

Project

Some more specialised organisations carefully tailored their services to their clients, such as Deaf Links who not only provided specialist advocacy support to Deaf and sensory impaired people, but used their knowledge of the barriers experienced by the deaf community to aid mainstream service providers to improve their accessibility.

Further case studies highlighting the provision of mental health and wellbeing support are outlined below.

Case Study - Edinburgh Women's Aid

The organisation

Edinburgh Women's Aid (EWA) was founded in 1973. It is a charity set up by women for women and children who are at risk of domestic abuse. It provides them with a safe and friendly base to turn to for support, information and refuge accommodation.

Their staff team had observed an escalation in mental health issues, particularly since the Covid-19 pandemic, and were finding that mental health needs were preventing their service users from concentrating fully on the risk issues for themselves and their children.

They received £19,662 from the Communities Mental Health and Wellbeing Fund for adults, provided by Scottish Government, to develop a specialist mental health support role.

The funded project

EWA wanted to support women's mental health with the funding. They recruited a Mental Health Advocacy and Therapy Worker who provided participants with six therapy sessions each. 33 participants accessed the service in Year 1.

There was a high demand for the service and a waiting list was in place (although shorter than for other NHS services in the area). Women categorised as high priority were supported immediately and those on the waiting list were referred to locality-based support workers whilst they waited for their therapy sessions.

The service was informed by discussions with service users with lived experience. The therapeutic support provided was highly tailored to take account of the abuse issues that the women had encountered. Support was also provided to EWA staff, for example, providing them with training on what to do if someone presents saying that they are suicidal.

The impact

The project received consistent positive feedback from service users. Some of the women they supported had previously received therapy, but they reported that because this therapy was domestic-abuse informed it was more beneficial and it helped them to understand that the abuse was not their fault. Staff described service users as having improved self-esteem and being more empowered. Another service user described how the therapist taught her coping mechanisms for panic attacks that she was experiencing which made them easier to control and work through. The service user felt that the therapy had stopped her from becoming housebound:

"I would be unable to control the panic attacks I was having and the fear of having one out of the house would have stopped me going out of the house completely. She gave me the confidence to go for a walk every day and encouraged me to walk a bit further each time".

Staff within EWA reported that as a result of the project they are having more success in engaging women on a range of other issues, and a reduction in repeat presentations to the service as a result of the project. They described the women as more receptive to support due to the therapy they have received. This allowed staff to help the women to make better decisions regarding key issues such as leaving the perpetrator, and housing.

Case Study - A Bite and A Blether

The funded project

In partnership with East Dunbartonshire Citizens Advice Bureau (CAB), and other third sector organisations, CEARTAS (a registered charity providing independent advocacy support to adults), created the project A Bite and a Blether which received funding through Scottish Government's Communities Mental Health and Wellbeing Fund for adults.

The project was developed as a response to social issues, particularly around loneliness and isolation during and following the Covid-19 pandemic. The organisations involved had noted that GPs were referring high numbers of people with mental health issues and concerns about social isolation. The project involved working collaboratively with local residents to support their wellbeing and provided them with opportunities to meet in a group setting.

201 people were supported including lone parents; a disabled person; families with 3+ children; minority ethnic families; families with young children; mothers aged under 25 and a few members that are carers, all of which are priority groups within the Best Start, Bright Futures tackling child poverty delivery plan.

The impact

The project has created routes into independent advocacy, has resulted in new partnerships and during the winter months the project also became a “warm space” for people affected by the cost-of-living crisis. Service users and staff reported a range of impacts including providing participants with someone who listens and who can understand them; making them feel safe, valued and respected; people feeling supported to face challenges; participants having increased confidence; participants having an increased sense of wellbeing; and participants feeling more socially connected. Service users were very positive about the impact the project has had:

“You meet new friends, and the food is absolutely delicious, homemade soup and lots of sandwiches and biscuits, and everything’s just... thumbs up. My family like to see me going because I was in a mess before, I just sat in the living room looking at four walls and that is not good for you. I need people in my life. All kinds of people. I just love it, that’s all I’m saying!” (Beneficiary)

“Such a beautiful venue and catering. C said when I took her home that she felt uplifted and so happy after her day out.” (Carer)

Staff were also very positive about the impact of the project, reporting that “it is a really good outlet both nutritionally, as no one has to pay for food, and emotionally as a lot of the people who attend are stuck indoors. It gives people a purpose, a structure, a routine, and friendships are made.”

The project worked with other groups and organisations to gather information to be shared with group members so that they were well informed about where to access the appropriate support they need. The project hoped to continue to develop and expand.

Rapid and accessible services for those in distress

A minority of organisations delivered rapid and accessible services for those in distress, whilst the majority of organisations offered accessible services to those in distress.

Projects explained that they provided services throughout the day, e.g. Caledonia Funeral Aid’s services was available five days per week. Others like Horizons Recovery Cafe offered a drop-in CAB service which they described as:

“extremely useful to get quick and easily accessible advice to relieve distress maintain wellbeing and prevent suicide”.

Another project used the Low-level Vulnerable Person Database (which they accessed through Police Scotland) to develop an earlier and more rapid response to reduce distress and anxiety for people who are in crisis situations, preventing escalation in the future.

Whilst there were no examples of projects operating a 24-hour service, several organisations, including Independent Living Support and Neil’s Hugs, ensured they were contactable through multiple different platforms (e.g. phone, text, email, drop in) so as to be accessible for anyone in a crisis.

Case Study - Neil's Hugs Foundation

The organisation

Neil's Hugs Foundation was set up in 2016 to support families and friends affected by suicide. Since then, the charity has developed and grown and in addition to supporting those who are struggling to cope with the attempted or completed suicide of a loved one, now provides support to those dealing with mild to moderate mental ill health. They use the principles of Time, Space and Compassion to deliver the support.

They received a grant of £50,336 from the Communities Mental Health and Wellbeing Fund for adults, provided by Scottish Government, to expand their suicide prevention activities for people bereaved through suicide and people with mental ill health with a particular focus on young people and the LGBTQI+ community.

The funded project

The project delivers a range of activities including 1-to-1 support; befriending (using volunteer befrienders) support groups for people who have lost someone to suicide and for those with mild mental ill health; and signposting to other support services.

Their team of 18 trained volunteers are supported by the development worker and as well as providing support, they work with partners like schools, football clubs and the local college to widen their reach. For example, they work in partnership with West Lothian College where they hold weekly Cuppa and Chat drop-ins during term time. They also have attended the local LGBTQ+ support group "Glitter Cannons" and provided training in partnership with See Me.

They have also worked with police officers who now carry a Neil's Hugs information card and can offer it to people at risk of suicide; and tattoo artists who can identify signs of self-harming and so they are hoping to train them in suicide prevention and mental health support.

The impact

The project has supported more than 100 people during Year 1 and staff explained the value of their service in providing a safe space and a listening ear.

"We get people in who nobody else is listening to. We help them to understand the positives in their lives" (Project staff member)

Staff emphasised that the project provided a lifeline to many of the people it supports with one beneficiary declaring that “Without Donna I would be dead.”

The money from the Fund created additional capacity which has enabled them to work with more volunteers, and as a result they have been able to support more people through their range of activities, addressing their mental health needs early before they reach a crisis point.

The funding has also enabled them to develop their approaches to monitoring and evaluation so that the organisation is better placed to provide robust evidence of the impact of their interventions.

Case Study - Survivors Unite

The organisation

Set up in 2013, the charity supports adult survivors of sexual abuse. It offers one-to-one counselling, peer support and peer support groups. The charity offers unlimited counselling so survivors can access the service for as long as they need to. Counselling can be accessed via NHS referrals or self-referrals. To date 108 people have been supported and there is an active caseload of 36.

Funding from multiple sources, including the Lottery’s Community Fund, Scottish Government and the Robertson Trust, covers core, staff and project costs. The £80,000 awarded by the Communities Mental Health and Wellbeing Fund for adults, provided by Scottish Government, was used to increase the capacity of its counselling service and establish pre-support provision for those on the waiting list.

The funded project

Those accessing support are described by staff as some of the ‘most complex and profoundly affected people in the community’, some of whom are still experiencing abuse.

The Fund’s monies have been invested into the counselling service to increase weekly provision by 30 hours and counselling is now offered four days a week (services were previously available only one day per week).

By increasing the capacity of the counselling service, the Fund is estimated to have enabled 20 additional people to access support. As part of the new pre-support provision, an additional 20 people on the waiting list are receiving regular check-ins from a counsellor to safeguard their wellbeing and provide an opportunity to identify those at significant risk of harm and triage people when needed.

The impact

By increasing the capacity of the service, the Fund has led to a reduction in the counselling waiting list from approximately two years to six months. People receiving this counselling support have a reduced their risk of suicide and self-harming and are being helped to move on from complex trauma.

A recent evaluation of Survivors Unite showed the transformational change that this service brings. For some, it is life-saving. The unlimited counselling offer was identified as particularly important and meant that people were able to move forward at their own pace. For project staff interviewed, the service did not offer 'unicorns and rainbows' but a sense of hope that people could lead 'a meaningful life after complex trauma.'

Although the Fund's monies were invested into counsellors' time, this had the indirect effect of enabling the charity to re-direct other funding to expand its activities. This led to it being able to offer a range of different projects (e.g. art, meditation, online safety) and also explored the provision of alternative therapies. Project staff felt that there was now an increased sense of community.

Shorter waiting times for services and aid before receiving other support were also identified as accessible responses to those in distress. The Borders Carers Centre for instance offered professional support while individuals remained on the waiting list for counselling services. Some organisations also highlighted how making the physical space calming and easily accessible was essential in alleviating distress.

In their responses to this aspect of support, the focus for many projects was a slower, gradual approach when responding to distress, so that they could build trust and respond to the individual's needs, as explained by Burnfoot Community Futures:

"while it is immediate it isn't rapid. People come to us and we adopt a gradual and friendly approach to participation, increasingly offering more options and betterment".

Activities and services that ensure safe, effective treatment and care of people living with mental illness

As described earlier, the majority of projects provided support to help promote good mental health or signpost people to other advice and services and only a minority of projects specifically supported people with mental illness.

We do not offer treatment or care, but work alongside those who do. The treatment we offer is more by way of access to nature, peer support, sign posting and helping people to develop their own tools for health and wellbeing.

Project

These projects recognised that their work was often complementing treatments or care being delivered by health professionals.

Nevertheless, there were examples of projects working with health professionals to provide treatment and/or care. For example, Eòlas Outdoor Learning used their funding to work outdoors with adults who either had a mental health condition/mental illness poor mental health or who were disadvantaged by social isolation. They engaged participants in simple activities and raised awareness of the benefits of being outdoors and some sessions were enhanced by a mental health worker - “some of the longer term groups were delivered with a qualified mental health support worker/counsellor in attendance and he was on hand to offer group or private advice to those adults”.

Case Study - Forget Me Not

The organisation

Forget-Me-Not Club is a small charity which provides dementia support across Aberdeenshire. They have a specialist resource centre in Banchory providing respite care which includes a range of weekly activities including crafts, exercise and live entertainment, as well as a healthy two-course lunch for members.

They received £6,000 from the Communities Mental Health and Wellbeing Fund for adults, provided by Scottish Government, to deliver a pop-up sessions which provide a stimulating environment for those living with dementia and respite, advice and information for families.

The funded project

The Aboyne project was set up to address a lack of services for families living with dementia in the area.

They built relationships with local organisations and held an open event to raise awareness of their sessions and to raise awareness of mental health and dementia. The project funds enabled them to purchase new equipment including curling poles and shuttles, and they put together a 'mobile kitchen' to take to the venue each time they hosted a pop-up session.

Existing staff were used to deliver the new session and they also recruited a local volunteer who was a former mental health nurse and had support from a college student.

They visited all families interested in accessing support and discussed their individual needs and interests. Involving people with lived experience was an important component of the project and helped to shape the pop-up sessions.

The impact

Local families had a weekly session that provided mental and physical stimulation to participants with dementia through activities, social interaction and lunch. Carers and staff reported that if the project did not exist, participants would be at home, with limited social contact beyond family members, and would be socially isolated.

"Mum really enjoyed herself on Monday and really keen to make sure it can happen again. I worried the plan would not fall into place, but it did and worked. Thank you so much for making her so welcome, she is really enjoying spending time with you."
(Carer)

The support to family members has improved their mental health and ability to look after the person living with dementia and themselves.

The project also raised awareness about dementia and addressed misconceptions, trying to make the local community more dementia-friendly. For example, they spent time talking to the emergency services to ensure they were able to respond in a more informed way to people who phone in. They run fundraising activities and have a visible presence through their clothing bank.

There were also a few projects, like Maggie's who used the funding to provide psychological support for people with cancer and their carers. The Clinical Psychologist worked with individuals, couples, families as well as group attendees at courses and workshops to provide therapeutic techniques to improve emotional wellbeing:

“He has been helping people to come to terms with their diagnosis and its effect on their future; to overcome feelings of anxiety and depression and make it easier for them to focus on their treatment, recovery, living with incurable cancer, and adjusting to death”.

Trained staff, volunteers, and peers

Training of volunteers and staff was mentioned as critical to providing services that ensure safe, effective treatment and care. The TLC Befriending Project reported that they “had a rigorous recruitment process, and they are working towards accrediting our core volunteer training to ensure that our befrienders have a high standard of knowledge, along with the excellent supervision from staff.” As well as providing the appropriate training for staff and volunteers, some organisations conducted peer training sessions.

The grant enabled us to fund the extension of hours of existing staff, under a new contract, in order to support the new Skills for Health Social Prescribing services. This enabled the development of the service, development of relevant procedures, training staff, launching the project and devising a monitoring process. The Fund also helped the team to liaise with existing volunteers and socially prescribed patients, to develop trust and ensure repeat visits and develop further volunteering opportunities.

Project

Saheliya explained how the women they supported learned how to carry out mental health first aid for themselves and their families, becoming:

“sources of advice and support in their communities, and help to challenge the stigma of even talking about mental illness”.

One unnamed organisation explained that several of their group members took part in peer tutor training with the Recovery College, so that they were able to regularly support other members who may have faced mental health challenges. Emphasis on peer support and building community was also mentioned, with the Argyll & the Isles Coast & Countryside Trust (ACT) stating that their project created:

“a safe, supportive environment, with healthy topics of discussion and range of meaningful and fun activities to assist people to self-manage and also care for each other”.

Impact of the Fund on people’s mental health and wellbeing

Funded projects’ descriptions of the services and support highlight the range of provision and this section looks at the impact on those they supported.

In the survey, the organisations were asked how many beneficiaries were supported by their funded project. Organisations responded in different ways, some provided a specific number, some provided a range, e.g. 35-40 or 300+ and others provided the number of interactions. Due to these different types of responses, it is only possible to use the specific numbers provided to identify a lower range of people who received support.

On that basis at least 97,369 people were supported by the 660 projects that completed the survey. This is a third of all projects and on that basis the true number of people supported is likely to be over 300,000.

Involvement in service design and delivery

The organisations were asked how participants and beneficiaries were involved in the design and delivery of their projects. Many examples were provided and ranged from lived experience-led organisations to working with beneficiaries to shape day-to-day project activities or influence future service developments at a strategic level.

The project, from concept to development and through to delivery has been led by people with lived experience of mental health issues.

Project

In these projects, where the voices of beneficiaries were heard and respected, service and support programmes were tailored to their needs. This active involvement created a sense of ownership and empowerment amongst the participants, which in turn fostered a collaborative and inclusive community.

As this was our first targeted mental health and wellbeing project, individuals with lived experience were unknown to us, however during the project, individuals with lived experience became known to us and informed and contributed to ongoing sessions.

Project

Many projects continued to develop the involvement of people with lived experience in their design and delivery, helping to make the services and support more relevant and appropriate.

Outcomes for beneficiaries

The organisations provided many examples of how their funded projects had positive impacts on their beneficiaries' mental health and wellbeing. Some of this was based on their observations of the changes and some was based on feedback from participants. Positive outcomes were identified for a vast array of project activities, from art therapy sessions, women's drop-in groups, inter-generational pilot project, weekly cafes, music therapy services, outdoor activities, food projects, older men's groups, LGBTQI+ social and cultural activities, sports, creative and practical skills training, social clubs, food projects or parent support groups.

Our Clinical Psychologist has supported a 17yr old girl, over ten sessions, whose father had aplastic anaemia and received a stem cell transplant. The transplant left her father with no immune system, so she had to isolate completely from friends during the pandemic, and when she did attend school, she was in a room entirely

on her own. This left her feeling completely isolated, with anxiety and panic attacks. Our psychologist worked with her so that she now has the tools to control and prevent panic attacks, and he has also helped her to build skills to manage and reframe her anxious thinking patterns. She was able to come into the centre without wearing a mask for the first time in 2 years. She has started socialising again with her friends and feels safe enough to start enjoying life again.

Project

These changes ranged from positive effects on socialisation and physical activity to skills development and emotional support. The projects' services have led to a reduction in loneliness, increased confidence, improved self-esteem and improved ability to manage mental health and wellbeing.

Our members highlighted the importance of our support to their mental health and reducing isolation and loneliness. Our outdoor walks have been particularly helpful in connecting people and allowing them the opportunity to talk about their feelings, support others, encourage friendship and have some fun while enjoying nature. Feedback from members continued to highlight the importance of being able to come together and the positive impact this has had on their mental health. Our members have given the following feedback in the last 12 months:

"[This project] brought me out of myself, I wouldn't be so far along in my recovery if it wasn't for the group".

"It is great to be with others who have a brain injury and its just for us".

Project

They also provided opportunities to establish social connections, for creative expression, hold discussions around health and provide necessary support for mental health issues, enhancing the quality of life for beneficiaries.

Case Study - Art Angel

The organisation

For 27 years, Art Angel has supported people with mental health problems to get better and stay well through active participation in the arts.

Art Angel is run for, and by, people with lived experience of mental ill health, offering a long-term programme of arts activities in a welcoming non-clinical environment, mentored by experienced staff.

People are often referred to Art Angel following a mental health diagnosis and the experience of being involved in and enjoying the therapeutic nature of art helps participants to build their confidence and self-esteem and supports their recovery towards a hopeful future.

The funded project

The Communities Mental Health & Wellbeing Fund for adults, provided by the Scottish Government, was used to fund a six-month collaboration with the Botanical Gardens in Dundee. This meant that the Young Person's Group could meet weekly and access the different spaces in the Gardens - glasshouses, the education centre, poly-tunnels, and allotments.

Within this outdoor setting, the young people were able to use the natural environment to stimulate their creativity and support their recovery. The Gardens became a base for sketching, painting, writing and sculpture.

The experience

During the six-month period, 52 young people aged 18-25 years, benefited from the project.

Although they had always lived in Dundee, for many of the participants it was their first encounter with the Botanics. It was also a first for:

- travelling by bus to that part of the city
- interacting with members of the public as they produced their creations
- experiencing the outdoors in this way.

The project culminated in a two-week art exhibition in the Botanics where they shared their work with family, friends, and the general public.

The impact

The staff that supported the group explained that the setting was a powerful conduit for creativity. They described how the young people gradually became more confident and comfortable in their surroundings. This resulted in more ambition in

their artistic creations and increased their self-esteem. Young people 'came out of their shell' and were less socially isolated than before.

"I felt calmer and more focused there, it gave me a boost to be able to work outside and to be brave about what I could achieve. I felt more relaxed and started to open up more." (Young person)

Young people's views

"I liked being outside and being able to talk to the staff about things I was worried about. Somehow being there made that easier. Other people in the group really helped me too. Having the exhibition made me feel proud of what I had done."

"I was really feeling low when this project came up, it was good to do something different, feel supported and not be alone."

Case Study - Pachedu

The organisation

PACHEDU was established in 2016 to address social isolation amongst minority ethnic groups in Renfrewshire and to support them to be more visible and proactive in shaping their communities. The charity works with diverse minority ethnic groups to promote diversity, tolerance and dignity for humanity.

"There is a desperate need for support for ethnic minorities, for new arrivals into the country there are a lot of issues around cultural shock, they are faced with a lot of barriers and no knowledge of what services are available to them, we reach out, we get to know them, we are the bridge trying to make everything work."

The funded project

The project was developed in response to a need to support service users to overcome various mental health and wellbeing challenges that had escalated during the pandemic. It received £9000 in Year 1 of the Communities Mental Health and Wellbeing Fund for adults, provided by Scottish Government. Recruiting a qualified minority ethnic mental health practitioner was central to understanding the needs of service users and to build trusting relationship with participants. They delivered a range of activities and events that brought people together in a very engaging way, for example-cycling, walks, bowling, a "Rediscovering Africa" event,

and virtual information sessions/workshops and a gardening project at Sherwood Greenlaw Church.

Over 250 beneficiaries were supported by the project and more than 70 people received resource materials via email. The project worked in partnership with Renfrewshire Health & Social Care Partnership (HSCP) Health and Wellbeing team, Renfrewshire Anti stigma Alliance, Recovery across mental health (RAMH), Engage Renfrewshire, Renfrewshire Affordable credit Alliance, Department for Pensions & Work (DWP), Poverty Alliance, and various organisations providing support for mental health, loneliness and isolation, wellbeing, and community connections.

The impact

Loneliness and isolation were reduced among service users, and the project improved participants' confidence. Staff reported that many are now happier to talk about their life challenges with others and are more likely to seek support when faced with challenges.

- 20 service users were given employability support through training, information sharing and networking, and had the opportunity to take part in volunteering activities.
- 19 service users were signposted to the Hardship Fund scheme managed by Renfrewshire Council, and received a grant of £100 each.
- 8 volunteers joined the Pachedu team as part of the project and
- 4 students from Glasgow University were able to take part in work placements with the project.

"During COVID I was depressed and stressed. I was scared to ask questions and had no confidence and then I found Pachedu. I could discuss how I was feeling and realise it was quite normal. I learnt that I could get help with job applications, food banks, and coping mechanisms for my anxiety I was feeling." (Project participant)

Our project has established a routine safer space which is intergenerational and inclusive of different sexes, genders, spoken language groups, and cultures across the Sudanese diaspora in the city. Participants are telling us that this is rare and that they are having new conversations with people whom they have lived alongside for years, learning new things about generational differences and their challenges. Through our 1:1 work some participants have entered into discussions about previously taboo subjects and urgent need for professional support. While offering creative support through this project, we have given advice and signposted to local mental health and wellbeing support services including Carers Trust,

CAMHS, Young Minds, Women's Aid and Victim Support. All participants have developed self-advocacy skills through Digital Media skills workshops, to the point that original, personally and communally relevant material is being created routinely by individuals and small groups on themes that have been previously taboo and under-addressed; e.g. the impact of racism within schooling, numerous stigmas navigated by different generations within the community.

Project

Impact of the Fund on local organisations

Alongside the provision of services and support, there were other impacts on the organisations that received funding for their projects. The next section looks at some of the wider benefits to these organisations.

Increased organisational capacity and capability

The funding enabled projects to extend their mental health and wellbeing supports or create new ones; and to increase their knowledge and understanding of mental health and wellbeing.

In the earlier chapter, we described the training and support provided by the TSIs and their skills and expertise have helped to build capacity and facilitate networking and awareness raising amongst a wide range of third sector organisations.

Based on the project survey, the third largest group of organisations (12% of respondents) had an income of up to £5000 and these small grassroots organisations acknowledged how they benefitted from the range of support on offer from the TSIs. It was described as a key factor in helping organisations to apply for funding and then deliver their projects.

We're a very small charity, so this process has afforded us the opportunity to develop our understanding of applying for and administering grant funds, as well as the evaluation process.

Project

This translated into some organisations with staff and volunteers who were better equipped and more knowledgeable which resulted in services and support that was more appropriate and relevant to their local communities needs.

Training being delivered by the TSI such as suicide awareness and having some training on mental health improvements has increased understanding amongst our wonderful volunteers.

Project

Better understanding of local need in relation to mental health and wellbeing

TSIs and projects acknowledged that the processes and systems to deliver the Fund had enhanced the profile of mental health and wellbeing and increased

understanding of what was needed at a local level. The projects recognised that by working with people with lived experience they were better placed to support the mental health and wellbeing needs of their local communities.

From delivering this project our understanding and awareness of mental wellbeing needs of our community has been enhanced. Our greatest learning is that the process of community cultural change is a staged and lengthy process that will need a substantially longer term plan.

Project

New networks and partnerships

In many TSI areas funded organisations were encouraged to, or brought together to create new networks and collaborations.

Partnership working can be messy and slow but it is definitely worthy to broaden the impact. The LGBTQ+ community holds a great strength and unity rarely seen in other sectors. TSI are great enablers to provide rapid support where is needed.

Project

Whilst partnership work was acknowledged as complex and challenging, for many projects these opportunities to work together and widen their impact was an important enabler for the delivery of their services.

We have developed a successful collaborative between three local partners, providing geographically coordinated approach to provision of supportive services in our locality. We have built on existing local services and structures, shared knowledge, experience, resources, utilising trusted relationships with older people, women and young adults to support their mental health and wellbeing to enable them to build back stronger from the pandemic. This meant we did not require as much lead up time to start the work, identify potential key beneficiaries or develop the new areas of work.

Project

TSIs described offering networking to funded projects that also involved members of the community so this encouraged cross referrals and joint working. TSIs also ran awareness campaigns about the Fund and celebrated organisations each month to increase their visibility.

The most important element of our partnership development in year two is the creation of the Community Wellbeing Network. This network has grown from being originally aimed solely at funded groups to now include: funded groups from 1 and 2; the Culture, Arts, Health and Social Care (CAHSC) funded groups; community link workers; and any other third sector groups looking at community mental health that were perhaps excluded from applying for funding (due to size or clinical approach) but are keen to remain part of the discussion. This network is delivered as a partnership with HSCP colleagues and its primary focus is to diversify the networking opportunities for our groups. For this year our aim is to ensure all

groups are better connected and their activity better known within the wider health sector.

TSI

Impact of the Fund on the TSIs

The final consideration is the impact of the Fund on the TSIs.

In the survey and during the interviews the TSIs were asked about the wider impacts of the TSI-led partnership managing the Fund. The chart that follows reflects the survey responses and shows that there were several additional benefits to administering the Fund.

Table 4.2: Wider impacts of a TSI-led partnership managing the Fund (multiple response)

	% of TSIs
Raised the profile of the TSI	94%
Strengthened local partnership work	94%
Developed new local connections	94%
Influenced planning and action to support community mental health and wellbeing	84%
Identified alternative ways to manage funding at a local level	84%
Provided local evidence from funded projects to inform strategies and plans	72%
Other, e.g. helped community organisations showcase their work to other local partners, created more opportunities for grassroots organisations to access funding	22%

Increased profile and standing amongst local partners

The TSIs described changes in their relationships with other partners in terms of:

- strengthening relationships and mutual respect with the HSCP, local authority, mental health teams, CPPs in terms of their increased understanding of local communities and community groups
- establishing themselves as effective fund managers with robust and appropriate processes, approaches and skills to disburse grants and capacity build
- becoming recognised as an agency with a greater and more dedicated focus on mental health and wellbeing so that they can support policy and strategy

development. One TSI described how the local health improvement team had utilised the TSI's knowledge of activity across the area to inform a strategy refresh.

This increased recognition and strengthened connections with the statutory sector was considered to have wider and longer term benefits for the TSI across the range of its work.

I think by having that increased profile and stronger relationships, we can demonstrate what we can do beyond what partners anticipate that we would traditionally do. We're being involved in conversations about the administration of other funds. We're almost seen as an informal expert in that fund delivery, that's been good for us. As an administrator of a fund, it helps demonstrate to wider sector, the role that we can play in building capacity.

Stronger connections with smaller organisations and the local community

The administration of the Fund, the work with people with lived experience and the capacity building with grassroots community groups have resulted in closer relationships with some organisations and new connections with mental health and wellbeing groups that the TSIs had previously not engaged or interacted with.

The growth in those connections has provided insights into the need in local areas as well as a better understanding of how local groups function, the pressures they are facing and where they can best be supported.

Local intelligence and insight about the aims, successes and challenges within the third sector in Falkirk gleaned from managing and administering the Fund have been incredibly valuable and have directly influenced how we can best meet their needs with our wider offer.

TSI

This closer connection has provided many TSIs with a greater understanding of their local mental health and wellbeing landscape and built up richer and clearer intelligence of the third sector which will help inform and plan future services and support.

We have grown to have a greater appreciation of the range of support opportunities on offer through the TSI and perhaps more importantly, started to build good working relationships with TSI staff team members.

Project

Increased TSI capability

The administration of the Fund has increased staff knowledge and understanding on various issues around effective fund management and systems that can support it, community engagement activities to reach grassroots organisations and improved knowledge of the mental health and wellbeing landscape.

An area where TSIs identified key learning was in the experience and understanding of involving people with lived experience in their work.

The TSIs had strengthened their appreciation and had developed more confidence in the role of those with lived experience being best placed to identify needs and recognise solution focused approaches within their own communities.

Those living closest to the issues often have the answers but not always the means to do anything about it. We received some very knowledgeable insights and interesting perspectives on funding applications from the people having lived experience who offered their time to support our award panels.

TSI

TSIs showed a growing understanding of the considerations associated with engaging people with lived experience and the need to put in place adequate support to enable lived experience representation to be effective and meaningful. There was acknowledgement that people with lived experience want to be involved in the Fund processes and could do this with the right support and sufficient time to contribute.

There was also a better understanding that being involved in the whole process was not essential and recognition of the over-consultation that some people felt and adjusting processes accordingly so that the input was at the most valuable points in the process.

For some TSIs, the involvement of people with lived experience was most effective with the support of other agencies with strong links, the expertise and the capacity to engage and support people's involvement with the Fund.

Summary

This chapter focused on the impact of the Fund. The evaluation has shown that there were positive outcomes for people who accessed the funded services, the local organisations that received funding and the TSIs. The Fund had:

- supported a wealth and diversity of projects to deliver activities and services that promoted and supported the conditions for good mental health and wellbeing in the local population
- funded projects that led to positive effects on their beneficiaries' socialisation; physical activity, skills development, confidence and self-esteem and improved ability to manage mental health and wellbeing
- increased the TSI profile amongst local partners, created stronger connections and a better understanding of smaller organisations; increased knowledge of the mental health and wellbeing needs in the local community and augmented TSI capability.

5. Discussion and conclusions

In Chapter 3, we described the TSI-led funding partnership that ensured that the fund was administered and disbursed effectively and in line with local mental health and wellbeing needs. In Chapter 4, we identified how the Fund has led to increased provision and the impact on the TSIs, the organisations and the people the services were designed to support. In this final chapter, we consider the key evaluation questions about the effectiveness of the delivery model and the performance of the Fund against its aims.

Effectiveness of the delivery model

Placing fund management in a non-statutory body, like a TSI, has supported nimble and creative funding approaches with teams that could respond and deliver within the timeframes and parameters of the Fund.

Capacity building

The administration and capacity building grant enabled TSIs to invest in an appropriate infrastructure to administer and manage the Fund and carry out extensive capacity building amongst community organisations to support and encourage funding applications.

This capacity building went beyond developing organisations' skills to design and submit funding applications. Using the expertise across the TSI, they also supported improvements in governance and management capabilities to strengthen the organisations within the sector; and developed the capacity of organisations to deliver mental health and wellbeing support.

The Fund was designed to support grass roots organisations to deliver community based initiatives and this was achieved. The majority of funded organisations were small to medium sized and 31% of the organisations were classed as small with an annual income of under £25,000.

Approaches to reach target groups

TSIs frequently worked with partners to ensure that they reached as many grassroots community groups as possible, which resulted in a wide range of organisations gaining access to the Fund in local areas. Some of these organisations were inexperienced, grassroots organisations that would have struggled to access the Fund without the support provided by the TSI and its partners. Ensuring these grassroots organisations had access to the fund gave greater breadth to the programme and helped to ensure that programme target groups were reached. In some cases, it also contributed to more coherence across funding locally.

The 14 target groups ensured that a wide range of projects could be funded to address mental health inequalities and support the needs of those groups. The various capacity building and outreach activities employed by TSIs enabled them to

effectively reach groups. These activities included focused work with seldom heard groups, local research into the needs of priority groups, sessions delivered in particular communities, working with advocacy partners to engage sections of the local population and ring-fenced funding, e.g for minority ethnic groups.

Collaboration and partnership working

The TSIs led this partnership funding model and a local plan was the guiding document for local priorities within the overall Fund criteria. Which partners engaged and forms of engagement varied by area, with some participating on steering groups and others active on the decision making panels. The use of the plan as a reference point and the methods for identifying local priorities also differed:

- some aligned with existing local strategies and plans;
- some were formulated through collaboration with communities and those with lived experience;
- others used a combination of both.

The delivery model led to increased recognition and strengthened connections with the statutory sector which was considered to have wider and longer term benefits for the TSI across the range of its work.

The delivery model also allowed for a very local response to the Fund criteria. In their lead role, the TSIs could engage and access grassroots community groups that an external fund management organisation or even a local authority might not reach. It also meant that local people with lived experience could have a voice in the decision-making process which would be less likely with a centrally-disbursed fund.

The partnership approach helped to strengthen TSI relationships with public sector and third sector partners on mental health and wellbeing, building on existing structures and networks that will continue beyond the Fund and, in some cases had already extended into new areas of work.

The TSIs valued the opportunity to manage the Fund and identified the organisational benefits that were realised as a result of their role – the increased profile and stronger connections with statutory partners; greater connections with grassroots organisations and the local community and increased capability across their organisation.

We feel that one of the best decisions Scottish Government made in administering this fund to TSIs was the freedom and flexibility it afforded us in devising and responding to local need and local sector make-up, developing a programme of partnership and delivery that worked best for the region.

TSI

The organisations that received funding welcomed the TSI-led funding approach and the capacity-building that they received. Projects did identify changes that would improve their experience and these related to clarification of some elements

of the process, the timeframe for applying and using the funds, the short term nature of the funding and more cognisance of the demands on smaller organisations.

Improving effectiveness

With locally developed approaches to fund management and different monitoring systems in place, some elements that a centrally managed fund would bring were lost – the oversight of what has been funded across the country, the detailed knowledge of how many people benefitted from the funded projects and the economies of scale of a single system and team.

There are some changes that could further improve the TSI-led delivery model:

- more consistency in aspects of fund management by standardising elements like the data collection and monitoring requirements of funded projects
- increase learning and collaboration across the TSIs through the networking opportunities and more formal ways that could capture elements of TSI approaches e.g. use of software packages, innovative community engagement processes, that can be shared and replicated
- continue to build on the learning and work to reach target groups and engage people with lived experience in the design and delivery of the Fund
- ensuring that the local partnership plans act as a working document to inform funding decisions.

Performance against the Fund aims

The overall outcome of the Fund is to develop a culture of mental wellbeing and prevention within local communities and across Scotland with improved awareness of how we can all stay well and help ourselves and others. In Year 1 of the Fund 1842 projects across Scotland delivered a range of community supports to tens of thousands of people facing mental health and wellbeing challenges which supported recovery and built on existing community supports.

The Fund also sought to contribute to the four key areas of focus from the Mental Health Transition and Recovery Plan, with the first two areas as the primary focus of the Fund - promoting and supporting the conditions for good mental health and wellbeing at population level; providing accessible signposting to help, advice and support.

The Fund was also designed to tackle the four priority issues within the Transition and Recovery Plan of suicide prevention, social isolation and loneliness, prevention and early intervention and support 14 'at risk' groups whose mental health inequalities had been exacerbated by the pandemic.

With such broad parameters for the Fund's criteria a rich variety of projects have been funded ranging from improving the accessibility of a community garden to working with adults with an acquired brain injury.

In keeping with the Fund's focus on prevention, there were many examples of the work that promoted and supported the conditions for good mental health and wellbeing in the local population and activities that provided accessible signposting to help, advice and support. Some of these community supports were provided by organisations that were not mental health organisations but were now undertaking focused activities that supported mental health and wellbeing outcomes, widening the range of provision and the number of providers.

The vast majority of funds went to organisations or projects that wouldn't necessarily associate directly with Mental Health and Wellbeing... That will show positive impacts in terms of early intervention and prevention.

TSI

Although a minority, there were project activities, and examples in the case studies, that focused on responding to those in distress or that provided treatment and care of people living with mental wellbeing concerns. The lesser focus on these areas is a reflection that the majority of the funding was directed, as intended, to the preventative work.

The tapestry and volume of support delivered in communities across Scotland as a result of the Fund, will inevitably have helped to develop a culture of mental wellbeing and prevention and demonstrated creative solutions to addressing local need. The accounts from funded projects and the case studies exemplify the positive impacts on participants socialisation, skills development, confidence, self-esteem and ability to manage mental health and wellbeing. With more standardised monitoring, there would be more robust evidence of the wide range of outcomes and impact that are a result of the Fund.

Improving delivery

The Recovery Plan was published in October 2020 and Year 1 funding was disbursed at a time when Covid-19 restrictions were lifting and there were particular challenges at that time.

The issues in 2023 are different and, with Year 3 funding announced, there is an opportunity to consider whether changes should be made to channel the Fund into the most pressing areas of need at either a local or national level. The first two years of funding have created a stronger foundation of services and support and a greater understanding of mental health and wellbeing issues which Year 3 can build on.

Funded organisations were not perceived to be delivering mental health services prior to the Fund but are now able to identify how their work can benefit mental health.

TSI

Whilst there was a more joined-up approach in some TSI areas, a refresh of the Fund priorities to one or two focus areas and clearer alignment to local mental health strategies would sharpen the focus of the community supports being

delivered. With greater Fund clarity and the introduction of consistent monitoring across all TSI areas, there would be a more tangible understanding of the impact of the Fund.

To maximise local alignment, all partners within the local partnerships could revisit their Fund criteria to ensure:

- local mental health needs assessment recommendations are considered
- the priorities within their local mental health strategies are reflected and
- where possible, consideration of the funding decisions of the Children, Young People and Families Mental Health and Wellbeing Fund disbursed by their local authority.

Conclusions

The TSI-led local partnership model has delivered the Fund creatively and collaboratively to suit local circumstances and need. It has worked well with local partners and increased the capacity of grassroots organisations to deliver services within local communities.

The Fund has supported activities and developments designed to support mental health and wellbeing in local communities. With four key areas, four priority areas and 14 priority groups, the funding has supported a diverse range of projects.

The delivery model could be further strengthened to maximise the Fund's impact with

- more shared learning and collaboration across the TSIs and more formal ways that could capture elements of TSI approaches
- additional national guidance to ensure consistency across common areas and improve understanding of the impact of the Fund
- continue to build on the learning and work to reach target groups and engage people with lived experience in the design and delivery of the Fund
- review elements of the process at TSI level to minimise the demands on the smaller organisations
- ensuring that the local partnership plans are refreshed and act as a working document to inform funding decisions so that at a local level the priorities align with other mental health and wellbeing activities within local areas
- consider what changes can be made to channel the Fund into the most pressing areas of need at either a local or national level
- the opportunity to review the Fund's focus so that the resources are directed towards, or parts ring-fenced for, particular issues or groups, rather than the current 14 priority groups, so that those facing the greatest need receive community supports.

Appendix 1: Descriptions of named projects

Project name	TSI area	Project activity
Dalry Community Mental Health and Wellbeing Project	Dumfries & Galloway	The first phase of the project involved identification of the key priority areas affecting the town's inhabitants with potential solutions, while the second phase focused on implementing projects informed by this research for the best return on investment. They also trained volunteers in mental health awareness/first aid to help build a resilient community.
Dunrossness Community Hall	Shetland	The project provided a safe space for women experiencing the menopause to come together to support each other and access therapeutic services. A space where everyone felt very comfortable discussing any aspect of the symptoms they were experiencing. A space where they did not feel judged or silly, that was uplifting, fun and lighthearted. A space that was eye opening, supportive, knowledgeable and confidence building.
The Women's Group	East Dunbartonshire	The group sought funding to continue their virtual art and mental wellbeing projects but also asked for additional funding to look at re-connector social days. Focused on isolation of Women. Over a five-year period the group has grown to include over 20 local women, who have a diagnosed autistic spectrum condition and/or a learning disability, supported by one volunteer.
Menstrie Senior Citizen's Lunch Club	Clackmannanshire	The wellbeing and health of the senior citizens in the local community was badly affected by Covid. They used funds to reinstate the Lunch Club, which gave senior citizens the opportunity to reconnect with others in the community while also improving their physical and mental wellbeing.

Low Income Families Together (LIFT)	City of Edinburgh	The project funded a family group worker post to facilitate women's group sessions, and the costs of room hire, refreshments and resources for the groups
The Bridge Community Project	West Lothian	They developed a monthly "emotional life jacket" course that promoted positive mental wellbeing and prevented deteriorating mental health. The in-person course provided an opportunity for reducing social isolation by re-engaging with the local community and will detail a variety of different strategies for the promotion of emotional wellness. Participants were provided with packs which included items that could be used to further their emotional wellbeing, ensuring that everyone who attended the course, regardless of socio-economic background, age, gender and ethnicity was able to continue their wellbeing journey at home. The course included a variety of activities and promoted physical activity, and mindfulness and signposted participants to other local services as appropriate.
A Positive Start CIC	Scottish Borders	Self Discovery for Recovery received funding to recruit & train 2 new lived experienced practitioners who supported the delivery of Emotional First Aid Toolkits to both individuals seeking support and groups of people to include staff of local businesses. The service aimed to reduce health & social care inequalities in relation to mental health support and advice by being accessible to more people.
The Community Renewal Trust	City of Edinburgh	Established new peer coaches groups of 6-8 local parents in Muirhouse and Pilton <ul style="list-style-type: none"> • Trained them in peer coaching methodology • To enable them to provide informal/formal coaching to 8-24 other parents in their community

<p>Hope Garden SCIO</p>	<p>Angus</p>	<p>Funding requested for costs of a new wellbeing support worker post, to deliver a year-long gardening for mental health and wellbeing project, focussing on supported social interaction and the benefits of group working on mental health, including but not limited to tackling loneliness and isolation, and improving confidence, empowering adults with learning difficulties and physical disabilities, and volunteers.</p>
<p>Balmaclellan Community Trust</p>	<p>Dumfries & Galloway</p>	<p>The project delivered a monthly afternoon club, which they hoped to expand to twice a month, with a focus on games and refreshments, chat and passing on information about support and activities in the local area. They provided a fun, informal and safe environment and provided a place for people to reconnect with each other and to revitalise communities and neighbourhoods in the local area.</p>
<p>West Calder and Harburn Community Development Trust</p>	<p>West Lothian</p>	<p>The funds were used for a Community Wellbeing and Social prescribing Project (Good Connections) covering the West Calder, Polbeth, Harburn and Addiewell, Brieich and some of SW Livingston area (West Calder Medical Practice catchment). Good Connections a) supported people who are excluded to find and access activities and services that are good for mental health and wellbeing using a social prescription model and b) set up new (or expanded the capacity of existing) wellbeing activities locally to fill identified gaps in provision.</p> <p>They also employed a Community Link Worker (30 hrs p/wk) for one year initially so that they could publicise, deliver and continue to develop this effective and evidence-based local social prescribing support service offering one-to-one support. Activities included an art therapy group in partnership with Wellbeing Scotland and a senior Art Therapist (three eight-week</p>

		blocks); a health walking group; a monthly Woodland Wellbeing eco-therapy sessions (crafts and outdoor activities); Reach Out Talk Out peer support sessions and they expanded provision of Green Gym activity groups at the Community Garden.
Greener Peebles	Scottish Borders	The project provided weekly activities which emulated the NHS 5 Ways to be Well – e.g. being outdoors, healthy lifestyle habits, connecting with others, sense of purpose and community connection Project activities included the provision of a range of activities to support improving mental health including befriending, wellbeing, improved connection to nature, seasonal food, connection to present moment, inter-generational activity, peer support, confidence building, and practical skill development. The project supported disengaged high school/youth groups (over 16-23); adults with additional needs, mobility issues, health conditions (physical and mental), disadvantage due to financial insecurity, health, risk of/lived experience with mental health and retired people.
Stoneyburn and Bents Future Vision Group	West Lothian	They were funded to deliver a Young at Heart programme of events for the elderly within the community, including Easter Tea Party, Movie Screenings, Live Music, Arts and Craft Sessions, Armchair Aerobics, Healthy Cooking and sharing stories sessions. Food and light refreshments were provided.
Deaf Links	Angus	Funding requested for staffing and external provider costs of providing advocacy, workshops and training courses addressing and improving mental health and wellbeing for Deaf and sensory impaired people in Angus.

Caledonia Funeral Aid	City of Edinburgh	Provided a trained coach and funeral support worker one day per week for 6 months during the covid recovery period to support bereaved Edinburgh residents.
Horizons Recovery Cafe	Midlothian	Costs for weekly CAB provision at Horizons café in Dalkeith, plus purchase of a vehicle to enable food collection/delivery and development of other social enterprise activities.
Independent Living Support	Dumfries & Galloway	The project operated an open referral service providing a blend of outreach, one to one support and monthly peer support activities. The core aims were to support people to live independently and healthily and address the inequalities and barriers they face.
Neil's Hugs	West Lothian	Suicide Prevention in the community – they worked with people in the community to reduce stigma around losing a loved one to suicide, reduce stigma around mental ill health and work together with the community on reducing suicide rates. They ran social media campaigns, trained volunteers in First Aid for Mental Health to volunteers and worked with schools to provide training to students in S4 to give peer support for 2 years and in the community for life.
The Borders Carers Centre	Scottish Borders	The funds enabled expansion of their 'Me First' project - a free counselling service for carers caring for someone living with dementia - to include all carers in need of support to improve and maintain their mental health and well-being, and to rebuild resilience to cope with on-going challenges and demands of the caring role.
Burnfoot Community Futures	Scottish Borders	We aim to develop and deliver a comprehensive and holistic programme of activities aimed at supporting the mental

		<p>health and wellbeing of the Burnfoot community.</p> <p>We're planning to use the physical site at Burnfoot Community Hub as a venue for volunteering, personal development, combating isolation and encouraging a range of client groups to see the Hub as belonging to them and being a resource and a source of inspiration.</p>
Eolas Outdoor Learning	South Lanarkshire	<p>This project was a Forest Skills initiative targeting individuals and communities who had been adversely affected by the pandemic. The format consisted of outdoor sessions taking place in various greenspaces and consist of activities designed to: connect them socially, connect with nature and harness the therapeutic benefits of being outdoors, teach them new practical skills including: traditional woodland tool techniques, Photography, Nature Exploration, Advanced shelter building and fire management, Environmental Art.</p>
Maggie's	Highland	<p>The centre requested funds to support their clinical psychologist to support the one-to-one work for people affected by a cancer diagnosis. This included supporting people who are bereaved by cancer.</p>
TLC Befriending Project	Aberdeen	<p>Their service matched volunteer befrienders with individuals referred to them via the Primary Links Practitioners, based in doctors' surgeries across Aberdeen. The service aimed to act as an early intervention to alleviate the feelings of loneliness and isolation, which adversely affected an people's mental health and wellbeing, by supporting and building individuals' community connectedness and personal resilience, all of which improved individual life outcomes</p>

Saheliya	City of Edinburgh	Delivered a range of well-being and relaxation sessions for women experiencing racial inequality and those with lived experience of gendered abuse. The sessions were delivered in first languages, and provided childcare alongside.
Argyll & the Isles Coast and Countryside Trust	Argyll & Bute	Argyll & the Isles Coast & Countryside Trust worked with other local organisations and services to provide safe, social opportunities for people to reconnect with nature and each other and focus on creative activities that help aid recovery by providing self-management skills and peer support.

Appendix 2: List of organisations represented by national stakeholder and TSI interviewees

National Stakeholders

Voice of Experience (VOX)

Convention of Scottish Local Authorities (COSLA)

Public Health Scotland (PHS)

Scottish Government Professional Advisor of Mental Health

TSI Lead Interviews

Edinburgh Voluntary Organisations' Council

Highland Third Sector Interface

Dundee Voluntary Action

Third Sector Dumfries & Galloway

Glasgow Council for the Voluntary Sector

Council of Voluntary Organisations East Ayrshire

Fife Voluntary Action

Aberdeenshire Voluntary Action

Voluntary Action Shetland

Aberdeen Council of Voluntary Organisations (interviewed for TSI case study only).



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