****

**THE FALKIRK PLAN**

**Appendix 2:**

**Report of Engagement**

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# Introduction

This report of engagement outlines how the community was involved in the development of the Falkirk Plan. Development of the plan began in August 2020 and it was approved and adopted by Falkirk Community Planning Board on 14th October 2021. The table below outlines the stages of development of the plan.

|  |  |
| --- | --- |
| **Development Detail** | **Timeline** |
| **Evaluation of Previous Strategic Outcomes and Local Delivery Plan**This concluded the previous plan by evaluation the impact of the previous plan and providing details or what was achieved during the plan period | July 2020 |
| **Public Information Sessions**Online information sessions were held with members of community bodies from each Ward. This provided context to the Partnership and advised of upcoming community engagement in spring, so community bodies had a chance to prepare or consult within their own communities.  | November – December 2020 |
| **Joint Strategic Needs Assessment**The assessment outlines data related to health, employment, demography, equalities, poverty, etc. to find what data found to be particular issues within Falkirk. | August 2020 - March 2021 |
| **Community Engagement**Thematic and geographical stakeholder engagement was carried out as outlined in this report | March – April 2021 |
| **Policy Review**National and local policy were reviewed in relation to CPP partners and themes devised from engagement and data review | March-April 2021 |
| **Analysis**For each identified theme, related policy, data, and results of the community engagement were analysed in order to develop the outcomes for each theme. | May 2021 |
| **First Draft** A draft was taken to the Community Partnership Board, so Senior and Chief Officers from Community Planning organisations could comment and revise the plan | 10th June 2021 |
| **Redraft of Falkirk** **Plan**A second draft was taken to the next Community Planning Board meeting for approval for formal consultation. This incorporated requested changes and included a draft delivery and monitoring plan | 12th August 2021 |
| **Consultation on draft**A designed copy of the plan was published along with a survey seeking community views on whether the Falkirk Plan accurately reflected the views and needs of the Falkirk Community. | August-September 2021 |
| **Final Falkirk Plan**The final plan was presented to the Community Planning Board for approval and adoption | 14 October 2021 |

Part 1: Community Engagement

The Community Planning Partnership carried out engagement throughout April and May 2021. The Falkirk Plan is about improving outcomes across Falkirk communities, so it was important to the partnership that the outcomes being targeted were based on community needs, opinions and feedback.

Due to the COVID-19 pandemic and related restrictions, engagement took place in online events. This meant there was no opportunity for ‘drop-in’ style engagement events and instead online meetings with set agendas was used for all events. Although this meant there wasn’t any opportunity for engaging with people through footfall that may not be aware of the events, it did allow for more people to set aside time to join the meetings as they were not required to travel to the events.

*Place Events*

|  |  |
| --- | --- |
| **Place** | **Date / Time** |
| Falkirk Town | Tues 13th April 7-9pm |
| Camelon and Tamfourhill | Thurs 15th April 7-9pm |
| Bo’ness and Blackness | Thurs 15th April 7-9pm |
| Lower Braes | Mon 19th April 7-9pm |
| Bainsford and Langlees | Tues 20th April 7-9pm |
| Avonbridge, Standburn, Shieldhill,  | Tues 20th April 7-9pm |
| Stenhousemuir FC Engagement Employment and Environment | Wed 21st April 7-9pm |
| Denny, Dunipace, Dennyloanhead | Thurs 22nd April 7-9pm |
| Maddiston, Whitecross, Rumford | Thurs 22nd April 7-9pm |
| **Banknock** | **Cancelled** |
| **Slamannan and Limerigg** | **Cancelled** |
| Stenhousemuir FC Engagement Health | Wed 28th April 7-9pm |
| Grangemouth and Skinflats | Thurs 29th April 7-9pm |
| Bonnybridge | Thurs 29th April 7-9pm |

*Thematic Events*

|  |  |
| --- | --- |
| **Thematic Issue** | **Date / Time** |
| Poverty (support agencies) | Tues 18 May 2-4pm |
| Substance Use – families | Thurs 20 May 7-9pm |
| Disabilities | Mon 24 May 7-9pm |
| Substance Use – recovery community | Tues 25 May 7-9pm |
| Environment and Conservation 1 | Wed 26 May 7-9pm |
| Alcohol and Drugs – active treatment | Thurs 27 May 7-9pm |

# Place-based Engagement

A series of events were set up to gain community feedback from different areas. The purpose was to find out about common issues experienced by people across the whole Local Authority, but also to find out a bit more about individual communities to support plan delivery. Through the sessions sought to understand what community leaders were prioritising, how the partnership could support these priorities and how we would co-design mechanisms for joint working on an ongoing basis across the localities.

The sessions took place between the 13th and 29th April 2021 and were facilitated by different officers from across the community planning partnership. Each session began with a presentation to explain the purpose of the Community Planning Partnership and the Falkirk Plan. The session then went on to community discussions about open questions to find out what community activist groups and residents were concerned about in their area.

There were 14 sessions planned in total. Two were cancelled due to insufficient interest in the sessions, which were due to take place for residents of Slamannan and Limerigg, and residents of Banknock. A further two were planned and carried out by Stenhousemuir Football Club in partnership with Falkirk CPP. The football club were in the middle of setting up a charity arm and chose to lead the engagement within their area.

This report contains the write-ups of each of these sessions in chronological order. Attendees were provided with the following information ahead of the meeting:

|  |
| --- |
| *Falkirk Council is working closely with our Community Planning Partners (NHS Forth Valley, CVS Falkirk, Police Scotland, Scottish Fire and Rescue, Forth Valley College, the Health and Social Care Partnership, Falkirk Community Trust, and others) to develop the* ***Falkirk Plan****. This is a ten-year Plan with the aim of making Falkirk a better place to live for everyone. The Falkirk Plan will focus on tackling inequalities and disadvantage in our communities. The Plan will target the issues and challenges faced by neighbourhoods and communities right across the Falkirk Council area. We understand, of course, that many of these issues are deep-rooted and can’t be fixed overnight, and we want communities to tell us what the priorities should be. The Partnership would really welcome your input at this meeting. It’s crucial that we capture people’s views on how, together, we can shape a positive future for the people and communities of Falkirk.**The questions we’d like to consider at the meeting are:** ***What challenges are you facing in your communities that you are trying to address?***
* ***How could the CPP help tackle these issues?***
* ***What could the CPP be doing in our own services to tackle these issues?***
* ***How should we work together and communicate with communities?***

*We want to ensure that everyone has an equal opportunity to have their views heard. To enable us to capture all the issues raised, we would like to record the meeting so that detailed notes can be written up afterwards. Comments will be anonymous / non-attributable, and we’ll also be sure to provide a copy of the write-up to everyone who attends.* |

## Session 1: Falkirk Town, 13th April 2021, 7-9pm, Microsoft Teams

Twenty-twopeople attended the meeting, including facilitators.

**Summary of Discussion**

*What Challenges are you facing in your communities that you are trying to address? How can we tackle these issues?*

**1. Mental Health**

* Insufficient support for young people, CAMHS waiting list is too long, there needs to be increased funding and support
* Suicide is a particular concern, especially for young men
* Covid has highlighted this issue, and the need for education in schools so the subject is not taboo.
* LGBT people are at an increased risk
* People who are not engaging are often at higher risk – we need a better way to identify people that are struggling.
* Long term support from birth to old age

*Tackling the issue:*

* Increased support and funding for mental health services. Young people are waiting 2 years for a referral, and they don’t always have 2 years to last.
* More education and support in schools so the subject is more widely talked about, and young people can access support in a place they feel more comfortable
* Ensuing communities have community wellbeing spaces, sensory gardens, things for local people support. ‘Wellbeing Environments’
* Safe places for you to go to open up in an informal way. Community resources, local, accessible, non-threatening. Not just a meeting once a week in a church hall but a real resource.
* More safe rooms before crisis point.

**2. Vulnerable Groups**

* Poverty, particularly in certain areas, the Boag for example. Poverty and all the other issues that go along with it.
* Vulnerable people already in the system, it’s the ones that aren’t known to services that need to be identified.
* Older people and other socially isolated groups may not be known to the system or accessing support.
* Unpaid carers. If people aren’t identified as a family that require support, they are left to fend for themselves.
* Employment is an issue, particularly for those with disabilities, particularly learning difficulties. Employers/ services focus on physical disabilities, not learning.

*Tackling the issue:*

* Support network for unpaid carers would be helpful
* Some people not being checked on at all, other than neighbours.
* There are jobs that people with learning difficulties could easily do which would help in other areas
* It is difficult to get work experience for our young people with learning disabilities within the council or partner organisations
* Different awareness of those with different needs – public health education issue
* Services could be more visible in the area
* Schools give out digital equipment that is available for young people but parents can’t use it in the evenings. This should be changed, as it could help them with mental health, job hunting, access to services etc.

**3. Community awareness and spaces**

* Covid has highlighted an issue with the need for greater community support and connections
* Supporting our neighbours, noticing if the curtains are still closed, alerting there may be a problem.
* The town centre is not being used well, it needs to be more community focussed

*Tackling the issue:*

* Community Assets and social space: more support for community venues and halls, better use of the town centre with the decline of retail.
* Youth activities: more for teens and young adults, including training and sports. More inclusive of young people with additional needs.
* A development worker – particularly Hallglen area – such as they have in Tamfourhill. More support for funding applications and bringing the community together
* Make the town centre more of a community Hub

**4. Transport**

* Transport system not well integrated or planned. Falkirk circular bus was connected but it’s difficult to get anywhere directly now
* Cost is too high, barely more affordable than a taxi. It’s a cyclical issue, it’s too expensive so people don’t use it, which drives up the price to sustain.
* Direct routes aren’t great for cycling

Tackling the issue:

* more segregated cycling routes
* More affordable services

**Funding for Community Groups, venues and services seen as one of the biggest solutions to tackling issues locally.**

*How can we work together and improve communication?*

**1. Information needs to be more accessible**

* We’ve been bombarded by text information, written information.
* Very little BSL accessible to local people. BSL should be taught to children so that people are not excluded, but there should be BSL accessibility for meetings such as this.
* We say ‘if you need accessible information then..’ what if they can’t read that though?
* Need to remember that not everyone with a learning disability lives in supported living, so they may not be able to access the information

**2. Digital and digital barriers**

* Internet access outside of town centres as well – the internet is not a luxury it is a utility
* Social media is great, but it is exclusively inclusive. People in digital poverty maybe don't have access to the information. How to get more information to everyone is definitely a challenge.
* Loads of different community facebook pages that have association with council or community projects – ‘take pride in your community initiative’ doing great work but not a lot of engagement with the page. Too many facebook pages not enough joining-up. Communication need to be brought together. One stop shop of who to contact for what.
* Older generation not on social media – notice boards or something to get older people the info.
* Partner websites are difficult to navigate

**3. Using existing groups/ partners/ channels better**

* There needs to be more communication from Forth Valley NHS. National NHS is more visible but FV NHS not as visible, particularly around public health. Mental health, wellbeing, everything we’ve spoken about. This rests with NHS and all partners to get the message out
* Lanyard scheme for hidden disabilities, not well advertised or understood.
* FV health board should be pushing forward oral communication, importance of speaking to your neighbourhood
* There is a community centre in Westfield that does a whole host of things, youth clubs, lunch clubs, school clothes etc. – things are these, people just need to learn about them/ use them
* Maybe the council could facilitate contact with organisations that community groups want to get in touch with.
* Staff support to make these links. Initial assistance to get groups trained and running themselves

**Further Suggestions:**

* Open forums, even digital like this. Having the space to communicate. Doesn’t need to be lengthy, could be 30/40 minutes. All forms of communication, some people don’t have access to digital
* Falkirk dialect – Dundee is pushing Dundonian dialect. Newsletter in Falkirk dialect would be special.
* ‘Online Communities’ – one website that draws in all the information about different community groups
* Be proactive about getting information out there so people know where to go when they have a problem
* Use radio
* Network of community halls for sharing resources

## Session 2: Bo’ness and Blackness, 15th April 2021, 7-9pm, Microsoft Teams

Twenty-fivepeople attended the meeting, including facilitators

**Summary of Discussion**

*What Challenges are you facing in your communities that you are trying to address? How can we tackle these issues?*

**2. Centralisation of services/ reduced access to key services/ loss of facilities**

* The Council has split the area into these 3 localities which means the money goes to one area with it E.g. the one stop shop, substance use services, benefit advice and unemployment services are in Grangemouth. If Bo’ness people need to access these services it’s £5 on the bus. Ineos gives the money to Grangemouth but the smell blows here too.
* Bo’ness has a lot of housebuilding, so the community is growing but we don’t have these services. There is no bank, no post office, no central point
* The police station is in Grangemouth so after 10pm they are there and not doing patrols in Bo’ness, and petty crime has increased because people know they have time to get away.
* Lack of activities for young people. If council buildings are taken away, community spaces etc. for sports, art opportunities that our young people benefit from, we will be disadvantaged.

*Tackling the issue:*

* West Lothian has partnership centres in each of their towns, that’s exactly what’s needed in Bo’ness and Grangemouth and all the other places
* ‘if you’re going to have community planning then you need to have a community presence’
* Police were offered a room in Cowdenhill Hall but refused because the comms required would cost too much to install. However, the ambulance has a base in the fire station, so why can’t the police.
* The town hall is rotting away – it should be a one-stop shop with a registry, and advice services, everything that was lost.
* Each ward should receive similar amounts of funding
* Need something like the 20-minute communities we are seeing in other places. Total communities that people can access everything they need locally
* Housebuilder – if they want to build houses here, they should have to improve the town. Community involvement in developer contributions?

**3. Poverty**

* Food poverty has been there for a number of years that the Storehouse has been dealing with, but they can’t deal with the demand anymore
* People can’t get a bus from Bo’ness to the hospital, so unless you have a car you need 2 buses, which you may struggle to afford
* Covid has increased poverty and associated issues
* There is worry for when volunteers go back to work, they may not be able to help
* Fuel poverty is also an issue

*Tackling the issue*

* Local services reinstated in Bo’ness with advice about poverty, fuel poverty, relationship breakdowns etc.

**4. Local Economy**

* Business and tourism opportunities increased pre-covid. The pandemic has seriously impacted local businesses.
* Some bigger businesses take more locally than they give back
* Disconnect between historic and tourism opportunities that aren’t being harnessed by economic development teams to drive footfall
* Knock on effect of the lack of local facilities is that Bo’ness doesn’t matter, we don’t deserve these services. Young people will get this message and think the town doesn’t matter. So they litter, they don’t respect their own town.

*Tackling the issue:*

* Having a vision for places like Kinneil estate, linking the assets together from a tourism perspective.
* The town centre over past 15 years has seen a real downturn. Important for Council to incentivise local business development.
* Loads of new houses and builders promoting the town but they don’t mention the lack of facilities. Couldn’t they take a role in promoting the town and advocating for more facilities

**5. Natural Environment**

* Parks – covid has highlighted how valued parks are; people have relied on them. Used to be places to learn gardening skills, grow plants, publicly run programmes.
* Dealing with litter, fly-tipping. Council responds when asked, but people need to take responsibility for their own community and stop people from doing it in the first place
* Parks are not well maintained and cared for; it feels as though other towns have better parks.

*Tackling the issue:*

* Local natural infrastructure needs support; a countryside ranger, or commitment to natural spaces, parks, gardens etc as they are being neglected.
* Connect the pavement between Bo’ness and Blackness
* Going forward need to show we value parks by increasing investment in them.

**Other issues mentioned:**

* A lack of social housing
* Transport – buses are infrequent, expensive, and limited in where they go for example getting to Edinburgh is difficult, especially for commuters.

*Bo’ness has an existing Community Action Plan, which targets:*

* *Economy and Transport*
* *Town centre improvements*
* *Heritage and tourism*
* *Transport and roads*
* *Built and Natural Environment*
* *Leisure opportunities and quality*
* *Community Development*

*How do these issues tie in with supporting the most vulnerable within your community, and how can the CPP support you delivery this plan?*

**Discussion**

* Themes still very relevant but they were pre-covid and probably need to be reviewed to reflect where we are now and some of the issues we’ve been talking about tonight e.g. poverty and social isolation
* There needs to be a clear identification of how the main issues will filter through –for example poverty is not in the Bo’ness Action plan, but as we’ve discussed tonight it is very relevant now.
* The Council needs to come forward and give something instead of taking away. A lot of meetings giving suggestions and here we are again. However, we need to give the Council an opportunity to do things differently
* Draw on this 2019 thing, do the mapping exercise – we are coming to the table, we need accountability from the CPP with timelines, clear action points, SMART objectives - we need to see what’s going to happen so we can speak to our own communities about what will change.
* Frustrating that the Bo’ness Action Plan doesn’t seem to be on the agenda
* Community choices is focused on Capital but what we need is revenue (and capital). Something that needs to be sustained not short term.

**Supporting Delivery**

* Would like to see a facilitator in post specifically for Bo’ness. Someone based there that could be a go between the Council and groups in Bo’ness. At the moment you have to phone the Council and it’s hard to get information about services.
* There was an exercise with the community in 2019, this should be drawn on along with tonight’s discussion
* A funded mapping exercise should be carried out, getting feedback from the community and council about what we are doing in the area to make better connections. Both a perception and reality exercise about need vs services
* The Bo’ness plan can only tie-in if there is a budget or timelines against it

*How can we work together and improve communication?*

**1. Resources**

* Funding for community groups is being cut, despite having valuable clubs and services for vulnerable people. We need increased funding.
* Help to understand what funding is out there
* A named person or an advocate for the area that we could go to if we need help or support
* In other areas, community partnerships have funds they can apply for to plug the gaps. We don’t have that in Falkirk, there isn’t a budget for community partnership. If more is falling to communities to plug the gaps, is it going to be a consideration that communities will be able to apply for funds.
* It can’t be a burden for the community to always find the resources and lead the responses.
* Money and activity needs to start from the Council – the infrastructure and systemic moves need to start from the Council – the question here is slightly problematic – it’s not about the residents of Bo’ness finding the solutions. The burden is not on the local groups to tackle it. We are the foot on the ground but there has to be a structural support from the Council and CPP to provide the resources around it.
* Community Choices deadline has passed but it will be annual. Probably wasn’t advertised as fully this year. Also not about plugging gaps, so probably still need an emergency fund.

**2. Information**

* Better information about what’s happening in the town
* We’re being bombarded with information – which is good we’re getting it – but we should be getting more streamlined information. More info about asset transfer, community planning etc. balance of getting the information but better!
* All the partners are on the partnership, how are they making sure their services are aligned? It would be good to know what is being provided by public services at a local level, and the community can plug the gaps, rather than providing the key services themselves. Get a clearer picture of what is happening out there.

**Finally..**

The 10-year plan and vision should be bringing leadership to this community, it’s not enough to be general. Bo’ness is big enough that we need a plan.

## Session 3: Camelon and Tamfourhill, 15th April 2021, 7-9pm, Microsoft Teams

Twenty-one people attended the meeting, including facilitators.

**BREAKOUT ROOM ONE**

**Positives**

* The Community Spirit is amazing across the whole area.
* The collaboration across all areas in Camelon and Tamfourhill has brought new strength especially during the covid pandemic lockdown.
* There is a good local infrastructure to build more for the community with. This includes:
	+ Community Centres/Hubs
	+ Canals and Tow Paths
	+ Park spaces and outdoor areas in general
* All recognised there was lots to do, but the canvas was there to start developing more meaningful community support and activity especially for families.

**Q1. What challenges are you facing in your communities that you are trying to address?**

* Mental Health breakdowns mainly sparked by isolation
* Children have become ‘social hermits’
* Little support for children who have been shielding
* Isolation amongst the elderly has been high, with any normal activities that they would have gone to all closed down. They also are very wary in venturing out now especially with the inability to get a lift and with covid outbreaks at the local bus depot, even using the bus is deemed dangerous in their minds.
* Children have missed out on transition experience to primary and high school
* Little direction or local opportunities for high school leavers.

**Q2. How could the Community Planning Partnership help tackle these issues?**

**Q3. What could the Partnership be doing within our own services to tackle these issues?**

***The group in this Breakout Room felt that Qs 2 and 3 merged into and over-lapped one another. For this reason, the discussion is recorded here together.***

* Reinstatement of running track at Stirling Road playing fields to provide meaningful local activity for local people of all ages without having to go over to Grangemouth.
* Outdoor centre on canal that is fully accessible and affordable for local people
	+ Including access to canoes etc
	+ Training opportunities for young people
* Meaningful support for local groups to rebuild after lockdown. Many can run their centres/activities but need support with current restrictions and to enable them to become more self-sufficient but not just left to their own devices.
* Meaningful youth engagement to not just find out what they want but involve them fully in the process including to teach them operational planning, funding generation, business/social enterprise skills etc. These are some of the life skills that will really help them in life and to take more of a pride in their local area.
	+ Setting up a youth committee is not always the answer. Their trust needs to be won first and the engagement needs to be at their level before you can build them up to things like committees.
* Fire Service engagement especially around local fire raisers. Rather than keep telling them the error of their ways, show them safe ways to do things.
	+ Suggestion of a safe fire pit area with training and guidance from the fire service but also engagement with outdoor craft groups (e.g. TCV, Woodcraft, Scouts). This could extend to safe den building activity as well
* Police Service need to build trust in the area and undertake more relationship building. Some groups have waited a long time for community police to visit their groups to meet with youngsters especially
	+ Recognition was given that the latest community police officers are relatively new in post and it takes time to build trust, but it was noted they are often being taken away from the local community to assist in matters elsewhere and therefore don’t have the time they would like.
	+ It was noted that police are often just driving around the area and not getting out the cars. Could they do more walking around the streets?
	+ It is not all bad and some work is being done, but they need to continue to build relationships and gain trust especially of the young people so that they don’t just run a mile when they see the police or worse still, hurl abuse at them.
* Restart the ‘street a week’ programme that ran successfully in 2019.
* NHS – could they be more proactive about Mental Health check ups as rarely will local people ask for help.
	+ Build the opportunities for and awareness of the Wellbeing Officer at the Health Centre – maybe have them working remotely as restrictions allow within local community facilities so the support goes to the people at least in the first instance.
* More Family Activities
	+ Local toddler groups had stopped before lockdown due to lack of volunteers. These need to be rebuilt as a vital support network for new parents.
* Scottish Canals
	+ It was noted that there were a lot of activities developed by Scottish Canals especially at the Falkirk Wheel that were inaccessible to most local people because of the large cost attached. The group recognised SC needed to make money, but wondered if spaces could be available for local people as part of their corporate social responsibility. This action only goes to heighten the deprivation gaps in the area.
* Flytipping was noted as a growing problem.

**Q4. How should we work together & communicate with communities?**

Using local community networks to get information direct to people seemed to be popular. Emails, newsletters etc are not always fully read, but if information is shared with local group leaders or intermediaries (eg Our Place Camelon and Tamfourhill), the information can then be made relevant to the particular clientele so they can access it at their own level and not be bogged down in jargon.

**BREAKOUT ROOM TWO**

**Q1. What challenges are you facing in your communities that you are trying to address?**

The group agreed that **young people** were particularly vulnerable. Covid has exacerbated existing issues – **precarious employment** (much of it in hospitality) which has been particularly hit by the pandemic.

**Educational achievement** in the area was seen as a concern – statistics in Highers are down. Falkirk has 5 SIMD areas and things appear to be getting worse. **Anti-social behaviour** was highlighted as an issue, particularly groups of kids setting fires. **Substance use** was another issue highlighted.

One attendee works with young people in Tamfourhill and mentioned that at about the age of 12 or 13 kids start to lose interest and prefer going to the park with their friends. This attendee also noted that children complain that their area is boring and there is **nothing to do**. The group argued that there is stuff going on but it’s making kids aware of it that’s the challenge.

The group agreed that **building relationships with children and families** was key. Understanding the context of any given situation is important – what is the wider family/community dynamic?

**Older people** were also identified as a **vulnerable group – social isolation** was seen as a huge issue. It was noted that whilst those of us on the call were fortunate enough to have broadband and thus the ability to chat with family, friends etc.

**Q2. How could the Community Planning Partnership help tackle these issues?**

**Q3. What could the Partnership be doing within our own services to tackle these issues?**

***The group in this Breakout Room felt that Qs 2 and 3 merged into and over-lapped one another. For this reason, the discussion is recorded here together.***

People generally agreed that **solutions lie within the communities** but not enough is done to celebrate the area. The area has its problems, but it also has a **rich and proud history** – more should be done to celebrate this. One attendee noted that some kids don’t know about the history of the area which may lead to a disconnect. One attendee argued that it’s up to the adults in the area to carry the can so to speak.

There is **no real vision** for what the area should look like. Needs to be viewed as a journey. A suggestion for a **post lockdown street party** with attractions for families and people of all ages would start to foster some interaction and **community spirit**.

The Council has a lot of **property and assets** but not enough is done with them – a lot of wasted potential that could be harnessed into something positive.

There was **talent and skills in the community** that could be used more effectively. One attendee is a retired broadcast engineer and is keen to get involved and help out.

The idea of a **tool shed** was mentioned – could be a place for people to borrow tools and materials. Noted that some people move into a council house but don’t have the tools or the skills to maintain or improve their house/garden – there are people in the community that could help with this.

**Q4. How should we work together & communicate with communities?**

Whilst emails, leaflets, posters etc. have their place, they have **limited penetration**. Community leaders should be empowered; make use of big personalities in the area to share information would be more effective.

**Social media** was mentioned as a medium that can be used positively but in reality often descends into abuse and bullying.

**Face to face meetings** were seen as the most likely avenue to make positive inroads in terms of communication, however it was noted that whilst face to face is often the most effective way of communicating and working together, people can be shy or nervous about face to face meetings.

**BREAKOUT ROOM THREE**

 ***The discussion in this breakout room has been recorded in a way that best reflects the flow of the conversation amongst attendees, rather than question by question.***

**Key Challenges**

* General lack of **affordability of services**, examples included physical activity and children’s activities
* **Drugs** – problem in these communities that includes both those misusing substances and for those who come from **families** where substance use is happening
* **Elderly people being isolated**
* Obesity, poor physical and **mental health and wellbeing**
* ‘the more professionals pull back and we try to fill the gaps, the more we lose volunteers and people get very tired’ – example given of **CLD stopping youth work** at a venue that volunteers have now taken on and this is now at capacity and being managed and delivered by small group of volunteers who also have many more volunteer tasks to complete so that their services can remain available for the community
* **Unemployment and under-employment** – zero hours, low pay, poor conditions
* **Men’s mental health** a particular issue, impacts teenage boys a lot
* **Volunteer** exhaustion
* **Lack of buildings and venues**
* Disconnected and fragmented way of approaching needs wastes resources – it is a challenge to **connect and coordinate** a bit better

**Future or existing solutions identified:**

* Resources can be shared more easily if everyone knows what’s going on, also greater knowledge helps with signposting
* **Affordable training**, example given of the prohibitive cost of forklift training that can skill people up for work
* **Training, CV, interview help** – suggested people need help with all of these things, for example how to ‘dress to impress’
* People are willing to help but need **information, training and support** to do so
* Camelon Community Centre reopening on 17th May after a lengthy period thought of as an **asset**
* **Greater visibility of services**: services and facilities need to come into communities, rather than expecting people to go to them
* Offer to ‘spend the day in the community centre’ and see what goes on and what people’s needs are as a good way of engaging the community
* Pop-up, one day **‘One Stop Shop’** in community venues

**Future comms/keeping in touch:**

* Evening works well
* Needs to be consistency and sustainability – example given of person who Falkirk Council brought in for a year for a specific piece of work, that came and went and nothing was done or has changed

## Session 4: Lower Braes, 19th April 2021, 7-9pm, Microsoft Teams

Tenpeople attended the meeting, including the facilitator.

**Introduction** – a request that issues raised by attendees this evening are referred / sign-posted onto appropriate staff and departments within the Council.

**Falkirk Community Trust** - There was a short discussion about the future of the Falkirk Community Choir, and the cancellation last year of the Falkirk Bairns’ Christmas town hall concert. Cllr McCue acknowledged the concern this caused but noted that this was a decision by Falkirk Community Trust, rather than the Council. It was also noted that the Trust was being brought back in-house (i.e., under direct Council control), so there will be an opportunity over the next year or so, to influence the future direction of the Trust’s work.

**Q1. What challenges are you facing in your communities that you are trying to address?**

Recognition that **young people** have been heavily impacted by COVID-19; being away from school, and having their education disrupted. **Support for young people** needs to be a **long-term plan** over the next few years. There needs to be **investment in young people** – through investment in youth work and Community Learning and Development (CLD) support – e.g., dedicated youth centres.

**Buildings / Meeting Places** - Housing schemes are being built without any amenities. There’s no-where for young people to gather safely. We need to invest more in services and spaces for young people. The Council’s **Strategic Property Review (SPR)** risks getting rid of Council buildings that currently aren’t well used.

**The elderly**. Social isolation also means isolation from core support services. There is a need for more services during COVID-19, not less. Simple re-design of service isn’t enough.

Access to **primary health care facilities** (local health centres). Villagers in Westquarter don’t have access to a GP surgery.

Support and services provided through **CLD** workers needs to continue, as ‘they help communities to stand up for themselves.’

There’s no **community policing** anymore. There’s no relationship between the police and the community.

Services provided by the Community Planning Partnership should have a **permanent on-going presence and visibility within the community**. As things stand, they’re invisible.

**Social housing** – there are too many unallocated houses. Accommodation for homeless people with a high turnover of tenants means that it’s difficult to establish relationships and community cohesion if people don’t stay long enough.

**Poverty** - Concern over how coming out of Lockdown will lead to higher levels of **unemployment.** More families and communities will be economically vulnerable.

**Q2. How could the Community Planning Partnership help tackle these issues? and Q3. What could the Partnership be doing within our own services to tackle these issues?**

All of the partner agencies should work to **improve access to public buildings** – esp. schools. Also, access needs to be cheaper than it currently is.

**Better Planning** - New housing schemes mean that **local schools are at now capacity**. This causes significant road traffic congestion during the ‘school run’ first thing and around 3pm. Planning needs to be **smarter and more joined-up** to take into account the traffic and environment impact on communities. Concern that with persistent new builds, the villages will merge into one another and local villages / communities will lose their identity.

**Financial realities** - communities need to be supported to come together to identify their own priorities and to take responsibility for bringing about positive change. The Council doesn’t have an infinite supply of funds, and the services that were previously provided by statutory agencies will likely be taken on by communities in the years ahead. We need to support and **empower communities** to do things for ourselves.

**Anchor Organisations** - There was some discussion about the role of ‘anchor organisations’. Falkirk has traditionally not been very good at developing these. However, plans are afoot to develop up to fifteen anchor organisations over the next year or so. Anchor organisations help direct the funding priorities within local communities. The Council and the Partnership agencies can support (not direct) anchor organisations.

Communities need to be smaller, and they need to have a visible hub. **Centralised information points** are important. **Church buildings / halls** are often overlooked. They can be an invaluable local hubs and safe social settings for communities.

**Town centres should be developed as community hubs** – not just as focal points for retail and commerce.

There was agreement that **communities need to be empowered** and decisions on local services should be made by communities. **Volunteers** are at the heart of that process. However, this shouldn’t replace the specialist professional input (youth work, CAMHS, adult basic education, social work etc.) These different strands need to work together. A plea that the move to **empowering local communities** shouldn’t be used to mask a pulling back of statutory services from front line delivery.

**Involving young people** - A concern that there isn’t enough for young people to do within their communities. We should be asking young people what they want to see in their communities. Paul reported that input from young people was being captured as part of the [Young Scot ‘Lockdown Lowdown’](https://youngscot.net/news-database/lockdownlowdown-results) report which had had over 700 interactions from people aged 14-25 in the Falkirk area.

**Q4. How should we work together & communicate with communities?**

We need **better signposting** between services and villages. We also need to consider how communities communicate with and amongst themselves. There are groups / subsets of the communities who feel excluded – i.e., they don’t feel part of the wider community (e.g., families in new build estates).

The value of key recognisable services in the communities like NHS and Citizens Advice. The information they provided was valued; but these **services have been cut back**. There needs to be a plan to replace this. **Schools have a key role** to play here and need to be more community minded. Managers and professionals need to realise that community facilities like schools belong to the community – not the headteacher or the staff.

The suggestion that schools are approached to ask if there was any potential / interest in pupils developing a **local newsletter** for parents to receive – containing community wide news and connections. Agreement that there is some **potential for schools and pupils to contribute** more demonstrably to the community. Could we **make more use of the app** that schools currently use to communicate with parents?

The Council has committed to **fully review how schools are used** by communities as part of the Strategic Property Review (SPR).

**Communications and Awareness of services** – e.g., Forth Valley Maggie’s Centre – there isn’t enough information at FVRI to inform the public about the service and resources available. More needs to be done to promote the facility.

## Session 5: Bainsford and Langlees, 20th April 2021, 7-9pm, Microsoft Teams

Twenty-onepeople attended the meeting including facilitators.

**BREAKOUT ROOM ONE**

**Q1. What challenges are you facing in your communities that you are trying to address?**

Place based charities have been badly it by Lockdown restrictions. If they haven’t been permitted to open; the services haven’t been able to be delivered.

**Older people** - The most vulnerable are the elderly. They have dropped off the radar somewhat. Activities where older people kept in touch have stopped due to Lockdown. This will result in a huge impact on their **mental health – loneliness and social isolation**. Older people rely on in-person social contact. Lockdown has removed this. **Family members** will also have experienced an additional mental health burden in caring for older family members.

The focus of community support in Langlees shouldn’t be the **foodbank**. There’s been no great **social media presence** around the facilities available in the community.

**Digital exclusion** – Very few older people are on social media. If old people aren’t online, they’re effectively isolated. So, it’s important that we reach out to older people in a way that suits *them* – not us [service providers].

There’s a heavy **emphasis on activities focused around, and based in, the primary school**. If you’re not attached in some way to the primary school, the risk is that people are missing out.

The school building itself is seen as barrier. People didn’t want to be seen to come to the school, [stigma issues] so support services (FDAMH, foodbank etc.) relocated back to the Dawson Centre

Lockdown has meant that **inter-generational support work** has also stalled. Affordability isn’t the only issue: it’s also about accessibility of support services.

**Poverty** – particularly **child poverty**. Nearly 80% of children locally are from SIMD areas 1-3.

**Q2. How could the Community Planning Partnership help tackle these issues?**

Acknowledgement that there’s already a lot of good work already happening. But there was some feeling within the group that the **key services haven’t been visible**.

**Langlees primary school** was a key hub during the first Lockdown, for distribution of free packed lunches (c.180 lunches per day were being issued). This enabled support services to identify issues around food poverty.

Acknowledgement that the **police don’t have the time / capacity** for ongoing relationship-building. They are busy policing the Lockdown restrictions. Agreement that there’s a need for **more visible community policing.** The question was raised whether there are community wardens in Falkirk.

**Community partnerships** based within the school increased from 4-5 to 20+ during the pandemic. Support workers and community activists are encouraged to be aware of opportunities to link-up existing services and networks. There was agreement that these partnerships **should continue post Lockdown.**

Partnership working has been a key positive outcome and needs to be built upon. The valuable relationships established during COVID-19 need to be continued.

**Q3. What could the Partnership be doing within our own services to tackle these issues?**

**Primary health care** - Some feeling that GP practices have improved and are more responsive as a result of COVID-19. A suggestion that **video-consultations with GPs** should continue more after Lockdown. This would be much quicker and be a more effective use of time. However, **digital exclusion** is an issue here too.

**Less bureaucracy** - A feeling that the **processes needed to book community halls** and other facilities is **too bureaucratic and cumbersome**. This acts as a barrier to communities coming together. The whole process needs to be simplified and streamlined.

**Devolution of community assets** - Agreement that such facilities are better run and delivered *by* the community – rather than having the Council run it *for* the community.

Corra Foundation recognises that **access to community spaces** is a key issue locally, and that **community asset transfer** is a possible long-term option. The Foundation is keen to offer support where appropriate.

**Building Trust** - The acknowledgement that **building trust between local communities** and the Council and other service providers **takes time and effort**. The critical role of CLD workers and HSCP Community Link Workers is crucial here.

There was some discussion about **Locality Plans** and the query as to why some areas have one and others don’t.

**Q4. How should we work together & communicate with communities?**

The [**Bainsford-Langlees Facebook page**](https://www.facebook.com/groups/139885122724181/) is a valuable source of information for local groups.

There was strong support within the group for the suggestion of a ***What’s On Guide*** or a list of services available within the area. The school would be keen to contribute to this also.

**Mapping of services, resources and networks**, possibly working with CVS Falkirk to do this, was seen as an important practical opportunity moving forwards.

A plea not to exclude previously overlooked groups and communities. Coming out of Lockdown should provide the platform to involve these groups and communities that otherwise might be overlooked.

**Other**

**Local Identity** – It’s important to harness the full potential of all our communities and not overlook anyone. The notion of ‘Bainsford**-**Langlees’ or ‘Bainsford ***and*** Langlees’ or ‘Bainsford, Langlees and Newcarron’ was discussed.

**BREAKOUT ROOM TWO**

**Q1. What challenges are you facing in your communities that you are trying to address?**

* **Food poverty** was seen as an issue. Covid has impacted on this.
* **Services for elderly people** was also highlighted.
* Bainsford and Langlees – deprivation has increased. There was the view that there have been decades of **under investment in housing, transport and education** and **local employment opportunities.**
* Langlees has some of the highest levels of deprivation. There has been additional money for the Langlees Primary School. Bainsford doesn’t attract this funding and there is an **unfairness** about the distribution.
* It was felt that it is not easy to identify the support networks in the area. **Lack of knowledge** as to what people are doing.
* There has been lots of **previous regeneration initiatives and investment** in the community. There have previously been regeneration officers in Langlees and lots of consultations, but the **area is still deprived** and has not come out of deprivation or moved up the ranking.
* We should not focus on the negatives. We should look at Cormac Russell’s model **Asset Based Community Development**: What is strong in a community - not what is wrong when looking at these issues.

**Q2. How could the Community Planning Partnership help tackle these issues?**

* There should be a **local steering group** in each area.
* Also **citizens with lived experience** should sit on the Community Planning Partnership.
* We need **community action plans** and invite services to be part of that.
* Langlees was thriving with activity until cuts came in and there is now apathy.
* It would be good to get the community thriving again.
* Falkirk is a **transient community**. There is a high number of social housing in Langlees and Bainsford and is a most **diverse community**.

**Q3. What could the Partnership be doing within our own services to tackle these issues?**

* It is a **competitive environment for funding**. We need to take a strategic look at the long-term funding situation. It would be good to have 5-10 year funding. Corra Foundation are doing 5-year funding for the Henry Duncan Grant Funding for mental health and wellbeing opening up next month: <https://www.corra.scot/grants/henry-duncan-grants/>
* It’s important we don’t work in silo’s
* A **directory of services** for Langlees and Bainsford is required.

**Q4. How should we work together & communicate with communities?**

* Who is the **best named person to contact**? This was not known. It’s difficult for people to contact.
* It was felt that a central point in the **community hubs** was needed again where there is access to all the services.
* Written plans and minutes should be **simplified and not written with jargon**. They should be **accessible**
* These should be printed and **placed in the community** – in schools etc. - so people can access them.

## Session 6: Avonbridge, Standburn, Shieldhill and California, 20th April 2021, 7-9pm, Microsoft Teams

Ten people attended this meeting, including facilitators

**BREAKOUT ROOM 1:**

**Overview**

* Concern at how Falkirk Council operates; the feeling that this meeting is a tick box exercise.
* Ordinary people don’t get a decent deal.
* Cllrs don’t always do what’s best for communities – what’s seen on the ground level.

**Accountability -** The Council needs to be **better at listening and responding to issues**, complaints and challenges raised by residents and communities. (Likewise, SEPA ‘*talk the talk, but do nothing.’)* Linked to this, there’s a need for **regular progress updates**. At a bare minimum, the Council should be able to sign-post / refer people to external agencies if necessary; **this promotes partnership**.

Partners in the CPP should be better able to explain what they do if required. However, most people don’t need to know the detail of what partners in the CPP do, rather than **just want basic services** done well. It’s difficult to trust services and agencies when they can’t seem to get the simple things right.

**Poverty -** Shieldhill is seen as well off; but has **hidden poverty and disadvantages**. The feeling that Bainsford-Langlees etc are given priority over places like Shieldhill. There needs to be **fairness** in how issues like poverty / **relative poverty** are tackled.

**Community Facilities -** Community centres are closing down and this impacts pensioners well-being. Community centres could provide somewhere for teens to meet safely. Pensioner’s lunch clubs, youth clubs, film clubs, etc are at risk if these facilities close. Is there a potential role for **volunteers**?

**Community Capacity -** Don’t put too much pressure on communities to carry the burden here. People are overstretched. Community activities have their own lives - jobs, families etc. Communities need a degree of **support to run and maintain core community assets** and services. It’s unfair to rely on community groups to plug the gaps in what used to be standard / core service provision.

**Digital Connectivity / Broadband Access -** Meetings held with Digital Scotland. Falkirk villages don’t have Superfast Broadband. Falkirk Council didn’t contribute to Digital Scotland, whereas neighbouring councils have. As a result, **Falkirk villages are disadvantaged**, and this impacts detrimentally the ability of businesses to compete. It also has **implications for home schooling, home, working, etc.**

**Speeding -** Not regarded as priority. Being told by a Cllr that until there is accident or fatality then spending **will not be treated as a priority** in the village. No one is listening. Chicanes and bollards are needed. Police have attended occasionally with speed-guns, but it has **no lasting impact.**

**Public Transport -** No buses. Elderly and disabled are disadvantaged. No footpaths, so villagers can’t even walk out of the village on foot. Core path network hasn’t been maintained.

**Fly-tipping -** Requests for cameras haven’t been supported. Falkirk Council staff **haven’t been responsive.**

**Litter -** Is a major issue. A need for **education in schools** as to environmental impact. However, a feeling that education initiatives with children and young people don’t seem to have an impact.

**Communication -** Communities have been through this process before. More **regular communication** will ensure **accountability and transparency**. Communities want to hear what’s being done in their name.

**Financial Planning** - Is it possible for Falkirk Council to relocate funds across depts and services where there is a greater need, rather than undertake a rush to spend monies on anything in the run up to 31st March each year.

**BREAKOUT ROOM 2:**

**Roadside litter -** is a major issue. Key issue here is passengers in passing cars discarding litter. Issue of litter being reported to the Council and nothing happening. Falkirk Council claim to clean it up once every 6 weeks, but this isn’t the case. Money spent on litter picking could be better spent on things like bus services. More **transparency** is required on how council spends its money on litter and fly-tipping. The online reporting system (pin on map) isn’t helpful. Email now says that FC will ‘look into it’. This seems to be stepping away from taking responsibility for the issue.

**Fly tipping** is also bad in the area. Commercial waste and domestic refuse too. **Recycling centres** should be open 7 days. The fact they aren’t makes it easier for people to fly-tip. £30 charge / permit for commercial waste people is an incentive for people to fly tip

The roads in Falkirk High Street are cleaned more often than the roads leading into the villages.

**Sense of Belonging and Pride in Place** can be an asset. What can we do to strengthen this?

More **funding** to clear up litter so that Falkirk is a place to be proud of – and somewhere that can attract more tourism. Litter impacts the **tourism potential** of Falkirk (Kelpies, Falkirk Wheel etc.) – all this good work is undermined if there is no action on the simple things like litter. Green spaces aren’t being used because they are such a mess.

However – a recognition that **lack of money** is a key issue in trying to improve things. An acknowledgement that Falkirk Council doesn’t have the resources to tackle litter comprehensively, and that communities will have to take some action themselves.

In Avonbridge, the Council loaned c. 20 litter pickers – and this was advertised to local community who came out to clean up. Discussion as to **whether it is suitable** for the community (volunteer litter pickers) being used to clean up the problem. Concern that a solution to tackle litter is community-driven litter picks. This is not fair when people pay large amounts in Council Tax. Acknowledgement that this isn’t something that be fixed once and that’s it – it’s an ongoing issue.

**Dog fouling** - is also an issue. Leaflet drop to the village, didn’t have much impact.

**Public / Community Transport**

The poorest people are most affected by the **lack of affordable public transport**. E.g., to get to the foodbank in Tamfourhill, a person in Avonbridge has to get two buses. (c.£9 adult run bus fare). The foodbank in Maddiston does deliveries, but this isn’t well known or well-advertised.

Young people want/ need independent travel. The current level of public transport to Falkirk isn’t great e.g., it’s a 4-hr round bus trip to Forth Valley College in Stirling.

Consequently, young people in the area are only offered a subset of the full FE education and training opportunities that young people in other areas are.

The issue of independence through travel is also important for elderly (hospitals, leisure facilities, etc.) Senior citizens have to take a bus to California to get to the nearest Post Office.

Is there scope for a bookable community transport initiative? – something that’s more economical and user-friendly?

**Community Action Plans / Place Plans**

Issues raised in Shieldhill and California CAPs should be actioned and reflected within the Falkirk Plan - as they will be used as the local Place Plans.

Is it possible to have a single site where we hold all community actions plans? Council confirmed that the CPP will be moving ahead with its own **Community Planning website**, and that every community will have its own space on that.

**Other**

Request for consideration for Falkirk Council land to be set-aside for small start-up businesses in the village (hairdressers, take-away, etc.)

## Session 7: Denny, 22nd April 2021, 7-9pm, Microsoft Teams

Twenty-one people attended the meeting, including facilitators.

**Q1. What challenges are you facing in your communities that you are trying to address?**

**Poverty** – should be a high priority within the Falkirk Plan. As we come out of COVID-19 this is likely to become a bigger issue. The **continuation of funding** for various support schemes isn’t guaranteed. If projects aren’t supported issues like stress, anxiety depression will only get worse.

**Social isolation** – across the board; not just the elderly. Can also be people with young children. This was an issue pre COVID-19, but the pandemic has only made things worse.

People must be supported to come together in the right way – in a way that individuals are comfortable with. A mixture of in person, in groups, online, etc.

There’s lots of great stuff happening in Denny, but we need to support people to take that first step to **feel supported and included**. Especially for people shielding during COVID-19; they will have been suffering and this will be difficult to overcome.

Social isolation is also a problem for **migrant / ethnic minority communities**. There are real challenges for these groups (e.g., around language and cultural barriers) to become included.

Health and Social Care Partnership (HSCP) workers only hear about social isolation and loneliness if they are referred to them by GPs.

**HSCP Community Links Workers -** try to link people into services and groups in the community. But the role has developed recently to being almost like a Counsellor - simply being there for vulnerable people and listening.

**Early intervention preventative approaches** can help prevent social isolation occurring in the first place. Communications about what’s available locally can help. We need to build on this and ensure that people can access support services.

Lack of awareness of the role of Community Link Workers. There’s a need to raise awareness within the community as to what support services and facilities are out there.

People have effectively been locked away for a year. Acknowledgment that things will improve once Lockdown restrictions ease; but there’s still a lot of anxiety out there; there will likely need to be a focused support on helping the **most vulnerable individuals** develop their confidence.

This support doesn’t need to be **clinical (Drs and nurses**) but will include the community coming together.

HSCP Community Link Workers are keen to identify individuals who are struggling. Staff are also able to advise on how meetings and groups should re-openly safely.

Pre COVID-19 there was a lot of activities aimed at, but not so much for teens into young adults. Also, not enough facilities and groups **for men**.

Jessie-Anne offered to share her **flyers/ information sheets on support services** (freephone lines) for people experiencing loneliness and social isolation. NB **Digital exclusion** - The hardcopy is important as not everyone has access to the internet.

**Mental and physical wellbeing** need to be at the heart of the Falkirk Plan. Important to realise that isolation and loneliness ties in closely with depression and suicide.

**Housing** – More good quality social housing was needed in the Falkirk area. All Falkirk Council new builds will have solar panels installed and will be built to highest standard of minimum carbon emissions.

**Fuel poverty** is an issue that requires to be actioned.

**Q2. How could the Community Planning Partnership help tackle these issues? And Q3. What could the Partnership be doing within our own services to tackle these issues?**

Community groups which started up and were active during COVID-19 need to be supported to shift to move from emergency response services to **become part of the norm** of the community moving forward post COVID-19.

The group acknowledged that there is a **strong sense of community spirit** within the area. Denny Community Support Group (DCSG) is trying to raise awareness within the community of the services and resources that are currently available. The framework is there, but there will be a challenge in building this back into the community post COVID-19. Acknowledgement that there’s a need to see **more visible presence in communities** by the various agencies in the Partnership.

**Strategic Property Review (SPR)** - there was acknowledgement that the community needs to have a full role in reviewing the viability of council buildings and facilities.

Previously there were **regular meetings of multi-agency groups** in the community education centre at Denny primary school. Events were run with children, **inter-generational events** (‘Knit & Natter’) – but this seems to have disappeared. Is there a possibility to run/ restart initiatives like this?

There’s lots of stuff out there already, but it’s not well communicated. People aren’t aware. This can be summarised as more joined up working moving forwards.

**Q4. How should we work together & communicate with communities?**

**Hardcopy** - *The Falkirk Advertiser* and *Tenant Talk* (the newsletter for Council tenants) – can be valuable sources for local community information, with support network information etc. Online has its place, but please don’t overlook the value of **traditional newsletters** etc. Can *Tenant Talk* be adapted to include community information? However, the *Advertiser* wasn’t delivered in Banknock for example, so circulation / distribution needs to be equable. A suggestion that free newspapers could be distributed by volunteers.

A strong agreement that **community generated information** – *from and for* the community - would have real value. However, reality check: pulling together a community newsletter is a lot of responsibility and can be expensive.

**Blended communications** - We need to find out HOW people want to be communicated with. There should be a blended model of **communications:** blog, website, email newsletter, hardcopy newsletter, physical noticeboard in community high streets and community centres, (e.g., in supermarkets) etc. Noticeboards have to be managed so they don’t become advertising boards for local businesses.

**Social Media** - most effective form of communication with residents is through Facebook

Agreement that church-based groups can be overlooked as key communications networks.

A need for **community-specific comms**, as something that’s Falkirk-wide won’t have any resonance or relevance in Denny.

Can local businesses be used to generate advertising income for locally produced newsletters?

**Heritage** - Acknowledgement that Denny has a lot of history and heritage that isn’t adequately promoted, and that this should be promoted to boost local pride, and community cohesion.

The Council needs to refine its **complaints process**. Councillors shouldn’t always be the first port of a call for operational issues like littering etc.

Session 8: Maddiston, Whitecross and Rumford 22nd April 2021, 7-9pm, Microsoft Teams

Only one person attended, so the session was not recorded but the individuals views were noted for consideration during outcomes development.

**Session 9: Banknock, Cancelled**

**Session 10: Slamannan and Limerigg, Cancelled**

Session 11: Grangemouth and Skinflats, 29th April 2021, 7-9pm, Microsoft Teams Nineteenpeople attended the meeting

**BREAKOUT ROOM 1**

**Q1. What challenges are you facing in your communities that you are trying to address?**

**Community transport for the elderly** – getting older people from their homes to events in the town. This hasn’t been operating for over a year. Reminding people that the services are starting to get back up and running. c. 80 service-users in normal circumstances; but now down to 35 or so, but the feeling is there is an under-reported number / level of need.

**Poverty** - Need to be mindful of people who are facing economic hardship. A strong need for re/training opportunities. Poverty has seen a huge increase in levels of use of foodbanks, etc. **Underlying high level of low incomes** have been exacerbated by COVID-19

There’s a need for greater promotion of what support is available. **People don’t know where to go.** The Employment Training Unit (ETU) was in the municipal buildings, but no one knew it was there.

**Families** - especially those with young children.

More opportunities for **young adults, school-leavers**. Lack of **diversionary activities** has led to a rise in **anti-social behaviour**. Plans for teenagers (youth project) fell into abeyance when COVID-19 hit; and staff have moved on too.

**GM community council** can take on a **referral/ sign-posting role** to promote these opportunities.

**Isolation** – especially for older people. Lack of community provision for retired people who are still very active and capable and want to contribute. This ties closely to **mental health and wellbeing**. But social isolation is also experienced by **young parents** (especially single parent families) – it’s not just elderly people.

**Communication of information.** The suggestion of a **local information hub** – essential for volunteering, work experience. So, a local shop front; for local people to get information about the next steps for employment and training etc. This could form a significant element of the regeneration/ re-purposing of the town centre.

**Local community centres** are reopening for youth focused support meetings. Kersiebank Community Project is reopening next week for afternoon teas. Royal British Legion is also opening soon; these facilities are critical for supporting older people.

**Q2. How could the Community Planning Partnership help tackle these issues?**

An acknowledgement that Level 3 restrictions make it difficult to plan ahead; we need to get to **Level 2** before we can plan ahead with any certainty.

A **community information hub** – community centres and other community assets could be feeding into a community *information* hub. So, a universal information hub, where people could be sign-posted, and people could also volunteer. However, discussions are required around who would manage this? who would staff it? what resources are required? A business plan of sorts would be required.

**Tech-driven investment / future industries** - Most of the population of GM would feel unable to take up the opportunities when they become available. The working population need to be **supported to take up these new job opportunities**, rather than having to bring in external workers and expertise. **Local jobs should be made available to local people**.

**Don’t centralise services** – The notion that we should *bring services to the people* – rather than the other way round.

More **childcare provision** is required in Grangemouth, as is specialist facilities for people with additional learning support needs.

**Adults with learning disabilities** – (Neighbourhood Networks, Dates with Mates, etc.) Very easy to overlook these groups. Healthy numbers attended a range of different clubs and activities pre COVID-19. But reaching out to these groups is challenging. Some work has been done with Digital Scotland to get these groups connected, but this wasn’t taken up by many service-users. CLD also target support at this group, but the reach / delivery hasn’t been great.

Acknowledgement that the most vulnerable such as adults with additional support needs should be a priority group in engagement initiatives of this type – but equally that reaching out to these groups takes focused resource and activity. A commitment that even though key staff have retired that these groups won’t be left behind.

**Q3. What could the Partnership be doing within our own services to tackle these issues?**

**Anti-social behaviour** – Police Scotland are looking to work in partnership with the community to resolve this issue. What’s the status of **community wardens**? Agreement that these can potentially be an important part of tackling anti-social behaviour/ criminal behaviour. The levels of anti-social behaviour (fire-raising in Zetland Park and Inchyra Park, for example) have risen since the **community wardens** have ceased to operate. Can park wardens be funded through Community Choices, for example?

Could the various park groups (e.g., Friends of…) be brought together to develop a **conjoined** **response to this problem**? This would be an opportunity for the various park groups to learn from each other. The suggestion of ‘Park Pastors’ in hi-vis vests to patrol the parks on a voluntary basis – to advise the young people on what other facilities etc are available. Safe Base and Street Pastors could **possibly provide training** for the Park Pastors. These could also be young people too.

**Q4. How should we work together & communicate with communities?**

The suggestion of a standalone Community Action Plan (CAP) website or social media site.

Pop up/ online information support facility in the (proposed) community hub, so users can be directed to the appropriate support/ advice off-site.

**BREAKOUT ROOM 2**

**Q1. What challenges are you facing in your communities that you are trying to address?**

**Social Isolation** - Talbot House has been closed for over a year. As a result, the issue of social isolation has been very damaging for the elderly people who would normally use the services there. The impact of the closure of facilities like Talbot House is far reaching (Probus club, choral society lunch club, town break dementia café, Falkirk carers, etc.) The offer of **digital support** was made but it wasn’t well-received through lack of confidence/ capacity on the part of the service users. Not convinced there would be a huge uptake.

Talbot House and similar services need to open up as soon as they can; and they **need support** to do that as safely as possible. These considerations will extend to the transport arrangements too (e.g. community dial-a-bus services).

Could the Council consider a **subsidised taxi scheme** for older people to overcome these issues? **A partnership solution** – i.e., NHS, Falkirk Council, HSCP, etc. need to come together to find a solution.

‘**Generation’ of Inchyra Park** – since Lockdown this has diversified e.g., three trails to be launched (run, walk, cycle) – one-way movement of people to ensure safe social distancing in the event of recurrence of COVID-19. ‘Happy to Chat’ area has been adapted considering local suicides. Installation of appropriate mood lighting to reduce levels of anxiety to prevent suicide.

**Outdoor activities** need to be stressed more (e.g. Poppies in the Park – planting wild flowers initiative) was seen as an example of what can be done in response to COVID-19 and lockdown.

**Anti-social / criminal behaviour** has increased in the period of lockdown. Has this been as a result of cuts to the Community Safety Team? Issues of young teens found drunk and unconscious in Inchyra Park. Requires a **joined-up effort**. Police can’t be expected to do this themselves. **Lack of a police presence** and no **community wardens** are obviously a contributory factor.

**Community-building initiatives** are important - e.g., a ladies dog-walking initiative aims to reduce the incidence of anti-social behaviour by young people.

**Lack of consultation** – There are too many initiatives being foisted onto the Grangemouth community. The community isn’t consulted on what happens in the town. Too many vulnerable people being off-loaded onto GM (e.g. people with drugs issues), with no protection. These people should be spread across the Council area.

COVID-19 has put **poverty** under the microscope; this is closely linked to **drug and alcohol use**.

**Digital exclusion** means people are effectively disenfranchised. Even simple things like automated answering services are inappropriate for elderly people.

**Language barriers** - COVID-19 response for people whose first language isn’t English is a problem.

**Q2. How could the Community Planning Partnership help tackle these issues?**

Acknowledgement that **budget limitations** have an impact of what can be achieved (e.g. community wardens). **Financial decision-making** - Is there scope for communities to have more say on how the Council and other service providers spend their budget? **More financial transparency required** – i.e., of detailing how much of the community is benefiting from areas of particular budget spend.

The suggestion of a **community contacts database** for GM – run by and for the community – not held by one group / agency.

**Litter and fly-tipping** - The charges applied by the Council to use the municipal dump are too high and only encourage fly-tipping. The G-Litter Team do a great job in the town; however, an acknowledgement that the Group is becoming overwhelmed (‘*like painting the Forth Bridge’*). Littering and seagulls are a pest. **Bins** in the town need to be **emptied more regularly**.

The draft CAP proposes a ‘**park to work’ charge** – the funds raised by this would go towards community development. However, this was rejected by the Council.

**Transient communities/ short tenancies** (8 weeks or so) don’t lend themselves to communities where people care about the area they live in; they don’t take responsibility as they know they will be moved on in a short time.

**Q3. What could the Partnership be doing within our own services to tackle these issues?**

**Vandalism/ anti-social behaviour** - The police are effectively invisible. A more **high-profile police presence** in the town and in the parks would result in a reduction in anti-social behaviour. But a feeling that the police have been left to do the job of **community wardens**. Community wardens are as important as any other frontline service. When the police do arrive at incidents, the problem is only being moved from one area to another. There needs to be a **solution that involves the community.**

More education required in school as to **impact of anti-social behaviour/ vandalism**. Children see the impact of vandalism first-hand in local schools.

**Q4. How should we work together & communicate with communities?**

**CLD staff** are a good source of information and advice; also, CVS is “*invaluable*” and *“extremely helpful*”.

However, need to be wary that some **older people aren’t on social media** and because of this, they don’t know who to contact and are effectively excluded from contributing to the decision- making process.

**NHS** – direction on not to go to A&E at Forth Valley Royal Infirmary. Rather, the advice is to attend the nearest minor ailments clinic in Stirling.

Council parks people are “*absolutely brilliant*”. But other parts of the Council aren’t so great. Not every department seems to be aspiring to the **Council of the Future** ideology. It took 2-3 months to get a response from the people involved in the **flood defence scheme**.

Suggestion for a **single contact number** within the Council to sign-post people to the appropriate member of staff in the Council.

Session 12: Bonnybridge, 29th April 2021, 7-9pm, Microsoft Teams

Thirteen people attended this meeting, including facilitators.

**Q1. What challenges are you facing in your communities that you are trying to address?**

Concern that a 10 year plan is a long time, and won’t reflect changes in circumstances within that time frame; however, the Plan will be reviewed every three years.

**Poverty** - Bonnybridge is prosperous ‘on the face of it’, but there is **hidden poverty** – hence the need for Roots foodbank, for example. It’s not just people on benefits, or who experience substance use issues or the unemployed; there’s significant in-work poverty that goes under-reported. Concern that places like Denny get attention when areas like Bonnybridge don’t. Lots of new-build estates in Bonnybridge help to hide the true levels of poverty. This ‘averaging affect’ papers over the cracks and hides the true issues.

Concern that there’s a need for an anti-poverty plan in the first place. There’s a **stigma** attached to poverty and some people are reluctant to seek help.

**Anti-social behaviour** – lots of anti-social behaviour, especially in parks. Younger children miss out when parks-based facilities are vandalised or destroyed. We need more **facilities and diversionary activities for youngsters.** A professionally run **youth club** would be beneficial.

**Furniture donations –** recycling is also an important service for some poorer families and those who present as homeless.

Recognition that there is a **strong community spirit and goodness** within the community; people are willing to help. Can this be channelled to provide more volunteering opportunities for young people?

**Community centres** are an important asset / gathering place for local communities to come together to support the most vulnerable.

**Older people** - The **mental health and wellbeing of the elderly** has been hugely impacted by COVID-19 and Lockdown. Loneliness and social isolation will be a huge issue coming of Lockdown.

The feeling that there has been no money spent in Bonnybridge town centre other than Greggs and Tesco Express (i.e., private enterprise – not the Council.)

**Joined-up Service delivery** - There’s too much disconnection between the service providers. The Community Planning Partnership should be coming together to provide a ‘level playing field’ for local community groups to participate in local decision-making.

**Devolution of capital funds** within local communities. There should be **equitable access to funds** directed at community development; so that everywhere gets a fair amount, and no areas are left under-served.

**Community cohesion** - There’s a lack of pro-active planning for, and within local communities. Housing developments seem to be thrown up with nothing put in place to create a cohesive community. If this was done, it could reduce the stigma attached to new estates.

**Community centre** in Bonnybridge doesn’t have funds to install specialist toilet/changing facilities for people with disabilities – so people with disabilities are essentially ‘in poverty’.

**Community choices** - is very rushed, and very poorly explained. There needs to be better communication within wards/communities as to what bids are being made. The initiative seems to be poorly thought out. Groups should be aware of each other’s bid in case they overlap each other.

A lack of **support for groups**. The Council takes over the community centre quite a lot. We need people to run community groups, there’s a lack of facilities in the community centre. There’s nothing to keep kids busy.

The community hall needs to be booked/ hired. It’s not appropriate to charge community groups for doing this.

**Q2. How could the Community Planning Partnership help tackle these issues?**

**The elderly** – This should be a given anyway. But especially due to COVID-19. A collaborative approach to encourage OAPS to get them safely to and from community centres. The Christmas event each year is a huge event for senior citizens; and this needs to be supported.

Health and Social Care Partnership (HSCP) community workers have elderly as a priority target group to support.

**Digital exclusion** –Can we place appropriate leaflets in food parcels for example, advertising helplines etc available to support people who are experiencing loneliness and social isolation?

**Q3. What could the Partnership be doing within our own services to tackle these issues?**

**Consultation Fatigue** – but nothing ever changes. This is frustrating. People are fed-up. The Council/ Partnership **need to act** as they’ve been told the same things for years. Communities give their thoughts. But there’s no feedback and no action. **The process needs to get better**. There needs to be a **visible presence of service-providers within the community**. The CPP has a history of not talking to one another; this needs to change to effect positive change.

Biggest complaint elected members get is lack of communication from the Council.

An ‘inconsistent consistency’ from Falkirk Council. Examples of initiatives and strategies being launched and not followed through on. Concern that this evening’s meeting might be another example of this.

**Community Planning Board** – strong agreement that the people who should be talking to one another are the grass-roots operational staff, as they are the ones who know what’s happening ‘on the ground’. This would give a more realistic and more honest picture of what’s happening – even if it’s not what managers want to hear.

**Stimulating the local economy** – each local area should have a one-stop-shop hub – online? - to bring together the key relevant information for the area. A ‘*virtual high street’*. This would be advantageous for local businesses; communities who know more about the local area will spend local. This would assist to strengthen local community cohesion, as well as the economic sustainability of the town. Information on initiatives like Community Choices should only be 1 or 2 clicks away.

Queries over what happened to the previous model of *‘****one stop shop’* community hubs** (pre COVID-19) – hubs in the West, Central, East localities – not in council buildings, but in e.g., church halls, staffed by Health and Social Care Partnership (HSCP) staff. This has stalled due to COVID-19 and lockdown restrictions.

**Streamlined process** - Far too many initiatives running at the same time. Too much overlap, can’t see the wood for the trees. Strong agreement that **information and services need to be streamlined**. People don’t want or need to know about the strategies or even about the Partnership. They just want to know, with the minimum of fuss, who they need to speak and where they need to go for the services they want.

This is particular the case with funding applications – ‘*it’s a minefield’*. Too many hoops to be jumped through. It needs to be seamless, centralised point.

The proposal for a **centralised information manager** – who can oversee the information channels and promotion of services etc.

**Q4. How should we work together & communicate with communities?**

**Better communication** - One attendee only found out by accident that these meetings are taking place. How is this information cascaded to local communities? The way these meetings are communicated to local communities is very weak.

**A listening Partnership** – The Partnership needs to look to the experience of the front-line workers. Strong agreement that front line workers need to tell managers what’s needed on the ground. The Partnership needs to **listen and respond accordingly**.

There needs to be **better communication** between the service providers and agencies in the Partnership. They should be sharing information about what each can do and how they can support each other better.

Need to strip out the **bureaucracy**. Use the systems and structure that are already in place. There’s a need to invest more in **community councils** – instead of creating new jobs, with new strategies, etc.

**Digital exclusion** - Leaflets are critical – almost 6m adults in the UK have never opened a computer and have never used the internet (majority are over 70yrs).

**Accessibility of comms** – some people can’t read or write, and they are easily overlooked.

**Mental Health Support and Loneliness and Isolation**

# Engagement with Communities of Shared Characteristics

At the beginning of the policy development process, the Community Planning Partnership undertook a data-research project to find out what the main issues were in Falkirk according to data and evidence. It found that the issues of main concern in Falkirk were: Poverty; the Economy; Employability; Suicide; Drug-related deaths; Domestic Abuse.

In addition to engaging communities based on geography, the Partnership undertook some thematic engagement in order to hear from people either directly affected by these issues, work with those affected, or were from specific protected characteristics. We identified that some partnership groups within the CPP had recently undertaken engagement with groups already, so this was not duplicated. The following sessions were set up:

## Poverty Session – Tuesday 18th May, 2021

Those involved included representatives from: Fairer Falkirk team, Falkirk Community Trust, Citizen’s Advice Scotland, Falkirk Foodbank, Royal Voluntary service, One Parent Family Scotland, Link Housing, and Community planning

**What are the main challenges being faced by people on a low income? – issues that your organisation is supporting people to address**

* The main challenge in the RVS is access to medicines. If people can’t afford transport, medication is not picked up and health deteriorates. People on lower incomes have lack of transportation and have to pay for a taxi. Knock on effect of extra costs of transport. Not a lot of chemists deliver. Across the board in Falkirk, no specific areas.
* Maddiston in Upper Braes area, transport is a massive issue. Cost of £9 going to Tesco by bus. Challenge for parents with children and carrying shopping.
* People who can’t do bus have a cost of shopping local by taxi.
* Two main themes: Affordability of transport
* Availability of transport
* People find it difficult to know where to contact for help. Supporting People Line is great, but Council number they have to hang on for ages for help. There is a question about whether the support for people line stays permanently.
* There should be face-to-face contact with families who need help. There should be a full assessment of family needs.
* A rapid response team to support families to look at root cause and solutions.
* A joined up coherent approach from the services is needed.
* Families move house quite regularly but can’t afford to move. Something needs to be done to help families with incurring extra costs for moving.
* Information needed of how different agencies should refer that is team based, distributed amongst workers.
* The beauty of Support for People team was one contact centre. Something based on this model could be used going forward.
* Difficult to work out who to channel people too. Often people turn up at closing time. A central support for people where they get an answer is important. People are put off by social work banner – stigma associated with that. People speak highly of Support for People model which is a person-centred approach. Need to get out of 9-5 operating hours. Services designed to meet the needs of the community and not 9-5 officers.
* Cost of the school day is still a big issue for families.
* Community hub is important to access advice and help.
* Digital exclusion is an issue that needs addressing.
* Co-location is needed. You could have lots of services in one building. Community Hub needed.
* Pilot of Nearer Me – also reach out to those who can digitally connect. On a rotation basis might also be useful.
* Non-EU residents, not entitled to benefits and risk of death higher. There should be a fund available to help people in the Council. Talking about 3 families a year. Council not legally allowed to fund people. Is there a Community solution to support these that it isn’t just the Council?
* Grandparents looking after Grandchildren and there is a financial struggle with this.
* People really struggling are the younger people who are working with cut hours or furloughed, struggling with rent arrears. Debt has been built up this last year.

**How can the agencies and service providers within the Community Planning Partnership help you with that? – i.e., What could the Partnership be doing within its own services and strategies to assist?**

* Identifying a pathway for someone who needs help which pathway they should go to receive help. A guide for someone and a pathway they would follow including all the possible agencies that could be involved.
* There is an existing example done through Falkirk council, talking about debt and benefit and housing issues. Worrying about Money leaflet. Could have a series of these leaflets that could have a flow chart of how to help people. Don’t want just a leaflet, still need support for people to help them through when they are engaging with an agency. People need help to get through the barriers of accessing help.
* Social Work number to get through takes a long time. Needs more manpower for these lines. Social Workers calling from mobile numbers and not sure about the number and needing to check this.
* Social services can often be the only contact but there might be more issues to attend too.
* A rapid response team is needed to help get the ball rolling to show there is care for those in the community. Designing and reviewing services is needed that is people centred, like the support for people line. We can take this to the next level.
* Something that makes a difference to people is needed – they need to know things will change for them.
* Making a difference to the person and the volunteer who wants to make a difference. There is both sides. (social capital to generate more volunteering).

**How can the agencies and services within the Partnership work together and communicate more effectively with our communities?**

* Framed within the issue of Poverty lens.
* A pathway is needed. Agencies will work with others if they know how to refer.
* In the Pandemic, barriers have been knocked down.
* A streamlined point of contact in the community is needed
* Partnership spending time and effort on that, that worked well before the pandemic. Needs moving to frontline staff, but plans were in place.
* Want to add the learning from the pandemic into our developments.
* Multi-agency group from years ago worked really well and would like to bring this back.
* Community Hub – significant piece of work behind the scenes to ensure all the information is up to date. Keep it realistic and achievable rather than aspirational.
* Telephone line was a signpost and agencies did the work. Pro-activeness of that signpost needed. Person-centred and thorough looking at all needs. Support for people was one option across agencies to meet needs. Keep simple.
* Digital inclusion needed – additional costs that you experience when on a low income. This has become much more extreme in terms of the exclusion. Have met some needs, but a small group that are left that are hard to reach. Some are senior citizens. Multiple issues present. Smaller scale and more severe.
* Recognise the needs for continuing other channels not just digital.

## Families affected by substance use – Thursday 20th May 7-9pm

**Q.1 What challenges keep presenting themselves to you, your family members and loved ones?**

Current frustrations include:

* Communication with services is frustrating, e.g. no response to emails sent and having to hold on the phone for half an hour.
* Communication between services is poor, e.g., no follow-ups, unclear and inconsistent information/advice.
* It’s not always clear where to go for the best support.
* People are coming out of Detox with no support.
* Staff can over-promise, which sets families up for disappointment.
* People are not fully supported during Detox, with activities being oversubscribed. This can affect mental health and wellbeing.
* Criteria for access to services is unrealistic, e.g., the number of weeks sobriety required.
* There is no joined-up working between services.
* Inappropriate/inadequate response from Police & NHS, with families feeling that they are going round in circles.
* Blame: blaming the person with an addiction doesn’t help.
* There is a lack of planning and communication.
* If there are plans, they are not consistent or integrated, with services working in silos and plans not being shared properly.
* Processes are unclear and not communicated.
* There is a need for seamless joined-up integrated services. We need to work better as one unit.
* Poor Discharge Planning: referrals are not being made to Mental Health Services and actions are not followed up.
* ICT across services is inconsistent, e.g. different forms and systems.

**Q,2 How could the services in the Partnership (NHS, Police, Falkirk Council, etc.) help tackle these issues?**

* There is a need for a Named Person(s) to be able to liaise with GPs and services, so that families are not left in the dark.
* There is a need for literature aimed specifically at family member. This would be practical information, not private/personal information.
* There is a need for transparency.
* Families need a lot more involvement and support, including support for children who are affected by these issues.
* Joined-up services with better information provision/sharing and communication and linkages.
* All support and information should be formed at the initial contact, including named parson(s).
* Holistic Support: addicts need help with social and practical skills.
* People should be helped at point of access. “There’s no wrong door.”
* Advocacy is essential, and there should be more than one advocate because the service users are vulnerable, anxious/nervous and unable to retain the necessary information.
* There should be automatic and obligatory presence of advocates at all meetings.
* Information/education for people involved in services. Many are not knowledgeable enough, including medical staff.
* Services/staff need to concentrate on recovery-focused information.
* Recovery-oriented systems: simplified, seamless ICT systems and processes required across all services to enable data sharing, and to prevent information being lost or out-of-date. (“There’s no wrong door.”)

**Q.3 How can the services in the Partnership communicate more effectively with families? (What good things are already happening out there that you want to see more of?)**

* Other local authorities seem to have better joined-up services, processes, and communication.
* A clear, easily accessible plan is required for the individual and their family:
	+ If a family is in crisis, what support is there for the family?
	+ Who should be the “gate-keeper” of the plan? – It has to be either Police Scotland or the NHS because it requires 24/7 access.
	+ Could this be included in the NHS / HSCP Anticipatory Care Plan?
* Covid should not be an excuse for not providing support the service users and their families, as PPE is available and can be used.
* GDPR should not be used as an excuse either. The welfare of the person should be the primary concern, above all bureaucracy and protocols.
* Support for children and young people who are affected by these issues is available via the Young Carers Project and is accessible via schools/clusters or directly from Carers Centre.
* Rehab – Day clinic support is required for the service users coming out of Rehab. It is important that they get support to help them establish a new routine. They need encouragement, routine, structure, and activities as part of their treatment order.
* Support cannot be one-size-fits-all.
* Services need to all work together in a joined-up way and there needs to be more awareness-raising for staff.
* The Third Sector needs to communicate with each other better and share information.

## Session for People Affected by Disability – Monday 24th May, 2021

19 People attended this session

|  |
| --- |
| **Question 1- What are the main challenges facing people affected by disability?** |

**Understanding the Issues** - People often don’t understand what is meant by ‘disability’ or ‘learning disability.’ There’s too much **judgement and stigma**. We need to see people with disabilities **as an asset** who can contribute to society - as opposed to being a burden.

The concern that ‘disability’ is **too big a label**, and that individual issues, pressures and challenges can get lost. What affects one individual/ family won’t necessarily affect other people. The plea to consider **the large variation of disabilities.** Also**,** the issue of disabilities should be **running through service design and delivery from the outset.**

**Core support services often aren’t joined up**; people with additional support needs (ASNs) often fall between two stools.

**Treating people like adults. Involving them in decisions about their life.** People want to be independent and treated as adults – e.g., Mate and Date run bowling nights, gin tasting, etc. where service users are treated as adults. This sort of activity should be more commonplace. It should always be the case that **people are supported as adults**. They should have the right to choose what they do. This is an important element of people with ASNs moving forward into employment.

One of the biggest challenges is **employment opportunities** for people with learning disabilities.

There are no **positive destinations** offered to adults with learning difficulties.

Young adults thrive when supported. We need to think ‘outside the box’, think creatively so people with ASNs can be supported to lead a normal life.

**Access to suitable toilet facilities** – The basic human right to appropriate toilet facilities. FDAP have been campaigning for ‘changing places’ toilets in Falkirk. There are currently 5-6, but that’s not enough. Too many public toilets are closing. This leads to people with disabilities being excluded.

People with **hidden disabilities** – people who move from different types and levels of support are required to re-tell their story time and again. This is demeaning and frustrating. Issues of data confidentiality means sensitive information can’t be shared.

**Employment** – the question was asked whether there are policies in place re proportions of staff who are recruited who have a disability. The 2010 Equalities Act precludes **‘affirmative action’ or quotas**.

**Advocacy** - The issue of **advocacy support** was raised – focused on helping disabled people and their families to ensure that their rights are protected. There often isn’t the support available to secure these rights.

**Resource vs Need** - **Lack of services** for services for people with disabilities. There aren’t enough activities focused on supporting people with disabilities to do things independently. The number of people with ASNs has risen considerably; but the **level of provision of support has fallen**.

**Transport** - Taxis – there aren’t enough **taxis with wheelchair space**. This is especially a problem during rush hour / school-run. Could this be remedied as part of the **licensing process for local taxi** **firms**? Edinburgh City does this; could Falkirk follow suit? Lip service is paid by Falkirk Council and other service providers. The issue of **taxis and wheelchair accessible buses** have been raised in the past, but no action has followed. It’s important that **services are invested in** to support families and individuals affected by disability.

**Bus-passes.** Not everyone with a disability has a bus pass. The system seems to be unfair and weighted against the individual. There should be a **uniform level of entitlement** to allow people with disabilities to get to the hospital, their GP, etc. Too many **bus services are withdrawn after 6pm** at night. This means that young adults can’t participate in after-hours social activities.

**Transition to Adult Services** – the move from child-to-adult services. As soon as a young person reaches 16, **the level of support falls away**; there needs to be **adequate of transition support** for young people moving into adult services. Support is driven by age and the needs of the system, rather than the needs of the person – i.e. there’s no **holistic person-centred support**. People with children with ASNs are fearful of the move to adult services. There seems to be a **postcode lottery** around how well supported families are.

**Employability / Positive Destinations** - Employment and training opportunities for people with disabilities isn’t anywhere near enough. There’s a lack of services for young adults with ASNs. Not enough places on the ***Life Start* course**. More forward-planning is required to ensure the level of support required is provided. The number of people who need this service can be projected ahead up to five years. **Forth Valley College and other providers need to plan ahead** better to accommodate this level of demand in future. Particularly important for young adults with complex support needs.

The role of **Employment and Training Unit** (ETU) needs to be reviewed. Is the ETU directly supporting the people and families who need it most?

Falkirk Council and other service providers don’t do enough to enhance the **employability prospects** for people with disabilities. “*Everyone*” should mean “***everyone***” – including people with disabilities. The feeling that a **statutory commitment or target** for young people with disabilities might be needed to ensure equable levels of opportunity to work or work-based training.

**Benefits – Universal Credit** – there’s too much delay between assessments. People with disabilities who can’t work should be **prioritised** ahead of able-bodied people.

**Accessible Venues** - (theatre, cinema, etc.) often don’t have **sufficient wheelchair spaces**. Venues do the minimum they can get away with. Disability is an afterthought.

**Active Schools** (within Falkirk Community Trust) provide specialist activities - and keen to hear from parents and families (adult support volunteers) what else can be developed (for school age children).

**Legal Duty** - The duty of NHS Forth Valley and other service providers to provide for people with special needs is **treated as an afterthought**. If these considerations were built into the design and delivery of services from the outset, then most disabilities wouldn’t be regarded as disabilities!

**Wheelchair accessibility** – there’s been a huge growth in Falkirk’s **tourism** offer in recent years (Helix, Kelpies, canal paths etc.), but no apparent thought given to **disability access** issues (appropriate toilets etc.) Linked to this, there’s been no consideration of the potential of disabled people to **contribute to the economy**.

**Stigma in Education** - Concern expressed that young people from **Carrongrange special school** are not included in Falkirk statististical returns for **academic achievement. This reinforces stigma**. Carrongrange pupils feel excluded from the main body of pupils locally. There’s no recognition for their hard work. Falkirk Council needs to be held to account more robustly on this.

**Funding** - The recognition that availability of sufficient funding will underpin much of what we are trying to do.

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| **Question 2 - What should the NHS, GPs, Falkirk Council and other service providers be doing to improve things?** |

**Inclusion as a word – but no action** - Falkirk Council have a habit of placing everything under the banner of ‘Inclusion’ – but in reality, it’s the opposite. The Thistle Wing at one local school – e.g. a fence in the school playground separating ASN children from the wider school population only **reinforces the separateness of children with learning disabilities.**

The recognition that, yes, some people do need *additional support*, but that doesn’t have to mean that they are **located separately**.

**Partnership Working** - More service providers should attend the **support group meetings and networks** that take place. Being able to meet key people face-to-face, take part in a Q&A – information-sharing between networks and groups so Falkirk Council and other service providers know what the needs are.

**All talk no action** - The concern that there’s too much consultation, and that no action results. This can be **exhausting for families and support groups**. The feeling that there’s a **hidden population** that are only consulted as part of **a tick-box exercise**.

Falkirk CPP should be identifying best practice elsewhere and aiming to replicate this. For example:

Fife Council has a ‘**changing places’ strategy** where if a community asset costs over a certain amount, then a proper ‘changing places’ toilet is installed.

The hospital in Glasgow has a **specialist play therapy team**, where you can phone in advance to book an appt. **There’s nothing similar in Forth Valley**. There seems to be a better understanding in Glasgow of the specialist needs than there is in Forth Valley. It’s **not a level playing field**.

**Advocacy** – Fife have excellent services and a **more combined and accessible services**, In Forth Valley it tends to be a more financially focused, reductionist approach, where the aim is to provide **the minimum level of service required** by the Govt. Advocacy services tend to be around mental health. Services are provided which only come under statutory obligations (e.g. under guardianship). There isn’t a requirement for advocacy focused on the needs of people with disabilities. It used to be evident in Falkirk, but not anymore.

Paul asked is there a **minimum standard of service delivery** for people affected by a disability? E.g., a **Charter of Rights** or similar? Nothing.

Falkirk Council is one of a small number of local authorities that don’t yet have a **Plan for Advocacy, or a Plan for Autism,** etc. – despite this being **a requirement of ScotGov**. If there *are* such strategies in place, these **aren’t known to the communities** and families affected by disability.

**Respite Care** – e.g., Parents of Forth Valley Flyers **struggle to get proper respite care** facilities within the Falkirk area. They have to go outwith the area (often to Glasgow) to get respite care. Many don’t have the transport to get to these facilities.

Falkirk Council should reintroduce **Access Officers** (Fife Council have these). These were effective postholders who were seen as a key ally to people with mobility challenges.

**Resources vs Human Dignity** - The issue of basic human dignity to access appropriate toilet and bathing (hoist) facilities. People are often overlooked. Expense and resources take priority over the needs of the person. So, resourcing the appropriate support to ensure human dignity.

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| **Question 3 - How can the NHS, GPs, Falkirk Council, and other service providers communicate better with people affected by disability?** |

**Dr surgeries** and other similar places should strive to be more comms friendly for people with disabilities (e.g., Makaton, appropriate signage) – esp. for people with communication needs.

**Telephone Communication** - Automated switchboards aren’t helpful. Too many menus, sub-menus to go through. This is **unsuitable for people with ASNs**. When people with a learning disability contact NHS24 the automated service: ‘press 4 on your keypad now’. **This creates frustration and stress.** There are examples of when this has resulted in people with ASNs calling the police – resulting in a waste of police time and resource.

Falkirk Council has a terrible reputation for this. **One main switchboard number**. Impossible to navigate. This causes difficulty for people *without* ASNs – so the issues for people with disabilities **fuels frustration and resentment**. This is a counter-argument to the ‘one stop shop’ approach, and can be seen as a means to keep people at bay.

**My Falkirk account** – Universal condemnation of this. A “*ridiculous*” and “*horrible*” system. “***Accessibility is blown out of the water straightaway***” It’s a system designed for the needs of the Council rather than for service users.

A plea for a move towards **face-to-face support services** in the community: Falkirk Council or CAB offices in towns, rather than automated / online services. This links in closely with the common suggestion from place-based meetings for **community information hubs**.

Stressing that there should be an appropriate mode of communication for different circumstances as experienced by different people and families.

Acknowledgement that **one size doesn’t fit all**. There has to be a range of options. **Some positive experience with GPs** in response to COVID-19: e.g., triage appts, same day video conference with GPs.

**Access to Information / Information Sharing** - The suggestion of one single point-of-use database for service providers to access information on the person / family in need of support. So, an **abbreviated record of recent events**, circumstances for key support workers (appropriately trained) to access information. Support workers would have **instant access to the latest information** about the individual service users. Issues around **GDPR and confidentiality / privacy**.

**A note of caution** - There is a place for using technology when appropriate. However, the **overuse of technology** can lead to loss of human contact, depersonalisation, centralisation and mistakes. **Human relationship-based work is crucial**. A plea not to lose sight of this in how we plan future services.

## Substance Use (People in Active Treatment Session) – May, 2021

**Notes of two meetings held on 15 and 22 May 2021 - With colleagues and service users from SFAD and Change Grow Live (Forth Valley Recovery Service)**

**Issues:**

**Stigma** - People aren’t listened to. They’re judged. This comes across constantly when they go, e.g., for treatment at the hospital, they are treated pretty harshly, regardless of whether the addiction issue is alcohol or drugs. The **clear unspoken message** is “*it’s your fault you’re like this*”, and “*you don’t deserve treatment”*. People are treated like the hospital staff want them out as quickly as possible. More awareness within service providers as to what addiction is. This would **help remove the stigma** around substance use. People (including family members) are ashamed to have to seek help.

Attitude is dismissive. This is right across the board, **not just NHS, also job centres, pharmacy staff** too, where people are made to feel they’re not worth anything. Staff in pharmacies can be very negative and hostile in how they treat people involved in substance use. (However, comments that some pharmacy staff are “*lovely*” and “*supportive*”.)

People are **judged on how they look**: long or dishevelled hair means people are treated differently. Front line **staff need training** on how to respect everyone. Holistic, empathetic, **more compassionate, whole-person training** is important.

People are treated ‘*like a task – like something to be ticked off’*. There needs to be a more *compassionate and person-centred approach*.

Agreement that **education around substance use** – and mental health - can be a useful aid to help people understand addiction issues.

Not enough **diversionary activities** (e.g., youth clubs) for young people. The number of pubs and clubs that are closing is also an issue. Where pubs and working men’s clubs have closed, this rips the heart out of a community. People – particularly young people – have no-where to go. Boredom for **young people and the unemployed is a key driver** in leading people to substance use and alcohol dependency. Service providers need to do more to offer help for these people.

There aren’t enough youth uniformed organisations BB, Scouts, Air Cadets etc. More of these would mean they are **less likely to experiment with drugs and alcohol**. So much red tape, bureaucracy and paperwork which prevents parents and other adults from volunteering. This contributes to a lack of community-based activities.

**More integration of services** (mental health and substance use support) is required.

**Early intervention** is important. The level of access to early intervention isn’t good. Young people (e.g. in care) experience a **waiting list of 12-24 months for CAMHS** in Falkirk.

There’s a **clear link between poverty/ neglect/ mental illness/ substance use**. Children are shoved into a system where there isn’t sufficient sustained active support. This leads them to substance use, to deal with the emotional pain of their circumstances.

Too many children are **moved out of their area** (e.g. to Fife) in order to receive the CAMHS care / treatment they need. It’s also **not cost effective**. If a child has to relocate to another local authority for treatment; the ‘home’ local authority has to pay the host local authority for that child’s care, treatment and education. Falkirk Council needs to take responsibility for its own young people in Falkirk. **Services need to be redesigned around the needs of the young person**, rather than the service needs of the Council.

More **community facilities**; more **diversionary activities**; more focus on **preventative mental health support** are key to preventing young people becoming involved in substance use in the first place.

**Police Scotland** - People with addiction issues need to be treated better by **the police**. People with addiction issues are treated firstly as criminals, rather than as people experiencing a health issue.

Health care, social care and police need to demonstrably work closer together to ensure there’s a **smoother more seamless support service**.

**Benefits agency.** There needs to be more and **better information sharing** between police, social work, benefits agency. This could stop people ‘falling through the cracks.’ If there isn’t, the danger is some young people can fall off radar. However, acknowledgement that **permission and protocols** around information-sharing can prove difficult.

The **barriers to communication** between agencies need to be removed. The whole thing needs to be person-centred. Not around the service provider; but around the service **users**.

**Seamless, joined up services** – It’s tiring and humiliating when people have to repeat their story / case history time and again to different agencies, or to different people in the same agencies. People are ‘*made to jump through hoop after hoop after hoop’* and still don’t get anywhere. This leads people to give up.

**Lack of money for public transport** (buses, trains, etc.) to GP appts, addiction service meetings etc. means people are **actively excluded**. This leads to alienation from society, from neighbours, from peers and from family members, and reinforces the **sense of worthlessness**.

**Links between Mental health Services and Addiction Issues** - Mental health has been **generalised** to the point where people with complex needs and conditions are given information that’s too general and non-specific. **Services aren’t being tailored** to the specific needs of the individual.

**Employers** will try and concoct reasons to dismiss staff who have substance use issues. This will often be pitched under the headline of “**unsatisfactory performance**”. Also, it allows the employer to avoid implementing **focused support programmes** to support employees involved in substance use.

There’s a perception that it’s a **postcode lottery** as to how quickly Drs across Forth Valley are able to **secure specialist support and intervention**. This relates to 1) waiting times and 2) the quality and appropriateness of the support that people with addiction receive. In some areas it seems to be within a few days, in others several months.

**Family Support** - More support is needed for families who are affected by substance use. Not just **children, or parents, but siblings and grandparents too**.

Acknowledgement that despite the difficulties, the Council and other providers are doing their best in difficult circumstances.

Massive increase in deaths due to **recent influx of street Valium**. Concern about why this isn’t being tackled. Users aren’t aware just how dangerous street Valium can be.

Since Lockdown more people are **turning to hard drugs through depression and related mental health issues**. The **evidence of hard drug use** in communities is more visible than ever: needles and other paraphernalia being discarded in common areas and stairwells, etc.

**Preventative action** – **Information and education** should be **targeted at GPs, the Police, NHS** staff. Also, young people need to be made more aware of the dangers of street Valium. There’s **not enough early intervention**. **Schools** could do more to **mainstream drugs education**. Use **people** **with life experience** to talk about how drugs affected them. Should be present from P6 upwards and should be age appropriate.

More **awareness / education for service providers**. And more **direct interaction between service providers and people who are in active treatment** – this would help people get their voice heard, help remove the stigma, and would help humanise the issue.

Some **positive feedback about supportive police officers,** where substance users are treated with more dignity and respect than is the norm. But these are the exception.

**Primary Healthcare** - Even in GP surgeries, **anecdotal evidence that Drs don’t have a lot of time for people** involved in substance use. But this may relate to general pressure of work. **Receptionists at GP surgeries can be particularly hostile and unsympathetic**. This makes people reluctant to go for help. Serious issues with not being able to **access primary health care**. Not being able to access the health care we need when we need it.

Agreement that the issues were there pre-pandemic, but Lockdown and associated restrictions have exacerbated the difficulties. **During lockdown drugs prices have gone up**. People are finding it harder to fund their habit. Lockdown restrictions have meant that “***hardships have increased tenfold***”.

Strong recognition within the group of the **inter-connectedness between substance use, poverty and mental ill health.** **Unemployment and relationship breakdown** were cited as **key factors** in kick-starting the journey into substance use.

**Lack of joined up working** - Support services don’t work in a joined-up way. There is huge room for improvement. It’s difficult to access certain key services to start with. Being told to come back for an appt 2-3 weeks’ time isn’t good enough. There’s **no safety net** during that period. People could die in that period.

More **immediate community-based treatment and support** is crucial. If people (including families) don’t know about drugs services / support services that are available, they turn to the GP in the first instance. However, the **default position of GP receptionists** is if it’s not an emergency, then the chances of seining a GP are slim.

There’s a need for more **community hubs or street drop-in services**. Glasgow had a number of these during the late 1980s/early 90s. They worked, and were often linked to **community football clubs** etc**.** Not just offering treatment, but just a sympathetic ear. This is half the battle: knowing someone cares.

One group member mentioned that the **Forth Valley Recovery Community** on Vickers Street run the **addiction support and counselling service**. It’s a recovery café, with drop-in sessions, music sessions etc. There’s also one in Grangemouth (Rainbow House) on a Saturday. They offer tea/coffee. The Salvation Army in Falkirk also runs a soup kitchen between 12-3pm daily.

Other members of the group **weren’t aware of these services and facilities** – demonstrating the **lack of awareness of the support that is out there currently**. This highlights the need to advertise and promote the services that are out there. The role of pharmacies here was discussed.

**Communications** - We shouldn’t rely overly heavily on **social media** for this promotion, as the people we’re trying to target are often digitally excluded.

**Availability of meeting places** - The issue here is 1) availability of meeting places and 2) the cost of these. There’s only one venue in Grangemouth (Kersiebank), and its already used by four workers, so space is tight. Lack of **suitable premises.** Often partner organisations don’t give us meeting space to meet service users who need support. When they do, it can prove **prohibitively expensive**. **GP surgeries** don’t allow this – even through we’re supposed to be in partnership supporting the same patients. Being based in a GP practice would help build **better, more positive relationships with primary care staff,** and would make communication more immediate.

**Lack of Meeting Space** - The CGL office in Falkirk town centre is small, with 2 offices and a group room. Space is very limited. **Referrals are increasingly significantly** and CGL **don’t have the facilities to cope with the level of demand.** CGL find they are “*almost having to beg for half an hour here, and hour there”* from the NHS. The feeling is we **need to work more closely with the NHS** to remedy this.

**Police and Criminal Justice** have been supportive in the past allowing CGL meeting rooms to support people in need. **The problem centres more around NHS.** This issue has already been highlighted through the ADP. This is particularly a problem in Clacks.

Acknowledgement that **services are stretched** and that **funds are finite**.

**Using Lived Experience** - An offer from one service user that they would be keen to help wherever possible. So, a possible action might be to **involve more volunteers with first-hand experience** in the delivery of treatment (**particularly education and preventative**) services.

## Substance Use (Recovery Community) - 25 May 2021

**With colleagues from Addictions Support and Counselling (ASC) Forth Valley**

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| ***Q1. What challenges keep presenting themselves to you, and the wider recovery community?*** |

**Bus passes** – the provision of bus passes to enable service users to travel to participate in activities / support services that are **crucial to their continued recovery**. People in active addiction are entitled to bus passes - as they are regarded as being service users of physical or mental health support services. However, people in recovery tend not to qualify as they no longer meet the criteria. This arrangement varies from health board to health board and between local authority areas. A **single, uniform national system** would support the recovery community.

**Hospital De-tox** – there are only two dedicated hospital beds in NHS Forth Valley (360k population), but no detox unit. Other areas (Fife, Perth Inverness, etc.) have dedicated de-tox units.

More **drop in community-based support services** is needed.

**Stigma** - Perception and awareness of what it means to be in addiction. More **support for employers** to be able to identify problem drug/ alcohol use and provide appropriate support – rather than it being seen as a problem that needs to be removed. Linked to this, stereotyping – the negative perception of people in addiction. **Discrimination** (in housing, benefits, employment, etc.) There are some good examples of employers being compassionate and supportive, but on the whole, these are the exception.

**Trauma support** – people who experience trauma often **don’t receive the support they need**. Support and counselling for people who have experienced life trauma is poorly resourced in NHS Forth Valley area. It’s not seen as a priority. **Waiting times** in Forth Valley are typically 18months.

**Benefits/ Universal credit** – the protracted time it takes to access benefits doesn’t help people in addiction who have nowhere else to turn to. This leaves people even more vulnerable.

**Discriminatory attitudes and language** used by staff in service providers is difficult to turn around and needs a widespread organisational and even societal shift in mindset. Lack of compassion from society generally.

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| ***Q2. How could the services in the Partnership (NHS, Police, Falkirk Council, etc.) help tackle these issues?*** |

The Community Planning Partnership should sign up to the **National Stigma Charter** being developed by the Scottish Government.

The issue needs to be **supported and resourced at an appropriate scale** (2 beds for a population of 350k!?)

**Support for partners / spouses** in abusive domestic situations. Tends to be reactive and incident-by-incident, rather than a holistic whole-person support. There’s a need for **specialist support workers** to provide **ongoing support** through the whole journey.

Support for the recovery community should be one of the **strategic priorities** of the Community Planning Partnership.

**Customer care – better training for staff** dealing with sensitive stigma issues like addictions support. NOT a general switchboard board number, where callers in crisis are ‘batted from pillar to post’ and have to repeat their circumstances to numerous staff.

Treatment is ‘fractured’ – it’s not seen as a single issue. The different support services involved need to be **better at joined up working**. There needs to be **more recognition of the interconnectedness of the issues**: poverty-low self-esteem-low life opportunities-unemployment-homelessness-domestic violence-substance and alcohol use, etc.

More support for recovery support services in submitting **funding applications**.

**Employment/ secondment opportunities** - Possibility of workers in recovery being seconded to frontline public facing services (e.g. housing, social work, psychological services – or criminal justice services such as in Stirling). More **training and employability support** aimed at recovery community.

**More support for employers** to spot the problems when they first arise, and to support employees appropriately – rather than a default position of ‘remove the person, removes the problem’.

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| ***Q3. How can the services in the Partnership communicate more effectively with the recovery community? (What good things are already happening out there that you want to see more of?)*** |

**ROSC** – Falkirk Council has signed up to the Recovery Orientated System of Care.

Recovery Community could be invited to **deliver outreach presentations** to CPP partners and networks. This would:

* Reduce stigma
* Increase awareness and understanding
* Frame the issues in language that people understand

**More support in schools** for **pupils affected by substance / alcohol use.** More support for specialist staff /teachers/schools to recognise the problems early on. (e.g. Park PS in Alloa has a programme in place in response to the level of parents affected by substance / alcohol use.)

**Messaging** – more needs to be done to counter the negative messaging prevalent in communities (including the use of inappropriate and offensive terminology) and to reframe and humanise the issue of addiction.

Forth Valley Recovery Community has undertaken some **outreach / engagement work** (half day training ) with staff in Clacks – nurses, social workers, fire-fighters, criminal justice workers etc.) Could this be replicated more in Falkirk?

In **North Lanarkshire there are local Consortiums** which meet monthly. These groups consist of NHS staff, health improvement team, police etc. Could a similar model be operated in Falkirk?

CPP frontline staff (e.g. police) should **actively be sign-posting** those in need (including family members) to **increase awareness and understanding** of what support services are available.

Forth Valley Recovers App – funded by Clacks and Stirling Councils

## Ethnic Minority Communities - 10th June 2021

Record of main points raised during an online meeting held with ethnic minority groups and community representatives held on 10 June 2021 to discuss the Falkirk Plan.

Eightpeople attended the meeting.

**Initial Note:** There was **caution** urged over the **use of language in describing ‘ethnic minorities’**. Terms like ‘African’ and ‘Arab’ aren’t appropriate. There are many regions and countries in Africa, each with their own identity, culture, and experiences. Service providers **should avoid cultural labels** and should **demonstrate true understanding of diversity** in reaching out to communities when seeking to encourage them to participate. (This **issue was raised in earlier engagement** around the Falkirk Plan – e.g., around disabilities – where people affected by disability said that ‘disability’ was too broad a term.) Service providers should be aware issues / challenges faced by a Pakistani woman and those faced by a Romanian woman will be very different, for example. There needs to be a far **better understanding of the segmentation of minority ethnic groups**. There’s a need to identify what the **specific issues /challenges** are within each distinct cultural / ethnic sub-group.

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| ***Question 1. What challenges keep presenting themselves to people from minority ethnic backgrounds? (Are there any ‘hidden’ inequalities?)*** |

Equalities should be **embedded in all service design and delivery**, rather than as an after-thought or add on. There’s a need for **increasing resources / human capital** within community planning, so that people who need the support but don’t speak English, get it at the same level as people whose first language is English.

There was agreement that the issues raised in the **presentation by CSREC** have always been challenges for ethnic minority communities; COVID-19 and lockdown has only exacerbated these.

This extends to **data collection and research** around census statistics. Data collection at a national level isn’t designed appropriately; it’s **doesn’t reflect the full diversity and variety** of communities. If done correctly, census information can provide invaluable data to help inform the design and delivery of services. We require a **more collaborative approach** with ethnic minority communities to **design data collection** in the first instance. There was concern that if this this isn’t undertaken, then processes such as consultation around the Falkirk Plan are seen as mere ‘tick box exercises’.

The **language barrier** between settlers and service providers is a key issue. **ESOL provision** is patchy in Falkirk. There’s an opportunity for **native English speakers to volunteer** with **conversational English initiatives**. The idea of ‘***conversation cafes’*** was raised – as an **opportunity to make friendships and establish community** links. This could also provide a network to tap into for future consultations. There was discussion that **Forth Valley College** could also play a role here.

The English that settlers are urged to learn upon arriving, often isn’t the English that is needed for day-to-day life. There needs to be a **shift in emphasis** from ‘English for employment’ to ‘**learning to engage with your child’s school’; ‘learning to go to the GP’; ‘learning to engage with your community**.’ This will help settlers to **integrate better with communities** on a day-to-day basis. (Recognition that the ‘English for employment’ was a UK Govt initiative). However, there is an opportunity for local service providers in Falkirk to make a positive and progressive difference here.

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| ***Question 2: How could the services in the Community Planning Partnership (NHS, Police, Falkirk Council, etc.) help tackle these issues?*** |

**Social enterprises** are seen as an opportunity to support individuals to integrate more within communities - e.g., practicing English through sewing.

There’s a need for a **named, go-to person in key service providers for ethnic minority support** - someone who understands the issues and is fully committed. There has been experience of some staff turnover, and ethnic minority groups and individuals being ‘passed from pillar-to-post’. Remits have changed due to restructuring and this appears have **diluted or reduced the demonstrable commitment** of service providers to support ethnic minority communities appropriately.

For example**, NHS Forth Valley** had an equalities and diversity co-ordinator who has now retired. **Cultural awareness training** was planned with NHS staff around the hijab and other issues affecting Muslim women. However, as this post hasn’t been filled, **that work has stalled**. This was a strong positive **opportunity which has been missed**. For example, one attendee has spent c. two years attempting to work with NHS Forth Valley on **dementia within ethnic minority** **communities**, but this hasn’t resulted in any positive progress.

Many settlers have very different experiences of the police in their home country. Experiencing the police as helpful, supportive and understanding is a cultural difference. **Police Scotland** have an ‘***absolutely superb’* relationship** with ethnic minority communities in Falkirk. This is because **they are pro-active** – rather than waiting for a problem to arise. Police Scotland ***listen*** to ethnic minority communities. (Examples are a Zoom call on clarification on driving issues; A PC attended an outing to Stirling Castle with c. five Syrian women.) This **level of commitment** needs to be replicated, working within communities and **reaching out to them in a proactive way**. Other service providers **need to do the same as Police Scotland** to make themselves accessible. Service providers need to make an effort to find groups and go and **meet them *in situ*,** to establish that relationship.

**Staff turnover** – make sure if someone leaves there is someone there who **can continue that dialogue**, so it doesn’t have to be re-started at every occasion when there’s a staff change. There’s a need to have **specialist staff who are trained** and able to work closely with individuals. This is important for settlers to know they have these **advocates in these communities** – across the police, education, council services, NHS, etc. Service providers need to **replicate the best practice** undertaken by – e.g. Police Scotland – in a way that can be **sustained**.

However, there was some concern expressed that some front-line officers **aren’t sufficiently culturally** **aware** when it comes to dealing with **domestic abuse within ethnic minority families**.

[Cultural Intelligence](https://www.mindtools.com/pages/article/cultural-intelligence.htm) (CQ) – is a new concept. It’s not just about cultural competency. The community planning partnership should commit to undertake this training. The example of the phrase ‘an open door policy’ was given as an **inappropriate metaphor/ language which lacks cross-cultural awareness**. This message needs to be communicated in a way that different people can understand. If people don’t respond to this it may be because they are unfamiliar with the phrase, and this may be misconstrued that they are content in the workplace.

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| ***Question 3: How can the services in the Partnership communicate more effectively with people from minority ethnic backgrounds? (What good things are already happening out there that you want to see more of?)*** |

**Communication that is culturally sensitive**. A recent example focused around the COVID-19 outbreak at Falkirk High School. A standard letter was sent to all parents, regardless of literacy, knowledge, understanding - this required **CSREC to check with minority ethnic parents** that they **understood the letter, and the impact of the information**. This is a good example of poor communication that could have been **tailored and targeted more appropriately** to enable families to take appropriate action. It’s not just about making the information available in English or translating it – it’s also about making sure the communication is ***effective***.

These commitments **need to be resourced appropriately**. Instances of people from ethnic minority communities who **haven’t been able to access the support** **they require** (e.g. Council services, police support, benefits information, NHS services, etc) due to **lack of capacity on the part of service providers**. There needs to be **more done to support people whose first language isn’t English.**

**Care sector** – many carers are from ethnic minority backgrounds. There is much of work to do around comms – e.g. **websites are too often in English** **only; ethnic minority monitoring** isn’t accurate, etc.

## Responses to Survey for people affected by Social Isolation - May-June 2021

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| **Question 1. How does being alone and isolated affect you?** |

1. I feel very vulnerable. I worry that I will fall and no-one will come to help me. I feel like I have no one to ask to help me. I worry about getting my medication as I am no longer able to get a taxi.
2. I panic about my health a lot and I don’t have anyone to talk to about my worries apart from GP and out of hours. It gets worse when you are on your own all the time.
3. I don’t speak to anyone unless I bump into them when out and about and I have lost my confidence getting out and about. I am feeling very low and have lost interest in most of the things I used to do.
4. I do have family and they are quite involved but there are things that I want to talk about that I don’t want to talk to my children about and I don’t have anyone like that. I loved having RVS support for that – I could talk about things that I didn’t want to tell my children.
5. I only ever speak to family on the phone and I don’t speak to anyone outside of the family at all apart from RVS volunteer. I miss casual chat. I don’t like to burden family with stuff and want to have a friend to talk to.
6. I don’t have the ability to make new friends and I am very lonely. I get very panicky about things and don’t have anyone to talk to about it.
7. Wife has dementia and I am her carer. I don’t really have anyone else to talk to except my RVS volunteers. My wife does have good days but generally I feel quite lonely.
8. I really enjoy talking to people. I am a professional person but due to my disabilities, I am stuck in the house a lot. My partner and I separated and took my dogs with him leaving me very lonely and very low. I get to the point that I can’t be bothered to do anything and my house gets untidy and I get infections because I am not mobilising.
9. I miss meeting up with my friend. I have known him since childhood and I moved away for a long time so he is the only person I really know around here. I find that I miss male banter as my carers are female. I spend too much time watching the TV and not getting out
10. Have found being so alone during lockdown very scary. Lost a lot of confidence going out. Miss the everyday chats with people and even just seeing people passing by. Misses the everyday chat with people while out and about.
11. My client said that at times he can feel very vulnerable where he lives. He said that due to his disability he feels that he “is an easy target” to people in the area that try to take advantage of him. He has social work involvement and at present they are looking at applying for welfare guardianship. He said that if he hadn’t a disability social work would not be looking at this.
12. Biggest worry is if I get ill no-one knows.
13. I don’t have a lot of social activity anyway so lockdown hasn’t made that much difference to me. My daughter lives in England and she hasn’t been allowed to visit. But she phones every week to make sure I’m ok.
14. The neighbours have been super. They pop in and ask if I need any shopping. It’s not so bad now the days are longer, but the winter was difficult because of the dark and nobody was out then.
15. My friend was ill and taken to hospital. It wasn’t COVID. I couldn’t go to see him. Only family were allowed. That was unnecessary, because I was the only person who spoke to him regularly.
16. When the weather is fine there’s not really a problem. I’ll chat to anybody even when I walk to the shops. The shop staff and in the chemist too are very friendly and helpful. But when the weather is cold or raining I don’t go out. The visits from my home-help are a lifeline.
17. I’m more worried about my elderly neighbour. She doesn’t get any visitors as far as I can tell and never hears from her family who live in Glasgow. I have asked other neighbours to check on her to see that’s she’s safe. They’re younger than me and can get out more easily. I think she’s scared.

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| **Question 2: How could the NHS, your GP, the Council, voluntary groups or other service-providers help tackle these issues?** |

1. Providing companionship gives a person to talk to about my worries and helps me keep a perspective.
2. Long term befriending. Activities in the community with assistance to attend. Help with housing local to family
3. Have long term befriending available. GP should be able to put me on contact with charities for companionship
4. Long term befriending. Activities in the community with assistance to attend.
5. I have an RVS companion who calls me every week and sometimes twice if she knows I have a lot of worries – I would like to have a companion like this all the time.
6. It is helpful having someone there to get the shopping in when I can’t leave my wife, although I can often manage it myself and I like being able to get out. Maybe more support for wife so I can get out myself.
7. I have carers but they are overtasked and can’t spend time with me – longer time is needed to help me properly and give me some company. My RVS companionship volunteer is fabulous – I love talking to her. We chat away for hours. But this service is supposed to be short term and I am very upset at the idea of losing her.
8. My RVS volunteer met with me twice a week to go out walking – I started not being able to go very far but increased the distance over time to the point that I could walk to meet my friend outdoors. I needed the confidence of having someone with me to go out. This is a charity – I didn’t get this type of help from GP or NHS or Council, but this kind of practical help was great!
9. RVS companionship calls have been an absolute delight. Really look forward to the calls and the chance to chat with someone familiar but not family. RVS prescription collection service has been a lifesaver – scared to go out and can’t get a pharmacy delivery.
10. Get the pharmacy to deliver.
11. My client said that there definitely needs to be more community police walking the beat to keep people like myself feel safer .I also think people with disabilities should be able to join the police force. More community wardens or a number we could call if we needed help or advice. Better housing available. My client said that apart from advocacy no one listens to him. The CPP need to talk to people like myself to see the problems we face.
12. My carer only visits for a very short time. She used to be able to stay and have a cup of coffee. But now she is so busy she says she doesn’t have time to anymore.
13. I don’t know what help is available so can’t really answer.
14. There used to be a pensioners group at the community centre. It closed because of COVID. That should open up again because it’s the only time some old people get a chance to meet up. Is the Council starting this up again? I heard they were closing the centre down. Is that true? COVID will be used as an excuse to close the centre down.
15. Allowing people to visit friends in hospital. I have had my jabs and am safe.
16. Nothing – my carer is wonderful.
17. I can’t think of anything. It’s all about money and the lockdown will be costing them a lot of money.

|  |
| --- |
| **Question 3: How should the NHS, your GP, the Council, voluntary groups or other service-providers communicate better with older people?** |

1. Not sure.
2. I have very little communication with anyone other than my RVS volunteers who delivers my shopping and medication and also offer companionship calls weekly.
3. I can talk to my GP
4. More named people to contact rather than ‘whoever answers the phone’.
5. Have taken part in local dementia support activities in the past and would like to have more opportunities for this. Been offered online stuff but not interested. Been offered stuff through the post but not interested. Enjoy having a chat on the phone to volunteers… sometimes my wife is able to chat to them too and that is lovely to see/hear.
6. I have good communication with all my support
7. Nervous and unsure about IT/online stuff. More face to face contact would be nice. More activities in my area and support to attend
8. I am good with IT so can access online information and support. More face to face help would be good.
9. Very happy and comfortable contacting RVS to arrange for prescriptions to be delivered. All staff so friendly.
10. I am not sure how I can be helped
11. My client said that he would be happy to talk to someone from the CPP. My client feels life can be a struggle and is controlled by social work (something that people who don’t have a disability don’t understand).
12. Don’t know really. My carer tells me stuff and that seems to be okay
13. Not sure. Everything is on computers these days and old people get left out
14. Don’t know what can be done. But pensioners always get ignored. There needs to be more services for pensioners not just the kids and the youngsters. The council used to have people who looked after old folk, and checked up on them, but you never see them now. They need to be brought back instead of wasting money on other things that’s not really needed.
15. The Council should be visiting all pensioners that need it to check they’re okay.
16. Nothing to add. Just please don’t do away with the carers that visit already.
17. Not sure.

Part 2: Consultation on Draft Plan

# Introduction

The engagement outlined in this report contributed to the development of the outcomes of the Falkirk Plan, along with the data results of the Joint Strategic Needs Assessment, and a review of local and national policy. The draft Falkirk Plan was approved by Falkirk Community Planning Partnership on 12th August for formal consultation which involved an online survey which was available between the 27th August and 30th September 2021. A total of 40 people took part in the survey.

A link to the draft Falkirk Plan and survey was sent to everyone who signed up for the engagement sessions in April-June 2021, including those who signed up but did not attend; a total of 244 people were contacted this way. It was also sent via existing mailing lists such as the Fairer Falkirk, CVS Falkirk newsletter, and Community Planning contact lists. Community groups in each ward were sent links via their CLD workers, and Community Councils were sent links via the Council’s Governance teams. Partners were asked to circulate within their own mailing lists, and each Delivery Group across the Partnership was sent the links to circulate.

*About the respondents*

|  |  |  |
| --- | --- | --- |
| Option | Total | Percent |
| Resident | 25 | 60.98% |
| Staff member of community planning partner organisation (e.g. Falkirk Council, NHS, Police Scotland, etc.) | 15 | 36.59% |
| Member of a community group - but responding as an individual | 6 | 14.63% |
| Responding of behalf of a community group | 3 | 7.32% |
| None of the above | 2 | 4.88% |
| Not Answered | 1 | 2.44% |

17 people attended one or more place-based engagement sessions, and 6 attended one or more of the thematic sessions.

*How they found the document itself*

Clear and Easy to read:

|  |  |  |
| --- | --- | --- |
| Option | Total | Percent |
| Very easy | 12 | 29.27% |
| Quite easy | 19 | 46.34% |
| Neither easy or difficult | 6 | 14.63% |
| Quite difficult | 2 | 4.88% |
| Very difficult | 1 | 2.44% |
| Not Answered | 1 | 2.44% |

Respondents were asked if anything was unclear. Some took the opportunity to provide feedback on the accessibility of the document which has been taken on board for publication. They were also asked if they found the document to be relatable within their communities to which 20 responded that they did, 5 responded that they did not, and 5 left other comments either not answering or unsure.

*Issue with survey*

There was a significant issue found with the survey that was detected when reviewing some of the respondent’s answers.

An outcome is worded as the result from the action taken; as a position we strive to achieve. The survey was designed with the outcomes and themes displayed, so those that have not read the full plan could still take part in leaving feedback on the final priorities.

For example, taking the outcome ‘There are fewer drug-related deaths’; this is an aspiration for the end of the strategy – I.e. in 2030 there will be fewer drug-related deaths. This is clear when reading the Falkirk plan, but if the plan was not reviewed before carrying out the survey, this would not necessarily have been clear.

People that may not have read the plan could potentially have misunderstood the question to be ‘how true is this statement now?’, as opposed to ‘do you agree this is a position we want to achieve within 10 years?’. So, they have answered on the basis that drug-related deaths are currently high, so disagree with this being true now.

An example is a respondent that agreed poverty is a key priority, disagreed with each of the outcomes, and commented ‘I would disagree with all these statements as sadly due to covid and loss of employment for many the poverty situation has got worse.’ This makes it clear the respondent thinks the 4 outcomes are not true now and therefore chose ‘disagree’ but views them as things that should be improved. This appears to be the case for 8 of the 40 responses, so the numbers of those that agreed or disagreed is not a reliable indicator for all respondents.

Comments left in the survey have been included with a response and whether it led to a change in the plan. However, comments where the respondent has chosen ‘agree’ and then left a comment stating agreement have been omitted for brevity. Typos and spelling errors have been corrected so the reader is able to understand the questions or comments.

# A Vision for the Community Planning Partnership

Falkirk Community Planning Partnership established a 20-year vision in 2000, which was:

*‘Our Vision is to ensure that:*

* *The legacy of our past and the potential of our future are protected*
* *Our area is at the centre of Scotland.*
* *Our future is as one of the most culturally diverse and distinct areas in Scotland.*
* *Our future has investment in jobs, learning, homes and leisure for all.*
* *Our area is ‘the place to be’ in the third Millennium.’*

This vision was reaffirmed in the 2010 Community plan, but in the Strategic Outcomes and Local Delivery Plan published in 2016, this vision was shortened to making Falkirk ‘the place to be’. This vision statement was in place until 2020, when the SOLD Plan period ended. The Falkirk Plan does not have a vision statement, but the Board may wish to develop one as the purpose of the Community Planning Partnership. To aid this discussion, survey respondents were asked what they think a vision statement should be to describe what we all want Falkirk to be like in 2030.

Answers from respondents were either a suggested vision, suggestions regarding how to develop a vision or general advice. Suggested vision statements were:

* A safe, inclusive, positive community
* A safe environment with green space left for the communities to enjoy
* Falkirk should be a safe, prosperous community for all.
* Keep it local
* An area where empowered communities shape what happens in their communities leading to an area with reduced inequalities
* A fair, inclusive and equal place to live and thrive with no stigma or judgement.
* Ending poverty and giving dignity and compassion to all
* Falkirk thrives when we all thrive, lets reduce inequalities.
* A place of understanding, meaning and purpose.
* Accessible, cultural, sustainable
* Let's get everyone into work
* A pleasant place to live in. Safe green spaces and employment for most of the people who want it.
* Falkirk should be a vibrant, healthy, sustainable and thriving community where people have access to affordable housing, employment and services
* Working together and planning collaboratively, by 2030, we will have reduced the number of people living in poverty
* an open, listening and proactive area well on its way to our carbon neutral target by involving all of the themes discussed in this document.
* Falkirk is a healthier place to live with lower rates of smoking, alcohol and drug use. It is a thriving cohesive community; with support networks to reduce isolation and loneliness and growing economic prosperity.
* The people of Falkirk feel positive about their future because, despite challenges they will undoubtedly face, the strong networks of both formal and informal support available give them confidence that they will always receive the help they need to get back on track when they need it.
* FK1: The most desirable postcode in central Scotland!
* I want to be in Falkirk.
* Falkirk should strive to be an inclusive local authority putting people - no matter what their background or ability - and community first.
* Working together to create a better environment for the health and well-being of all.
* Falkirk is an area with distinct, diverse and vibrant communities, where people feel a sense of belonging both within the community they live in and in a wider sense of all being Falkirk Bairns regardless of background, ethnicity, place of birth or life circumstances.

There are a number of themes that can be seen from the suggestions above. Inclusivity, equality, and reducing inequalities is mentioned by a lot of people, along with a general sense of ensuring people are not struggling regardless of their circumstances. Overall suggestions are very positive and community-focused and strive to make Falkirk a better place for everyone.

Others left comments that were more generally about the plan, or advice about how the Community Planning Partnership should develop a vision and what it should entail:

* Falkirk should be an area of equal opportunities. A place people want to live, work and shop in. There’s evidence of poverty in some areas of the town and affluence in others. This needs addressed.
* That we develop physical spaces and buildings and individuals training and development to reduce poverty, inequalities and mitigate the local effects of climate change
* Forward thinking and visionary with goals to work towards. No idea is stupid
* Have four children myself I think the children should be educated maybe through youth groups to grow and learn about all the issues we have in our communities at present!! We definitely do not want things getting worse. There is a lot to be done but it has to start somewhere.
* It should be co-created with the community, you need buy in and the community need to see themselves in the vision and know/understand the part they play in contributing to achieving the vision. It needs to be short, not lengthy, stay away from jargon, use plain English and of course we need to be ambitious, but absolutely make sure it’s achievable. There’s nothing more demoralising than a disregarded and unachievable vision. There’s significant pay off when time, effort and planning is invested at the start of the process and co-created with communities.
* Better communities with community gardens such as allotments (free food, improve mental health, gets people involved and more likely to be part of community) Better awareness community days to demonstrate services that are there to help
* Listen to and act on community preferences
* Falkirk should be a fair and equal place for every member of the community. Healthcare, support, guidance and assistance should be accessible for all community members of all ages. It should be a place that people are happy to live in and know that, even if their circumstances are challenging, they can access the right people for whatever is going on to gain extra support if required. Falkirk should be a place people want to visit, work in and live knowing the communities are proud of the developments made.
* I think we missed the opportunity to mention a few things - the 4 day working week, the move towards universal basic income, what we will gain from involving the community - consultation & engagement, in itself are not enough, we need to really make best use of everyone’s contribution.
* I think that the current move towards creating active travel routes should be continued and accelerated. The move towards healthier living standards should be mirrored by a greening of the town centre with additional planting/planters containing either fruit and veg or native trees shrubs and flowers. It should be a pleasure to walk through the town rather than a health risk due to poor air quality.
* Falkirk and Grangemouth should be the main hubs to support all the local communities both within the Council area and those communities in surrounding authority areas who have joint interests in more than one authority area.

The Falkirk Plan took a year to develop, and Falkirk Community Planning Partnership are now focusing on delivering this plan and improving the outcomes that have been identified as the greatest needs in Falkirk. It will look consider developing a vision for the partnership to be working towards, and when they do these suggestions and pieces of advice will form a starting point for this process.

# Theme Agreement

Agreement with the identified themes was positive, with at least 80% of respondents agreeing with each theme. Mental Health and Wellbeing had the greatest support with 88% choosing ‘agree’. It was also the only theme where no one chose ‘disagree’. Gender-based Violence and domestic abuse had the lowest support, with 80% agreeing and 12% disagreeing. Arguably this is the theme which is the least universally experienced which may have had some influence on people’s decisions.

Comments that were left were mainly in agreement, with multiple comments regarding ensuring delivery of these themes are done holistically and in partnership, as they are all interconnected. Additional suggestions for inclusion in the plan were:

* Concerns regarding the roll out of Universal Credit
* Child Poverty and Rights, UNCRC
* Homelessness and housing options to prevent
* Substance use in a wider sense, including tobacco, alcohol and legal and illegal drugs
* Priority issue of smoking
* Sustainable transport, active travel
* Disabilities and carers
* Falkirk and Grangemouth Town Centres, Transport and Access
* Issues for rural communities: Fast Broadband access, lack of local business units, lack of transport options, some households not the mains gas grid adding costs,
* Greater emphasis on climate crisis

Many of these issues are connected to our outcomes, for example mitigating the impacts of Universal credit is within the role of the Fairer Falkirk Partnership which is connected to our poverty theme; smoking and wider substance use is within the remit of the Alcohol and Drug Partnership who leads the substance use theme. There is activity related to each of the issues above, they are just not the primary focus of the Board, who are instead focused on the greatest inequalities in the area, that are more immediate concerns.

# Theme 1: Working in partnership with communities

The outcomes in this theme had the most people agreeing with them; particularly the outcomes about communication and joint planning at a place-based level. Comments were mostly positive, with some commenting that they were happy that the community was consulted, and community is such a root-focus of the plan. Most echoed the importance of working in partnership with communities, and that the success of this plan lay with the community.

Feedback on this theme is included in the table below, alongside a response from the Community Planning Partnership. Whether the respondent agreed or disagreed with the outcomes is included for context.

|  |  |  |  |
| --- | --- | --- | --- |
| **Comment** | **Participant agreed or disagreed**  | **Response** | **Change to Policy** |
| Once again all these statements were echoed by all participants on earlier Community Planning consultations. | Agreed with the theme but disagreed with outcomes. Based on responses it seems the respondent interpreted as whether the statement was already true and not an outcome to strive for. | Outcomes were developed in part from community feedback. | None |
| The aspirations are important and should if accomplished provide local people with more information and autonomy in decisions about their area. | Agreed with theme and 4 outcomes | We hope to achieve this | None |
| Agree, local communities have different needs and these should be addressed at a local level! | Agreed with theme and 4 outcomes | This plan does deal with overall inequalities but as suggested, the ‘working in partnership with communities’ theme does address community involvement at a local level. | None |
| All of these are essential not just desirable. However how they are going to be delivered is the crucial part. | Agreed with theme and 4 outcomes | We are currently developing a delivery plan which will set out actions for delivering these outcomes over the next 3 years. | None |
| By listening to the community, you can find out more of what is needed in that particular area. Decision making is still seen as being done by a faceless Council body who don’t have the community interests at heart. | Agreed with theme and 4 outcomes | The Partnership is currently developing a joint CPP website which will hopefully increase awareness of the CPP. Through joint engagement, Locality Planning and Community Choices we hope to increase local decision-making. | None |
| Community led organisations need to have the funding and physical assets before they take over the council responsibilities. Where will the funding for this come as assets have been run down in many communities. Can it perhaps come from the Scottish government or income from the council tax revenue? | Agreed with theme and 3 of 4 outcomes | We have a 3 year delivery plan that outlines increased support for community groups to access funding. We hope to support community groups to become stronger and more independent. | None |
| As a resident of Westquarter I have to disagree with all of the above | Agreed with the theme but disagreed with outcomes. Based on responses it seems the respondent interpreted as whether the statement was already true and not an outcome to strive for. | The outcomes outlined in the survey are the outcomes within the plan which we aim to achieve over the next 10 years. | None |
| I agree with the outcomes, and wondered about how these will be measured in a way that reflects success and builds in any tweaks/review. It’s key we don’t become so focused on measuring outcomes, but understand that the implementation of the changes is key to progress and realising the ambitions of the plan. | Agreed with theme and 4 outcomes | Although this is a 10-year plan, there will be a review in place every 3 years to assess whether the outcomes need to be amended. There is a 3-year delivery plan to support the delivery of these outcomes, and a new one will be developed following the first review. | None |
| Building back up "community " and community participation is key to making cleaner and safer communities. With of course joe public represented as much as possible. | Agreed with theme and 3 of 4 outcomes | We hope these outcomes support this. | None |
| When consultation went out neither myself or anyone in my community knew about it. This could not have been done very effective as my area people normally know these things. I didn’t even know through working at FC | Agreed with the theme but disagreed with outcomes. Based on responses it seems the respondent interpreted as whether the statement was already true and not an outcome to strive for. | The April/ May engagement was advertised through the Council website and social media, CVS newsletter, Falkirk Herald and partner advertising. It was also featured in the Falkirk Council employee news in April. | None |
| This is an important theme as the community is at the heart of everything achieved within Falkirk. If the community members do not feel accepted and listened to and that decision have been made without any communication with them, it would be unlikely they would feel respected and may be less likely to access support and new developments. | Agreed with theme and 3 of 4 outcomes | This theme was developed as a result or conversations with community members who want to be involved in decision making and want improved communication about how and when decisions are made. | None |
| Mental wellbeing is key. Local democracy needs to be improved - moving from representational democracy to true deliberative, participative democracy. | Disagreed with all themes except Mental health and wellbeing | Mental wellbeing came up a lot in conversations with communities and is one of the plans main themes. This theme aims to improve local participation | None |
| Communication is huge issue to be addressed | Agreed with theme and 4 outcomes | This theme and the first outcome in the plan aim to address and improve communication between public bodies and communities | None |
| Council actions prove that any consultation is a waste of resources | Did not answer theme, disagreed with outcomes | The outcomes of this plan were based on community engagement and data. | None |
| Absolutely. Communities should be the decision makers and they should be and feel empowered to do so. Giving ownership to communities means they feel more responsibility to get it right and will assist when things go wrong | Agreed with themes and outcomes | We aim to support communities to participate in local decision-making. | None |
| I don't agree that every community-led organisation necessarily represents the needs or views of all of its area’s residents. Giving increased power to (say) community councils run the risk of them representing only the views / aims of their silo... prefer to see elected members doing more rather than less work. | Agreed with theme and outcomes re communication and place planning | We aim to support any community group or body that wants support, primarily via CVS Falkirk and Falkirk Council Community Learning and Development | None |
| The community should be empowered to have their own choices and the tools to improve services etc in their areas while working with service  | Agreed with theme and outcomes | We hope these outcomes support this. | None |
| Yes, but there were no real targets & outcomes and there wasn’t enough said about underrepresented communities - asylum seekers, travellers, young people who cannot easily communicate or who do not attend school, disability etc. It’s not enough to hear the voices of those who can articulate views - we’ll then just have responses from a very limited frame of reference, “the worried we’ll” etc & we won’t address key & significant issues | Agreed with theme and outcomes | Targets and indicators are outlined in the delivery plan which will be published as an appendix to the Falkirk Plan.Regarding under-represented communities, we held thematic engagement to hear from these groups but hope to improve these relationships. This is something the partnership will explore in supporting delivery of this plan and locality plans | None |
| Not asked about town centre growth etc. See there is chat about council hq. Who cares. This is not going to make Falkirk a place where people want to be | Disagreed with theme, agreed only with communication outcome | Falkirk Economic Partnership is a delivery group of Falkirk Community Planning Partnership, and its Falkirk Economic Strategy targets economic growth. The Falkirk plan identifies the greatest inequalities in the area and strives to achieve equity of opportunity. | None |
| The online meetings gave a platform for people to voice their views and experiences. The area meetings that were held to plan the path network are a good example to enable communities to be involved | Agreed with theme and 2 outcomes. Based on responses it seems the respondent interpreted as whether the statement was already true and not an outcome to strive for. | We aim to continue these conversations with communities, so they are able to raise issues rather than wait to be asked. | None |
| I am very pleased to see the focus on working together with communities. Communities are passionate about improving outcomes and should be involved in decision making | Agreed with theme and outcomes | This is very much something we found during engagement sessions. | None |
| Regarding the final outcome, the definition of 'place' is key and this is an important consideration in respect of people's needs and aspirations. There are potential tensions between the aspiration for 20-minute neighbourhoods and area-wide initiatives and investment. This has been particularly evident in the community conversations around the Strategic Property Review, as well as the Plan's findings where people appear to want more locally based service hubs and information hubs. | Agreed with theme and outcomes | This is something we plan to explore further in several of our CPP groups. There will be a Locality and Place Planning group to explore planning services in smaller areas, as well as a Community Wealth Building Partnership looking at retaining wealth within local communities. | None |
| it is imperative to get "buy in" from grass roots communities as it instils a sense of ownership that will help drive the outcomes rather than a sense of imposition. | Agreed with theme and 3 of 4 outcomes | Agreed, we hope to work with community organisations as equal member of the community planning partnership. | None |
| It takes people to make community.... everyone has a part to play and should be encouraged to play their part. I would vote for a form of national community service to become part of the passage to adulthood. | Agreed with theme and outcomes | We hope to work with community organisations as equal member of the community planning partnership. | None |
| Community led organisations should be stronger and independent in thought and expression. However, the number of people getting involved is pitifully small and declining. Volunteering is a major issue. Why this is the case is beyond the scope of this survey but inability to commit and apathy will be well understood.However, many perceive years of Council and Political inertia, Councils often run by highly paid people, career based, social and political elitists, where decisions are made and endorsed by subsequent consultations and ignored, signal to ordinary people that there are better things to do with their time. | Neither agreed nor disagreed with theme and 3 outcomes, agreed with outcome re communication | Relationships with community organisations were strengthened during initial lockdowns with volunteers as the front line response for getting vulnerable people food and medication. We hope to build on this and support community organisations. | None |
| I think it’s great that different groups were consulted but proof will be in the actions taken forward in all of these categories. | Agreed with theme, neither agreed nor disagreed with all outcomes | There is a 3 year delivery plan outlining how we plan to progress these outcomes over the next3 years, and there will be annual reports for communities. | None |
| Local decisions are made using local knowledge so listening to locals is important.These are the ideal outcomes we need to strive for. | Agreed with themes and outcomes | We hope these outcomes support this. | None |

# Theme 2: Poverty

The outcomes of this theme had around the 60% mark in agreement and around 20% in disagreement. However, as addressed in the introduction, it is clear many people misunderstood the question to be whether the outcome was a true or false statement in the current climate. For example, a couple of comments were in regard to digital exclusion being a problem but disagreed with the outcome regarding digital inclusion. This issue has been highlighted within the table.

|  |  |  |  |
| --- | --- | --- | --- |
| **Comment** | **Participant agreed or disagreed**  | **Response** | **Change to policy** |
| I would disagree with all these statements as sadly due to covid and loss of employment for many the poverty situation has got worse! | Agreed with theme but disagreed with outcomes – also seems as though they were answering whether the statement was true and not an aspiration | This statement implies the respondent assessed each statement based on how true it currently is. These outcomes were developed as the biggest issues in the area and as such we want to improve these areas. | Will change wording in the introduction section so it is clear these are statements of where we want to be by 2030 |
| Poverty is a real barrier to children and families and should be tackled with a multi-agency approach | Agreed with theme and 4 outcomes | The Children’s Commission and Fairer Falkirk CPP groups look into mitigating should poverty within Falkirk, and are both multi-agency groups | None |
| Not all generations wish to participate in digital services and we need to take this into consideration also and adapt to suit.Multi-agency support services only work when all participants communicate with one another and all have the same vested interest. This is not always the case, and communication fails and those requiring support are failed greatly by the system! In the towns surrounding Falkirk, local transport services have been cut drastically over the last year/year and half. Food prices are higher in these communities, poverty higher and costs more to travel i.e. bus, taxi and more fuel, to the larger supermarkets where prices are lower. | Agreed with theme but disagreed with 3 of the 4 outcomes – also seems as though they were answering whether the statement was true and not an aspiration | The outcome about digital inclusion is about ensuring people have equal access to digital but does not address digital services.Communication is indeed something that needs to be improved between partners as well as with communities.The final outcome of this theme aims to reduce people’s struggle with fuel, food and transport poverty because we recognise that some people are struggling to afford basic necessities. | None |
| Again it’s about assisting those in need to access what others have. However, this needs to be done fairly as there always seems to be a middle of the road (for want of a better word) who fall between the bracket of poverty and plenty. These groups of people who maybe on a low income but not receiving benefits also need assistance. | Agreed with theme and 4 outcomes | The partnership aims to provide equitable support to address people struggling in different ways, though the most pressing issue is those who struggle to afford necessities. | None |
| On many levels the access to digital services has proven important to our clients. Plus the proposed reduction in Universal Credit and furlough payments will, we suspect, lead to an increase in demand for our Foodbank's services | Agreed with theme and 3 of 4 outcomes | The Fairer Falkirk Partnership aims to mitigate the impacts of welfare reform. More information about its work is available in the Towards a Fairer Falkirk Strategy.  | None |
| Children and young people have equal access to participate in all thematic areas that affect them and their families, not just poverty | Agreed with theme and outcomes | Agreed. This outcome is specifically about children and young people that may not be able to participate in school or social activities due to costs. | None |
| How will the present structures and physical spaces change to support- individuals and families affected by poverty have access to joined-up, multi-agency support services, and know how and where to access them. | Agreed with theme and 4 outcomes | The Fairer Falkirk Partnership is a multi-agency partnership that aims to work together to address issues related to poverty and income inequality. This group will work together to achieve these outcomes. However we will also be looking into developing community information hubs so people have better access to information within their own community. | None |
| We have been lucky for some of the children to gain access to computers but at home not everyone has access to wifi!!instead of giving free school meals to kids (which are very poor, nothing homemade ,all out of packets) .. give free wifi for education! | Agreed with the theme and 3 outcomes. Based on responses it seems the respondent interpreted as whether the statement was already true and not an outcome to strive for. | The outcome related to digital inequality will look at addressing all barriers to getting online including access to digital equipment, Wi-Fi, and computer literacy. | None. |
| I agree and again these are bold statements that have to be backed up with progress and infrastructure support in order to achieve this. Working together across the CPP needs to be key and challenging the status quo in a way that allows for honest conversations, reconfiguration of budgets, and the leadership team understanding that social work services and social care have to be funded and supported in the same way that education and health currently are. This is the elephant in the room and has to be challenged, or we’ll tweak around the edges, and be 3 or 6 years down the road with little or no progress. | Agreed with theme and 4 outcomes | Adult care is currently being reviewed at a national level with new legislation being proposed next year which will likely have a significant impact on social care services.The governance structures of Falkirk Community Planning Partnership is being restructured to support delivery of the Falkirk plan in order to reduce the inequalities identified within the plan. | None |
| It is fairly obvious that there are huge groups in the community are just not getting the help they need with digital inclusion. | Agreed with the theme but disagreed with the outcomes. Based on responses it seems the respondent interpreted as whether the statement was already true and not an outcome to strive for | We aim to work together with community groups to increase digital inclusion. | None |
| There are a lot of people in Falkirk who do not know how to access services, barriers to access, lack of trust in services. There is always people we miss just like hidden homeless, poverty is hidden too. | Agreed with the theme but disagreed with outcomes. Based on responses it seems the respondent interpreted as whether the statement was already true and not an outcome to strive for. | The Fairer Falkirk Partnership will work together to deliver the Towards and Fairer Falkirk Strategy and improve the outcomes of the Falkirk Plan. | None |
| Poverty can have an impact on the other themes such s mental health, substance use and employability so it is important that there is support for those who are disadvantaged to live a better, more fulfilling life. Access to support and necessities is vital including access to public transport to attend things such as community groups and health care appointments as this is something that currently many people find challenging and become isolated due to this. | Agreed with theme and 3 of 4 outcomes | Agreed, many, if not all of the themes within the Falkirk Plan are interconnected. Although there are individual partnership groups related to each theme, the Board and an outcome coordination group will work across these themes to identify areas for joint working across themes. | None |
| The partnership should help people to help themselves rather than create dependency on services. | Disagreed with theme and outcomes | That is what we aim to achieve but support needs to be in place for people that are struggling. | None |
| Sustainable, affordable transport for all | Agreed with theme and outcomes | Although there is not much related to transport within the Falkirk Plan, it is addressed within outcome 8 in this theme. In relation to the biggest inequalities, we feel as though affordable access to transport is the main issue to address within this plan. | None |
| This must be done that it’s for people who need it and others do not abuse these systems | Agreed with theme and 4 outcomes | The Falkirk Plan targets the biggest inequalities in the area and aims to support those struggling the most. | None |
| The term poverty is subjective making all above statements also subjective to individual circumstances. | Disagreed with theme. Neither agreed nor disagreed with outcomes | There are identified terms to determine levels of poverty such as ‘relative’ or ‘absolute’ poverty. There are statistics that show where people are struggling on which we want to focus. E.g. 22% of Falkirk households are in fuel poverty and 6,980 children in Falkirk are in poverty.  | None |
| People without cars fund expensive public transport. People who cannot afford high energy bills are put on meters with standing charges even when energy is not being used. How can we reduce the increased envisaged food price hikes? | Agreed with themes and outcomes | People on low incomes are often hit hardest by the issues raised in this comment. The Partnership will aim to mitigate these impacts on local people through joint-working. | None |
| People need access to decent well paid work as the route out of poverty. Food banks etc are not dignified and create inequalities and do not deal with structural inequalities. | Disagreed with theme and outcomes | Whilst we agree that decent paid work is a route out of poverty, food banks have been a lifeline for some and should not be stigmatised. They do not deal with structural inequalities but they do not create inequalities, they are a necessary service until structural inequalities are addressed. | None |
| Poverty is a big issue in the rural areas. Please see detailed comments in the previous section. | Neither agreed nor disagreed | Response with detailed comments | None |
| Many families have no access to online links, they have no smart phone, no laptops/tablets/pcs, they have no broadband and have no Internet via a mobile phone. The children in these households miss out with no online access, school work now relies on children having online access. Food and fuel poverty is high in the area. | Agreed with theme, disagreed with outcomes | Agreed with all these statements and hope to reduce these inequalities though delivery of outcomes. | None |
| Multiagency support services must work in tandem to help | Agreed with theme and outcomes | We hope these outcomes support this. | None  |
| There wasn’t enough about dignity & local food supply & production - ensuring schools, hospitals, care homes & others use ethical, local suppliers; that we close food banks for more dignified provision & that we provide cash when cash is needed. Where’s reference to universal basic income and the 4 day working week? | Agreed with theme and outcomes | Because of the pandemic, food banks were essential for supporting local people to make sure if they were struggling with money, they would still be able to access food for themselves and their family. They aren’t something we want people to need, but they are essential for the time being. Hopefully in the longer-term other interventions will reduce the need for them.Local food production is not a main issue that came from the data review or engagement, but it is something that can support our outcomes to reduce food poverty and carbon emissions, so local projects would be supported. Falkirk Council has a [Community Food Growing Strategy](https://www.falkirk.gov.uk/services/people-communities/docs/growing/Dig%20In%20-%20Community%20Food%20Growing%20Strategy.pdf?v=202104061104) with more information on how members of the community can grow their own food.The Scottish Government is currently investigating both Universal Income and a Minimum Income Guarantee, and these could be solutions or actions related to our outcomes as these develop. |  |
| Very negative. What about normal households that may not be poor but get by and want affordable options for housing, socialising, retail etc. Make it a good place to be. Attract events, excite people. | Agreed with theme and 2 outcomes. | The Falkirk Plan aims to reduce inequalities for those struggling the most. Reducing inequalities will have a positive effect on the area in general, but this plan will not target those not experiencing inequality. Falkirk Economic Partnership has an economic strategy that can be referred to. | None |
| Not everybody has the necessary computer skills nor the available technology. In non COVID times computers can be accessed in the library. | Agreed with theme but not outcomes. | The action about digital inclusion aims to increase access to digital equipment as well as improve digital skills for those that need it. | None |
| Too many policies are responsible for widening poverty gap and there needs to be more emphasis and action to eradicating poverty. Improved policy decisions to reduce poverty in Falkirk needs to be embedded across all sectors | Agreed with theme but not outcomes. Based on responses it seems the respondent interpreted as whether the statement was already true and not an outcome to strive for. | Policies developed by public bodies must pay due regard to socio-economic outcomes and ensure they do not exacerbate any inequalities. This plan aims to reduce poverty through the identified outcomes within this theme. | None |
| As a Community Planning Partner delivering, in the main, universal services, the finding that 'People across Falkirk have told us that some local services are unaffordable and have highlighted children’s activities in particular' needs to be analysed so that resources can be targeted at those 7000 children most in need. | Agreed with theme and outcomes | The Fairer Falkirk Partnership has been investigating the ‘cost of the school day’ and is working to continue reducing costs associated with school and extra-curricular activities. Outcome 6 of this plan will support this. | None |
| Some families struggle and don't know where to access help. Often through embarrassment but also don't know where to turn. Education has helped give children IT access but if no Internet it regularly electricity in their homes, they miss out. | Agreed with theme, disagreed with outcomes. | We hope these outcomes help this. | None |
| I think all of these outcomes will help with poverty of one type or another. It is really important that the full picture is available so I think Outcome 3 is vitality important to get the right help in the right place. | Agreed with theme and outcomes | We hope these outcomes support this. | None |
| Our food supply chains are showing signs of weakness...I would like to see more provision of allotment space and young and old being encouraged and trained in gardening skills. The active travel routes and better public transport provision some of which should/ could be state run will help alleviate the inequalities that many people currently live with. | Agreed with theme and outcomes | Falkirk Council has a [Community Food Growing Strategy](https://www.falkirk.gov.uk/services/people-communities/docs/growing/Dig%20In%20-%20Community%20Food%20Growing%20Strategy.pdf?v=202104061104) with more information on how members of the community can grow their own food, as well as information on allotment space.[Falkirk Active Travel hub](http://falkirkactivetravelhub.org/) has great resources related to active travel. Public transport is not provided by the Council, but some communities have community transport, which is something that can be explored by the community. | None |
| These questions really do not get to the hub of the problem. Poverty and why there is Poverty needs defining better.For example, people of all ages will never have equal opportunity to access digital services. Some digital services become beyond people as they get older. | Disagreed with theme and 2 outcomes. Neither agreed nor disagreed with 2 outcomes (joined up and food poverty) | Our outcomes are based on community feedback, data and policy priorities. People may never have equal access, but we aim to reduce barriers to access. | None |
| These are the ideal outcomes we need to strive for. | Agreed with theme and outcomes | We hope to work with the community to achieve them. | None |

# Theme 3: Mental Health and Wellbeing

The outcomes of this theme had the lowest agreement, with each outcome between 53% and 59% in agreement. As has already been addressed, there were many that misunderstood the question, and this theme seems to have the most instances of this. Of all the people that disagreed with the outcomes, there weren’t any that left comments that would imply they didn’t believe the outcome was a priority. So the actual amount agreeing may be higher.

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| **Comment** | **Participant agreed or disagreed**  | **Response** | **Change to policy** |
| Once again mental health is a HUGE issue for the NHS, Police, social services to deal with. Not enough resources available to support this. | Agreed with the theme but disagreed with the outcomes.  | The Partnership recognises mental wellbeing as a huge issue locally and aims to increase resources for these services through inclusion within this plan. | None. |
| Mental health issues and suicide rates are high in Falkirk whilst support services seem stretched with long waiting times therefore these issues need to be identified and addressed. | Agreed with theme and 4 outcomes | We hope these outcomes support this. | None |
| Do not have access to stats re suicide rate. Waiting more than a few days for help with mental health is too long. Having had firsthand knowledge of the lack of support provided to children and young people, this can only have deteriorated over the last year, not only fir this group but fir all suffering from mental health issues.I would think more suffer from isolation due to Covid! | Agreed with theme but disagreed with 3 of the 4 outcomes | Suicide statistics were included in the draft plan. New statistics have become available in this time and Falkirk now has the 5th highest suicide rate among Local Authorities, up from 9th. Studies show Covid-19 lockdowns have increased social isolation. These outcomes address these issues. | None |
| What’s not to agree with??? | Agreed with theme and 4 outcomes | None | None |
| Mental health and well-being should primarily be addressed by the NHS | Agreed with theme and 4 outcomes | The Mental Health Planning Group is chaired by the NHS and includes officers from, Falkirk Health and Care Partnership, Falkirk Council Children’s Services, as well as mental health specialists and medical professionals.  | None |
| more opportunities for early intervention - community recreation, green spaces, build sense of community through events, parades etcmore activities for young people - youthwork, sport, art, drama, music etcmore activities for adults and older people | Neither agreed nor disagreed with theme, agreed with outcomes. | We aim to work with communities more, and locality planning will open up further opportunities to address issues in a more local setting. | None |
| How will people struggling with mental health in the community get more support, will it be an accessible self-referral system that is well resourced? | Agreed with theme and 4 outcomes | The Falkirk Plan has a 3 year delivery plan currently under development to outline actions for the next 3 years. However the theme will be taken forward primarily by the Mental Health Planning Group. The partnership will publish the delivery plan as well as annual reports showing how we have progressed these outcomes. | None |
| So many suicidal young males especially, waiting lists for mental health is crazy! | Agreed with the theme but disagreed with outcomes.  | Suicide rates among both males and females in Falkirk are higher than the Scottish rates, with male suicide rates particularly high. Through joint resourcing and campaigning we aim to reduce this. | None. |
| I agree and as above these are interconnected agendas and working together and pooling resource is essential. | Agreed with theme and 4 outcomes | None | None |
| I do not see any ground getting made up surrounding these issues, and they need dealt with today not kicked down the road. | Agreed with the theme but disagreed with the outcomes.  | These issues do need addressed, however they are complex and deep-rooted issues. These are 10 year outcomes as we hope to improve the situation throughout that timeframe, but joint working to reduce these issues is already taking place. | None |
| Mental Health service wait times and access far too long.After covid more people feel isolated.Young males suicide in Falkirk is an issue that needs more attention | Agreed with the theme but disagreed with outcomes.  | Agreed these issues were identified in the plan and are targeted via the identified outcomes. | None |
| I have seen the increase in need for mental health services over the lockdown and the Covid pandemic however this has always been required. It is important that a whole person approach is used when working alongside those seeking support as many factors can impact on each other.As mentioned above all of these themes support each other so someone may have poorer mental health because they are living in poverty or vice versa so it is important to look at all aspects of the person’s life to support them.Reducing suicides is very important in the Falkirk area and ensuring the safety of the community is one of the most important themes. | Agreed with theme and 3 of 4 outcomes | Agreed. The issues have individual delivery groups for each theme, but membership greatly overlaps and the Board will look at the themes together to deliver across partnership groups. | None |
| Resources have to be easily available for people who need it and quickly not waiting months or years for it | Agreed with theme and 4 outcomes | Throughout delivery of this plan, the Partnership will need to consider how these issues are being resourced in order to achieve these outcomes. | None |
| More needs to be known about the effects of changing behaviour to positively influence mental health. Exercise and food choices both improve mood. Quitting smoking is as effective as taking an anti depressant. Greater social capital improves life expectancy - how do we make these concepts invaluable? How do we encourage people to veer away from substance use (starting with tobacco - the most accessible) as being normal behaviour? More smokers have MH difficulties, which comes first is unproven but as there's a link surely this should be considered. Smoking is ultimately long term suicide, at very least it is a serious long term addiction. Let's back the 2034 aim of reducing the smoking population to 5% and let's be clear in our plans that this is an objective for Falkirk. | Agreed with themes and outcomes | Substance use has been targeted within this plan, and although there is focus on drug use, stigma and family support, the outcome on prevention for young people includes smoking. Falkirk ADP also has its own delivery plan that targets the reduction of all substance use.The NHS Forth Valley are also developing a health improvement plan for Falkirk, Stirling and Clackmannanshire that will address many of these issues. | None |
| Rural areas : FKP should note that few agencies seem to be operating in rural areas. The idea of local hubs would be an excellent thing to provide... possibly co-ordinating with local activities or events to get some increased foot-fall. | Agreed with theme and outcomes | We aim to work with communities across Falkirk in relation to community information hubs and local provision | None |
| Why are people feeling lonely and isolated - perhaps if Falkirk was a more welcoming and open place - with fewer cliques and snobbishness- that might help | Did not answer theme, agreed with 3 outcomes, chose neither for one outcome | None | None |
| During 2020 and into 2021 MH services were reduced vastly. People were offered telephone support if deemed in a high enough category. However many of these people were paranoid to use the telephone, didn't have a telephone, didn't have credit to make calls to chat when struggling. Others are on waiting lists or deemed not high priority enough to be seen. | Agreed with theme, disagreed with outcomes | Demand for mental health services increased throughout the pandemic as suggested. These outcomes aim to improve resource and access. | None |
| Mental health is an ever-increasing social issue and must be at the forefront of work. All the other factors including poverty and inequality feed in | Agreed with theme and outcomes | The themes of this plan are all inter-connected. | None |
| CAMHS doesn’t always perform well Locally but the key might be to invest in other, preventative measures. Where’s the detail of wellbeing approaches in schools, workplaces & communities? Where’s the spend per head figure? What about the third sector role - with years of funding cuts isn’t it time we moved to more third sector engagement and longer contracts rather than year on year. Everyone knows the third sector are effective for mental health. There’s nothing much about Justice - what about people at risk of prison or coming out of prison? Where’s the reference to a wraparound mental health service with Polmont HMP YOI? | Agreed with theme and outcomes | This plan is for the whole of Falkirk so we want to address access to mental health across the area. Groups such as people coming from prison will be considered through the mental health planning group and professionals. The Community Planning Board will support these professionals, and the third sector in providing services for all.The Falkirk plan is an overarching plan with key partnership groups and agencies working on more detailed actions. | None |
| Not all mental health issues need intensive services. Create a place that excites and makes people happy. Would create jobs? Get Falkirk university! | Agreed with theme and suicide outcome | Similar to responses to respondents’ other comments, this plan is about addressing the greatest issues in the area for those struggling the most. It may not resonate with people that don’t experience these issues.Not all mental health issues will need intensive services and we aim to support community and self-support as well. | None |
| COVID caused some of the services and centres to be closed. It is tricky to access medical related support at this time. | Agreed with theme but not outcomes.  | Yes, access has been more limited and mental health has been exacerbated as a result of lockdown, job insecurity and other effects of the pandemic. We hope by looking more closely at services we can improve access to care. | None |
| I agree with all of these outcomes stated. the impact on Covid and mental health is going to be felt across the population for many, many years to come. The emphasis on access to appropriate and adequate service provision is vital.Work to reduce suicide deaths also needs to focus on mental health attitudes and stigma in communities. There should also be more support for families bereaved through suicide | Agreed with theme and outcomes  | We hope these outcomes support this. | None |
| Mental health services are under resourced and have long waiting lists. This puts people off and they don't even ask for help. | Agreed with theme, disagreed with outcomes. | We hope to address issues such as these. | None |
| if we concentrate on getting the initial contacts sorted out then the other two outcomes maybe a bi-product. I think the whole person approach is the most important aspect here. | Agreed with theme and 2 outcomes about services for adults and children | Yes whole person support could lead to reduced suicides but it is such an issue locally we think it needs to be highlighted. | None |
| We are a social species but fear now lives amongst us ...a social work friend once told me a staggering statistic about the hidden levels of paedophilia within our society. Domestic abuse -substance abuse-self harm-suicide......we need to create more open cohesive societies and bring fresh air and breathing spaces into people’s lives ...at the moment as a species I feel we are really struggling and many folk are just passing the pain down. | Agreed with theme and outcomes | The outcomes were developed via data and community engagement and we hope we have accurately captured the greatest inequalities in the area. | None |
| CAMHs waiting times are quite frankly appalling. | Agreed with theme, neither agreed nor disagreed with all outcomes | We hope to increase support and resource for local services for children and young people’s mental health | None |
| These are the ideal outcomes we need to strive for. | Agreed with theme and outcomes | None | None |

# Theme 4: Substance Use

As can be seen in the chart, the outcomes related to drug-related deaths and preventing substance use in young people had the most support within this theme. Around half of respondents agreed with the other 2 outcomes.

This theme had quite a few negative comments, particularly around stigma and families. Some left comments about personal/ familial experiences with services locally which supports a need to improve training and resources.

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| **Comment** | **Participant agreed or disagreed**  | **Response** | **Change to Policy** |
| Substance misuse has got worse during recent months again due to covid and the huge rise in poverty. | Agreed with theme, disagreed with outcomes | Yes, data suggests this issue is rising, we hope to reduce the issues through targeting the outcomes of the Falkirk Plan | None |
| Substance misuse and drug related deaths are very high in Scotland as a whole. Any government initiatives to improve this situation has to filter through in a meaningful way for local residents | Agreed with theme and 4 outcomes | Drug-related death is a national issue, as well as locally. NHS Forth Valley have recently hired and Suicide and Drug-related death coordinator, and the Mental Health Planning Group has a specific subgroup targeting suicide and drug-related death. | None. |
| I do not know enough about this. But am aware increase drug issues within high schools | Agreed with theme but disagreed or chose ‘neither’ for the outcomes  | None |  |
| Families should be empowered with the knowledge and skills to overcome their issues or where to go for help when they are in their journey of behaviour change, enabling isn’t enough and doesn’t imply that services need to take responsibility for imparting power to communitiesprovide alternatives to substance misuse  | Neither agreed nor disagreed with theme, agreed with outcomes | We used the term ‘enabled’ over ‘supported’ to emphasise that we want families to be knowledgeable and empowered in their journey. The overall aim is that services provide support when needed but families are empowered and involved in their own, and their affected family member’s journey. | None |
| How will stigma around alcohol and drug use be reduced? What actions are planned? | Agreed with theme and 4 outcomes | At the moment, actions in the Delivery Plan include:‘Design and implement attitudes and values/ anti stigma training for frontline staff and partners.’‘Ensure a consistency in language relating to rehabilitation and support for substance use to inform key protocols and guidelines e.g. sickness absence. Adopt a non-stigmatising and person-centred approach.’‘Implement campaigns to raise awareness across partners about help and support available for those affected by substance use’But the ADP has a delivery plan with further actions and awareness raising planned. | None |
| Street drugs are especially really bad, cheap and nasty but very dangerous | Agreed with the theme but disagreed with outcomes.  | None | None |
| I agree and again please note my above comments as relevant across all the outcomes. | Agreed with theme and 4 outcomes | Comments were regarding reviewing the plan, answered previously | None |
| no we have let the communities down and sadly it will be difficult to get us back to pre-covid amounts. The key is the 3rd sector with council support | Agreed with the theme but disagreed with the outcomes.  | We do hope to work as a partnership, including the third sector, to address these issues | None |
| It is really important to have discussion with young people regarding substance use and to have honest and open discussions about drugs, drug deaths and illness that could be caused because of drug use without the young people potentially fearing repercussions about being honest. This will come with reduction of stigma also. | Agreed with theme and 3 of 4 outcomes | The Social Influence Programme in schools addresses young people’s perceptions of their peers’ substance use and has proven effective at reducing consumption.  | None |
| Stigma is a society-wide issue and needs to be addressed as such. Focus on common values. | Disagreed with theme, agreed with 3 of 4 outcomes | None | None |
| Again education and communication a priority | Agreed with theme and 4 outcomes | Prevention addressed in the Falkirk Plan and delivery plan | None |
| What a waste of an opportunity - statements are infantile. | Disagreed with theme and 2 outcomes, chose ‘neither’ for outcomes. | They are not statements; they are outcomes of what we want to achieve as a partnership through multi-agency actions identified in the delivery plan and in partnership group plans. Partners will jointly plan and fund actions to reduce these issues. | None |
| As mentioned, there will be a demonstrative rise in young people smoking before the plan expires. Can we really afford not to give it the attention it merits from the outset. | Agreed with themes and outcomes | Falkirk Alcohol and Drug Partnership has a delivery plan which addresses smoking | None |
| It’s the family’s fault there is stigma associated with substance misuse - wonder if it’s these families that are isolated and lonely- perhaps if other people were less judgmental they would not experience discrimination and disadvantages- this strikes me as victim blaming | Disagreed with theme and one outcome, agreed with 3 outcomes | Families affected by substance use deserve support and participation in the recovery process. | None |
| Lengthy waiting times at local treatment service CGL. When allocated lengthy waits in between appts of months at times. Telephone appts preferred by CGL staff not the person needing support. Workers change frequently.Needle exchange facility very poor with limited opening hours only available in Vicar street office. Not encouraging people to access this facility resulting in more people reusing needles increasing hep c and hiv risks. Previously a home delivery needle exchange was available from Transform FV but this was stopped by the ADP when lockdown ended. | Agreed with theme and 1 outcome. Disagreed with 3 outcomes. | This will be feedback to the Alcohol and Drug Partnership as a highlighted area of concern. Thank you for your feedback. | None – progress via ADP. |
| A very close family member has been at CGL for support this year. Feels embarrassed by staff, stigmatised, poor choice of appointment, apparent poor knowledge of staff and so disappointing. Needle exchange closed for large parts of the day so missing out on the information and equipment vital for his safety | Agreed with theme and outcomes | The training of front-line workers is something that came up across the Plan’s themes. There was concern regarding discrimination and stigma, as well as the language used by staff.The Delivery Plan for the Falkirk Plan commits to attitudes and anti-stigma training for frontline staff and partners, as well as consistency with the use of non-stigmatising language. | None |
| There’s not enough detail - the ADP Locally don’t focus enough on prevention with young people, work in schools etc. There’s no mention of peer support, peer mentors and the role of the third sector. It’s too light on detail | Agreed with theme and outcomes | There is a preventative programme in schools that addresses young people perceptions in relation to peers’ substance use called the Social Influence Programme. The programme is being rolled out to all schools and has proven successful. The ADP has a delivery plan available online with further detail. | None |
| What does enable mean? Get that there are problems and help needed but surely the plan needs to be more than this. Depressing. Get people uplifted! | Agreed with theme and 2 outcomes re drug related death and young people | Similar to respondents other comments, this plan is about addressing the greatest issues in the area for those struggling the most. It may not resonate with people that don’t experience these issues | None |
| This doesn’t appear to be much in the public eye at the moment. I suspect that it perhaps is not so prevalent at the moment. | Agreed with theme but not outcomes. | Unclear what it meant by this. Research suggests mental health has been affected during the pandemic and we hope to support improvement. | None |
| Agree with the outcomes focus. Support for existing substance users into recovery programmes and recovery communities needs to be emphasised. Drug deaths spiking in the older population of clients who have long term substance use e.g. 35 years plus. | Agreed with theme but not outcomes. | We hope the outcomes of this plan support this. | None |
| More information about substance use and trauma issues in the press/social media etc to help people stop saying 'it's a choice' and they person 'gets what they deserve'. But local Facebook pages are very derogatory and stigmatising for locals.The main service in the area CGL have long waiting times, too many phone appointments and not seen in person enough. When they do see people in person it's very short appointments as they're so busy so service is poor. Workers seem to change age a lot and this makes people feel undervalued and not cared about | Agreed with theme, disagreed with outcomes | The Falkirk Plan aims to reduce stigma and improve support available for those affected by substance use, including families.This feedback will be shared with Falkirk Alcohol and Drugs Partnership to take forward. | None – progress via ADP |
| i think this Theme is closely related to mental health and some of the outcomes here could be achieved from the work done under other themes | Agreed with theme and 2 outcomes (death and children) | It is closely related and the delivery groups for each issue are closely linked with joint subgroups in some cases. Most, if not all, themes are interlinked. | None |
| Cycle a 100 miles a day on a bike and you will feel great the endorphins will be flying round your body.....natural highs like climbing mountains, rowing boats etc, etc. etc....healthy life choices should be available to all....sitting using drugs will seem like a poor and highly uncool alternative.... | Agreed with theme and 3 of 4 outcomes (not stigma) | None | None |
| I don’t think this should be particularly a Falkirk Plan issue. This is a National and international Scandal that needs Macro attention. Micro or Local interventions plaster the cracks. When substance abuse has urban street credibility and it is accepted as the norm at all socio economic levels with a hierarchy of users and suppliers this collateral damage will just continue.Yes, there should be a stigma to Substance abuse. It fuels crime, extortion, violence prostitution, illegal immigration, prostitution and modern day slavery and creates poverty.This starts not just in the lowest socio economic groups but in Social groups you would think would know better and have better judgement.Gambling, Gaming, Television and Social Media, do not seem to be mentioned. All have major effects on Poverty and Mental Health. | Disagreed with theme and one outcome. Agreed with one outcome, neither agreed nor disagreed with other 2. | Local interventions can have an incredible effect on individuals lives and improvement to issues such as these. National attention to an issue still needs local activity to succeed.It is our responsibility to contribute to Scotland’s national outcomes, one of which is ‘we respect, protect and fulfill human rights and live free from discrimination’. Stigma leads to discrimination and could prevent people from accessing life-saving support. | None |
| These are the ideal outcomes we need to strive for. | Agreed with theme and outcomes | None | None |

# Theme 5: Domestic Abuse and Gender based Violence

Interestingly, although the percentages of people agreeing were similar to the outcomes in other themes, these outcomes had the lowest percentages of people disagreeing. More people disagreed with the prevention of male violence against women outcome than the others in this theme, though a lower percentage than some of the other outcomes so it was in no way controversial. A couple mentioned the need to support all victims of abuse, which we have covered within the first 3 outcomes of the theme.

This was another theme where some people left comments about local services specifically and agreed there is a need for further training for front line staff.

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| **Comment** | **Participant agreed or disagreed**  | **Response** | **Change to policy** |
| I am aware of police intervention and support and also NHS support. Just not convinced men who carryOut violence are identified early or supported to change their behaviour. | Agreed with theme and 3 outcomes. | The outcomes are all areas that need improved locally. We aim to increase men who carry out violence to be identified early and supported to change their behaviour | None. |
| Raising awareness and giving people affected the opportunity and safe communication lines and support will hopefully reduce isolation and risk. | Agreed with theme and 4 outcomes | Agreed | None |
| Do not know enough on topic and those affected but surely men and WOMEN who carry out violent attacks on the opposite sex should be supported to change behaviour! Stats show that men also suffer domestic violence but are more reluctant to report! | Agreed with theme but disagreed or chose ‘neither’ for outcomes.  | The three outcomes related to domestic abuse are completely gender-neutral because all victims need respect and support.The final outcome addresses the significant gender imbalance of gender-based violence. The Falkirk Plan identifies those facing the greatest inequalities, and women are far more likely to be victims of abuse and assault by men and therefore that is the issue of inequality. | None |
| The final one about men carrying out violence is much more complex and multifaceted than this statement implies. | Agreed with theme and 3 outcomes; did not answer one. | It is a very complex issue, but one that must be addressed. | None |
| someone who commits an act of gender-based violence should be supported early to change their behaviour regardless of what gender they are | Neither agreed nor disagreed with theme, agreed with outcomes | Yes they absolutely should. The final outcome addresses the gender-imbalance of gender-based violence and aims to reduce male violence against women as it is a prevalent issue. | None |
| How will you increase awareness of these issues to frontline staff? | Agreed with theme and 4 outcomes | The Gender-based Violence partnership has carried out a service review and are currently developing a delivery plan to address GBV issues. This includes investigating training options and commissioning training for staff to ensure an appropriate first response to abuse. | None |
| The changes in the new domestic violence unit and the new MARAC has been very positive and I have found that this has been useful. However early intervention and behaviour change is a positive focus and may aid in future behaviour change for other generations. | Agreed with theme and outcomes | Agreed | None |
| Again it's an issue of wider society, mental wellbeing, relationships, etc. needs wider dialogue and understanding. | Disagreed with theme, agreed with outcomes | The themes are all interconnected and mental wellbeing is an issue, but we must have specialist local action as well. | None |
| We need more safe houses | Agreed with theme and 4 outcomes | This comment will be passed along to our Gender-Based Violence Partnership | None – progress via GBVP |
| The last statement just supports my belief that this subject glosses over violence AGAINST men - just an awful, sexist, statement. Shame. | Disagreed with theme, neither agreed nor disagreed with outcomes | 3 of the 4 outcomes are not gender specific and we want to support anyone experiencing abuse. Discussing male violence against women does not diminish other types of violence, it simply says it is more prevalent.In Scotland 82% of domestic abuse incidents involve a female victim and a male perpetrator. Of all reported rapes in Scotland in 2019/20, only 5% led to a prosecution, and all those prosecuted were male. When 4 in 5 victims of domestic abuse have a male perpetrator and a female victim, that is a significant inequality that must be addressed.  | None |
| FKP should note the very positive effect that a visible, known, named community police service can have. | Agreed with theme and outcomes | None | None |
| How do you plan to do this when services not helpful to people experiencing abuse - and attitude of frontline staff appalling and are told just to leave abusing partner. And you want to help the abusive partner - this is all victim blaming | Disagreed with theme, agreed with 3 of 4 outcomes | Awareness training and development for frontline staff has been identified as a resource need and is outlined in the delivery plan. These outcomes are not to be achieved in isolation and each outcome will be sought in order to identify gaps in services and reduce the issue. | None |
| Still more awareness and staff training required to feel confident in discussing these issues and offering the correct advice and referral routes. | Agreed with the theme, agreed with 1 outcome, disagreed with 1, chose neither for 2. | Yes, the delivery plan has actions to identify opportunities for staff training. | None |
| I don’t think current staff in so many services understand trauma and abuse sufficiently to understand how a person affected might react afterwards or during the relationship | Agreed with theme and 3 outcomes other than staff training one. | Training has been identified across many themes and is something the CPP aims to address. | None |
| Where’s the dedicated investment figure? How will Falkirk Council deal with the shortfall in funding from Equally Safe? What about the links with housing? Where’s the outline of preventative work in schools to stop domestic abuse in the future? What about work with large, male dominated industries Locally - Grangemouth, Alexanders buses etc. Why aren’t we promoting white ribbon (or other) initiatives there; we’d get help from local football & sports…it’s just not ambitious enough to make a difference in the longer term | Agreed with theme and outcomes | The Falkirk Plan sets out the greatest inequalities within Falkirk and why they need to be tackled.There is a 3-year delivery plan that sets out how the CPP plans to tackle these issues, and the Gender-based Violence Partnership is currently developing a delivery plan on reducing Gender-based Violence across Falkirk.  | None. |
| Again. This problem needs fixing but doesn’t affect all households  | Disagreed with theme, agreed with outcomes re effective interventions and male violence against women | This plan is about addressing the greatest issues in the area for those struggling the most. It may not resonate with people that don’t experience these issues | None |
| Domestic abuse is hidden behind closed doors. I think the police are more likely to intervene in domestic abuse incidents as they were at one time.I think that there was more domestic abuse during lockdown and, at this time, difficult to access services. | Agreed with theme and 1 outcome, disagreed with 1, neither for 2. | Domestic abuse charities have suggested domestic abuse may have increased during lockdown due to increased time at home with abuser. This is addressed within the Plan. | None |
| If people are known to be in this situation by services then yes, the support is good. Unfortunately it often takes many years for people to admit/come forward saying there is an issue. I think the local services take this seriously and help on offer is good | Agree with theme and 2 outcomes, neither agreed nor disagreed with 2 outcomes | We hope to improve services through delivery of this plan | None |
| any work in this field has to be welcomed. | Agreed with theme and outcomes | None | None |
| The abused often become the abusers breaking the cycle has to start some where | Agree with theme and outcomes | We hope the outcomes support this issue. | None |
| These may be important issues but not a matter for a local plan. | Disagreed with theme and 2 outcomes, agreed only with outcome re joined up support | The purpose of the Falkirk Plan is to identify the biggest inequalities. It is not a ‘local plan’ as in the previous term for a Local Development Plan. This may not have been understood. | None |
| These are the ideal outcomes we need to strive for. | Agreed with theme and outcomes | None | None |

# Theme 6: Economic Recovery

This theme has 3 outcomes instead of 4, and people were more in agreement with these outcomes than in some other themes, particularly the first one regarding retaining local wealth.

Agreement with the net zero outcome was lower, but not as low as some other outcomes in other themes. The percentage of people disagreeing with the same outcomes was also lowest in this theme, with 35% picking neither agree nor disagree. People’s undecidedness over the outcome and comments related it imply it’s not a topic people are as familiar with, which shows there may be need for further public education on this area.

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| **Comment** | **Participant agreed or disagreed**  | **Response** | **Change to policy** |
| All these points are very achievable. | Agreed with theme and outcomes | None | None |
| Good access to education, training and employment will help local residents to achieve their employment goals and if local businesses are supported then local wealth and economic growth can be sustained | Agreed with theme and 4 outcomes | Agreed | None |
| Small towns seem to be at the end of the line for funding. Have not seen any promotional information from Falkirk Council on green recovery. This relates to being able to have the funds to access local bus services to access employment support groups, attending interviews etc for those living in towns surrounding Falkirk District. Or having/wanting the digital skills and equipment to apply online. | Agreed with theme but disagreed or chose ‘neither’ for outcomes.  | Not sure what the comment is regarding as it seems to reiterate the outcomes from ‘this relates to’ onwards so unclear whether this is unfavourable. Though the respondent appears to disagree with the outcomes. Not sure what the funding element refers to either.In terms of green recovery, our net zero outcome is a new focus for the Community Planning Partnership, and there are many opportunities through the Falkirk and Grangemouth Growth deal to support green recovery. | None |
| Focus on the community is important and using local suppliers to support with economic growth is great to see. | Agreed with theme and 3 of 4 outcomes | None | None |
| Sustainable, affordable public transport for all | Agreed with theme and outcomes | Affordable public transport is something we are looking at via the Poverty theme. Active travel and sustainable transport is something we will consider through the Community Planning Board as well. | None |
| Think this is a long shot as people don’t like change and electric cars etc too expensive and not practical | Agreed with theme and 3 of 4 outcomes | The net zero target is a national commitment that each area must contribute to. In practice it is not only individual choices, but decisions made by us as public organisations as well as local business responsibility. | None |
| Again, if economic growth is for all we cannot allow tobacco retailers to have more shops in areas of high deprivation, where smoking rates are higher. Focusing on green recovery is great but no matter what Scotland do as a whole it will not impact the world's global warming. I understand it's better to lead by example, but I believe Falkirk has greater priorities. | Agreed with theme and outcomes | Although smoking is higher in areas of deprivation, smoking rates and smoking related deaths are low in Falkirk compared to Scotland. The Falkirk Plan is to tackle the greatest inequalities in the area and smoking was not identified as such. | Climate change section will be improved |
| Disposing inefficient Council property assets is not an acceptable way of improving Falkirk's carbon footprint. Our community deserves a quality community space so please bite the financial bullet please... insulate, upgrade, improve the community halls, etc. | Agreed with community wealth and employment outcomes, chose ‘neither’ for theme and carbon outcome. | The CPP is currently developing actions related to this outcome to encourage reduced carbon in the wider area. However, this comment will be passed along to the relevant Council team to get more detail regarding carbon management plans. | None |
| People should be encouraged to leave local area if that helps fulfil ambition. What about people who do not want to work in green sector but for example in creative industries- are we only allowed to work in green sector | Disagreed with theme and 2 outcomes | The net zero outcome is not specifically about work, and the unemployment outcome is a separate issue so more general. Carbon emissions should be considered in every industry, and people should be supported into any industry for work. | None |
| People with a criminal history have difficulties in seeking employment. Often literacy issues along with lack of Internet access reduce potential employment opportunities. | Agreed with theme and community wealth outcome, disagreed with employment outcome, chose neither for net zero outcome | Our digital inclusion outcome 5 aims to address lack of internet access. Falkirk Council’s Education and Training Unit supports people with difficulties get into employment, and outcome 23 aims to improve this. | None |
| I’d like to see much more about the role of Grangemouth industries to address their negative impact and support local green & economic growth | Agreed with theme and outcomes  | The Falkirk and Grangemouth Growth Deal is a significant investment into the area, which will address some of these issues. The Falkirk Plan and in particular outcome 22 does address this, but due to the stage the Growth Deal is at and the ongoing work involved, it was felt this was outside the scope of this plan. Falkirk Economic Partnership reports to the Community Planning Partnership so progress will be reported to communities, and there is ongoing work for a Grangemouth Community Action Plan to address more specific inequalities to the Grangemouth Community. | None – Growth deal to be linked to Delivery Plan and reported to Board. |
| What does economic growth is inclusive mean? All policy jargon. Keep plan real please get jobs, events, affordable housing | Agreed with theme and outcomes | Similar to respondents’ other comments, this plan is about addressing the greatest issues in the area for those struggling the most. It may not resonate with people that don’t experience these issues.Inclusive growth is when experiencing economic growth, ensuring it grows for everyone, and not allowing the poverty gap to widen. | This will be made more clear |
| I think there will also be people who are unable to access good education. There will need to be a more integrated transport network to get cars off the road. Rural areas need better public transport. Until this happens, there will be people who miss out. | Agreed with theme but not outcomes.  | Our final outcome relates to access to education and employment because it was recognised that access to education is as important as access to employment. Through this outcome we hope to improve the things you have suggested, and they are noted for moving into the delivery period of the plan. | None |
| Probably the most challenging outcomes of all in the Falkirk Plan as it's not clear how much influence the CPP has over achieving the first and second outcomes. | Agreed with theme and outcomes | For outcome 20, the CPP is in the process of setting up a Community Wealth Building Partnership in order to implement these principles locally, and for outcome 21 the Economic Partnership will be leading on green recovery, and it reports to the CPP | None |
| I think the green recovery need to have input at national level, however, we can invest in education and local enterprise to support our local community which is something that happened in the area after the war and probably until the late 70s. | Agreed with theme and 2 outcomes – not net zero | Green recovery and net zero are national policy agendas but they do need to be implemented at a local level as well to be achieved.  | None |
| Access to Life Long Education will result in a healthier wealthier society with benefits for all | Agreed with theme and outcomes | The Community planning Partnership is currently setting up a new group focused on community health and wealth. This will look at the principles of community wealth building as well as a wellbeing economy to look at how to improve the wellbeing of communities. Through this group we will plan for creating healthier and wealthier places across Falkirk, including access to things like education and fair employment. | None |
| Manufacturing continues to dwindle as goods manufactured in China and low cost economies flourishThere needs to be sustainable businesses and a thriving local economy. The Web, Amazon, out of town shopping and other nearby centres eg. Stirling Glasgow and Edinburgh have stolen much of the cream business, This is another national problem, but once again Falkirk has massively contributed to the downfall of Town centres with Transport, Pedestrianisation, Parking policies and business rates.The measures taken to counter the so called "National Climate Emergency" will inevitably have an effect on the economic revival, mostly adverse. However, this could be alleviated by people changing habits. However reversing the habits developed over the last 50 years will lead to significant economic damage.Councils interventions in driving "the market" in the direction they want it have not been particularly successful, policy has to be set at British level. | Neither agreed not disagreed with theme and 2 outcomes. Disagreed with outcome re community wealth. | The new Partnership for community wealth building as mentioned in the above box, will look at the health and wellbeing of places across Falkirk. It will explore how to create healthier and wealthier places by improving public health, the economy and the environment in tandem.  | None |
| These are the ideal outcomes we need to strive for. We need to get to net zero before 2045 | Agreed with theme and outcomes | Agreed | None |

# Anything Missing from the Plan

In this section there were 22 responses. 3 were omitted from this table as they agreed with the outcomes and stated that nothing was missing. From the responses left, there weren’t any issues that were raised by several people. Anything raised was only raised by one or two, so there isn’t anything to suggest there are really pressing issues that have not been included in the Falkirk Plan. Comments and responses are included in the table below.

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| **Comment** | **Response** | **Change to policy** |
| Nothing was mentioned in the report about the lack of support for those with disabilities. | There is some mention in the plan about people with disabilities being more likely to experience some issues such as digital exclusion or abuse, it is not one of the main themes of the plans. People with disabilities are more likely to experience many of the issues in the plan, and as such will be addressed within the themes through delivery groups, should it be an area of concern. | None |
| Planning to make asset transfer to local communities easier and more transparent with identified funding streams to modernise buildings and make them COVID secure going forward. | Under outcome 2 in the delivery and monitoring plan, an action included is ‘Improve pathways for communities to access Community Asset Transfer and Participation Requests and promote these tools to community bodies’ | None – delivery Plan will be published with Falkirk plan. |
| The voice of the community should be running through the plan and be heard | We hope we’ve achieved this, and our delivery plan sets out a number of actions to improve relationships and communication with communities. | None |
| There has been a recent consultation launched by Scottish Government on their plan to create a National Care Service across Scotland. If this comes to fruition this will have a significant impact on the proposed plan, the CPP, Falkirk Council, partners and the local community. The need to be alert and understand the implications and potential opportunities has to be factored in from the very beginning. | This is true and is likely to have many implications on the partnership and communities. Legislation is due in 2022, and any changes will come into effect following this. The Falkirk Plan will be reviewed in 2024, but the delivery and monitoring plan can be updated to reflect changes if there are such impacts. | None |
| i just really want substance to be in its widest term not just drugs, but alcohol, tobacco, volatile substances, legal/illegal etc | Falkirk Alcohol and Drug Partnership has a delivery plan that addresses all forms of substance use, including smoking and other substances. The Falkirk Plan addresses the greatest inequalities across the area which the Community Planning Board will monitor, which is why there is more of a focus on drugs, prevention and stigma. | None |
| Spiritual wellbeing | Wellbeing is part of the mental health and wellbeing outcome. | None |
| Will not be net-zero unless There is sustainable, affordable public transport for all. | Transport is something we will need to consider through the Community planning Board in relation to the economic recovery theme | None |
| Biodiversity in some of the parks around the area are taking away places for the children playing eg haypark road at head of muir school children are getting hay fever and ticks now and it looks a total mess as well and dog walkers are now leaving the poo in the long grass as they can’t find it . Lots of children play there and they have lost this area all because of cut backs on grass cutting. It’s only grass I suggested to biodiversity officer that they could plant meadow flowers at side of motorway beside the trees and give the children their park back it’s scandalous | Thank you for your feedback. This will be passed along to the Council’s Biodiversity Officer. | None. |
| Stop the false insinuations that all men are bad and all women are good. | This was neither insinuated or stated. Male violence is statistically more of a problem than female violence, and the purpose of the Falkirk Plan is focusing on the greatest inequalities. | None |
| Tobacco use and smoking. | Smoking rates are low in Falkirk and it was not raised during engagement. It is therefore not a focus in this plan, which targets the greatest inequalities. | None |
| Falkirk's Core Paths network is a massive asset, making the area very attractive as a walking, cycling, wheeling destination. FKP should recognise the potential to extend this further, making the area even more visit-able. | Thank you for your feedback. This comment will be passed along to Falkirk Council’s relevant officer. | None |
| Where’s the finance? Where’s the detail? Where’s the reference to the third sector e.g reduction (or increase) in third sector funding annually, how many contacts are cut/increased; how many are on annual contacts/grants. Why aren’t we moving to 3-5 year agreements to ensure predictability for people who use voluntary services | The Falkirk Plan sets out the issues the Partnership will be targeting, and the reason for doing so. The delivery and monitoring plan sets out actions to be taken over the next 3 years to contribute towards the outcomes. The CPP has numerous partners so finances cannot be set out in advance, it is more about the joint action to be taken to reduce these inequalities, and any joint financing will be discussed and decided by the Community Planning Board. | None |
| Make it more positive. Get that there are people who suffer with the range of social problems but give some optimism please and no policy speak. Get council staff on streets to talk to people. Not 3rd sector. Real people please | While the plan is not very positive, it is aimed at those who experience those social problems. In order to tackle these issues, we need to understand the experiences of those affected which can be quite difficult to read in some cases. | None |