



# Report and Recommendations from the National Event for Local Child Poverty Leads



The report for local leads was hosted by CPAG and the Improvement Service with support and input from the following organisations:







We would also like to acknowledge and contribution and presentations provided by:

Aberdeen City Council Aberdeenshire Council ALACHO Glasgow City Council West Lothian Council NHS Ayrshire and Arran North Ayrshire Council

# Introduction

On 3 December 2018 the Improvement Service and the Child Poverty Action Group (CPAG) in Scotland hosted a seminar for local child poverty leads bringing together representatives from local authorities and health boards as well as the Scottish Government, COSLA, SPIRU (Scottish Poverty and Inequality Research Unit) and NHS Health Scotland.

The objective of the seminar was to discuss initial progress on the duty on each local authority area to produce Local Child Poverty Action Reports (LCPARS) under the Child Poverty (Scotland) Act 2017. The event was targeted at staff with a lead role to play in developing LCPARs and provided an opportunity for them to share initial approaches and concerns and hear from national partners about their role, expectations and the support available. The seminar followed on from previous CPAG seminars for local child poverty leads in July 2018 and April 2017, bringing leads together to share local action on child poverty.<sup>1</sup>

Feedback from the event was very positive, with 100% of respondents to a feedback survey agreeing or strongly agreeing that the event was useful and 93.3% agreeing or strongly agreeing that they felt more knowledgeable about the topic area since attending the event.

<sup>1 &</sup>lt;u>http://www.cpag.org.uk/content/policy-seminar-local-leads</u>

<sup>3 |</sup> Report and Recommendations from the National Event for Local Child Poverty Leads

# **CPAG Recommendations**

Drawing on discussion and feedback from the seminar for local child poverty leads, the following recommendations have been formulated in relation to the action and support required by local authorities and health boards in the development of their Local Child Poverty Action Reports.

#### **Recommendations for Scottish Government**

- Some concern was evident that timescales and reporting processes are still unclear, as this will impact on next set of plans and work. Scottish Government should set out reporting timescales and processes as far as possible.
- Presentations on available data and analysis were seen as useful, however further clarity may be required on what monitoring and evaluation is being sought at a local level. Scottish Government should be clear what level of analysis is required at a local level and the resources available to support this.

#### **Recommendations for national partners**

- Local leads valued updates on support that would be available. To ensure this is clear, national partners should issue their joint work plan as early as possible, well ahead of reporting deadlines.
- There is concern that some drivers are much harder to impact at a local level and that local efforts may focus on mitigating the worst impacts. Following the initial set of support that partners, including SPIRU, intend to provide it may be useful if national partners set out more detailed guidance or best practice on how to address wider drivers of poverty.
- A key theme which emerged was the need for tackling child poverty to have clear leadership at a
  local level with buy-in across departments however this seen as challenging. National partners
  have a key role in helping to raise child poverty up the agenda locally to ensure this work can
  happen. As such they should seek to work closely with Scottish Local Authorities Economic
  Development Group (SLAED), Society of Local Authority Chief Executives (SOLACE), and COSLA to
  ensure this can happen.

#### **Recommendations for local authorities and health boards**

- Local leads valued hearing others' experiences and some would welcome more insight into areas such as the interaction between NHS boards and local authorities. Sharing case studies, information and networking via the Knowledge Hub is a useful way to do this. Joining instructions can be found in appendix one.
- While potentially challenging, it will be vital to seek buy-in across departments and levels. Whether
  as a policy-maker or in considering their own practices, local authorities and health boards will
  require a joined up corporate approach to tackling child poverty. Some suggestions on how to go
  about this, such as instigating cross-departmental forums/ boards or ensuring child poverty is a
  local outcome improvement plan (LOIP) priority, were discussed as part of the seminar.
- As it will be difficult to show a direct causal link between LCPARs and poverty rates, local leads should focus on setting out a strong theory of change with realistic data collection in the plans.
- As these first set of local action plans are the beginning of a process, it will be vital for all partners to be clear about what has worked and what can be improved upon. Local leads should provide feedback to national partners on what support and resources would be valued moving forward so this can be improved and built upon.

# Background

In 2017 the Scottish parliament unanimously passed the Child Poverty (Scotland) Act (the Act). The Act sets statutory targets for the reduction of child poverty. The targets state that by 2030, of children living in Scottish households:

- less than 10% should be living in relative poverty (how many families are on low incomes compared with middle income households)
- less than 5% should be living in absolute poverty (how many low income families are not seeing their living standards improving over time)
- less than 5% should be living with combined low income and material deprivation (how many lower income families cannot afford basic necessities)
- less than 5% should be living in persistent poverty (how many families live on low incomes three years out of four)

The Act requires Scottish Ministers to publish child poverty delivery plans every four years, with annual reports to measure progress. Local authorities and health boards must also jointly publish annual reports (LCPARs) setting out activity that they have taken during each reporting year and any planned future action for the purpose of meeting the child poverty targets.

The Scottish Government's first delivery plan - Every Child, Every Chance - highlights the need to focus on the extent to which income (from both employment and social security) can be increased and the extent to which essential costs can be reduced amongst households experiencing or at risk of poverty. Every Child, Every Chance also outlines the policies the Scottish Government is introducing to bring about these changes between April 2018 and March 2022. It explores areas where links might be made with other local reporting duties, what should be contained within the local reports and direction on how evidence might be used to inform and evaluate local action.

In 2018, the Scottish Government produced guidance on developing a LCPAR. This provides a 'quick reference guide' to developing a LCPAR, as well as an overview of key provisions of the Child Poverty (Scotland) Act 2017. It explores areas where links might be made with other local reporting duties, what should be contained within the local reports and direction on how evidence might be used to inform and evaluate local action. The first set of annual reports is due in June 2019.

# The morning session – setting the scene





Councillor Kelly Parry – COSLA Spokesperson for Community Wellbeing

Cllr Parry welcomed participants to COSLA and highlighted how important it is to bring local leads together for a learning event to help us tackle a most urgent but difficult challenge. Noted that a step change is needed and there must be holistic effort. Commitments were made on behalf of COSLA.



# What we hope local child poverty action report will achieve

#### John Dickie – Director of CPAG in Scotland

Set out the scale of child poverty and outlined that this is not inevitable – poverty is policy sensitive and progress can be made. For CPAG, focusing on the drivers of child poverty through local reports is a real opportunity and they look forward to working with local leads.



#### Our progress to date on Every Child, Every Chance

#### Paul Tyrer, Scottish Government

Outlined key milestones and upcoming dates. Set out progress to date under five main headings: Employment; reducing costs; social security; other help; local support.



#### Support available with LCPAR development and Frequently Asked Questions Hanna McCulloch – National Coordinator for Local Child poverty Action Reports

Set out key aspects of the National Coordinator role, including working with local authorities and health boards to support development of LCPARs. Outlined the results of a survey of 31 out of 32 local leads as a snapshot of what's happening locally,

any barriers and what support may be needed.

#### Using the Knowledge Hub for Local Child Poverty Action Reports Mike McLean – Knowledge and Collaboration Manager, Improvement Service

Noted that the Knowledge Hub is the UK's largest digital platform for public service collaboration. Outlined the benefits of using this and took the audience through a short practical demonstration.



#### Local perspectives: Glasgow

#### Dr Rosie llett, Child Poverty Coordinator

Outlined the context in Glasgow, as well as the new roles of Glasgow Child Poverty Coordinator and Glasgow City Council Child Poverty Senior Manager as well as new structures supporting child poverty work.



- In Aberdeenshire 14% of costs, approx 7023. How to 25%
- Poverty affects househol
   where no one is working
   than 2 children and those
- than 2 children and those be a disability. • There is a myth that people are living in poverty due to their life choices. The reality is low wages, high living costs and limited opportunities. Costs of housing, childcare and transport are high in Aberdeenshire which impacts on limited household income
- Aberdeenshire Community Planning Partners are committed to eradicating child poverty by 2030 and has made this a strategic priority in its Local Outcomes Improvement Plan (2017-2020).

#### Local perspectives: Aberdeenshire

Annette Johnston, Tackling Poverty and Inequality Coordinator

George Howie, Principal Health Improvement Officer

Set out that an ambition to tackle child poverty as a Local Outcomes Improvement Plan (LOIP) priority has ensured buy in across the Community Planning Partnership (CPP). Research in 2017 'Tackling Child Poverty in Aberdeenshire: lessons from

local voices' outlined some key challenges the area faces.

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#### Local perspectives: West Lothian

# Elaine Nisbet, Anti-poverty and Welfare Advice Manager

Explained that ensuring clear links to the LOIP within other strategic plans has been crucial for West Lothian. An antipoverty taskforce is to be led by deputy leader of the council to ensure collaborative working. Key challenges for the local authority included the potential to feel overwhelmed by the scale of the problem, procedures, forms and data.

#### Local Perspective for Ayrshire and Arran

One Health Board (NHS A&A)



<sup>•</sup>Three different approaches // working groups •Three different submission timelines for first Child Poverty Action Plan

# Local perspectives: NHS Ayrshire and Arran

#### Dr Regina McDevitt, Public Health Specialist

Outlined that there were potential challenges in the different approaches, working groups and submission timelines for this work across Ayrshire and Arran. Engagement has been important, including taking every opportunity to engage with decision-makers early. Challenges and opportunities included

ensuring consistent messaging on the causes and consequences of poverty.

#### Key themes

Key themes which emerged from presentations and discussions were:

#### 1. Clarity on processes is needed

Some clarity is needed around timescales and processes for feedback once LCPARs are submitted. National partners noted that they will provide feedback on each report, however timescales had not yet been decided at the time of the event. Partners emphasised that they aim not to keep leads

waiting, however would welcome suggestions on what timescales seem reasonable and practical. It was noted that the Poverty and Inequality Commission may also provide feedback.

#### 2. Wider drivers impacting on rates

An overall concern was expressed around wider drivers of poverty that seem difficult to impact at a local level. For example, affecting income from employment or the impact of Universal Credit. Leads expressed some concern that, at best, they could seek to mitigate the impact of some of these. Overall, it was noted that it will be difficult to show a direct causal link between these plans and poverty rates, therefore it will be vital to have a strong theory of change and realistic data collection.

#### 3. The need for engagement early and at all levels

While working beyond and across departments and levels is key, this can be challenging. Good communication has been vital to this where it is working well, as has been early and frequent engagement between those with lived experience and those developing policy and making resource decisions. Working with colleagues that are not used to discussing poverty has provided both opportunities and challenges, including ensuring consistent messaging on the causes and consequences of poverty. Two areas found that including child poverty as a LOIP priority has been highly useful for ensuring buy-in across departments and levels. It was also noted that even when a plan may be complete, there will be a continued need to build ownership of the plan.

# Workshops

#### Workshop 1: automation of benefits

#### Lesley Haddow (Financial Inclusion Manager for Glasgow City Council) and Kirsty McKechnie (Welfare Rights Worker, CPAG)

Following presentations by Kirsty McKechnie and Lesley Haddow, discussion focused on the benefits and potential challenges surrounding automation, with GDPR and barriers for smaller local authorities seen as key issues.

Kirsty McKechnie outlined the impact of welfare reform and case evidence collected by CPAG's Early Warning System. The benefits of automation were explored, including increased take-up, less administration and more money in family pockets.

Lesley Haddow set out how automation had been taken forward in Glasgow. Receiving a clear policy decision from the outset, with cross-party support, was seen as crucial to success. Benefits of automation included that the team responsible needed fewer resources and reduced significantly in size. As the payment system Pay Point was used, bank details were not needed to process payments. This also simplified the process and gave some real-time data of how many were cashed. Lesley emphasised that it had been useful to include internal audit group in process from the start. Overall, less than 1% of payments were made in error.

In regard to smaller communities, participants noted that take-up can be low due to stigma. There was some discussion around how feasible this process would be to set up in small authorities with fewer resources, however some agreement that once embedded it saves funds. A short discussion was also held on GDPR, with Lesley Haddow noting that Glasgow's legal advice on this was clear that this was a legitimate use of data.

#### Workshop 2: Child poverty and economic inclusion

Andrew McGuire (Head of Transformation, Performance and Improvement at IS) and Dr Audrey Sutton (Head of Service (Connected Communities) Economy and Communities for North Ayrshire)

Following presentations from Andrew McGuire and Audrey Sutton, discussion centred on the idea that the poverty agenda and the economic development agenda are intertwined.

Significant challenges in addressing poverty rates were raised regarding the economic context for some areas, including issues such as transport and the number of jobs available for job seekers. It was noted that there is a need to look at this in the same context as the Fairer Scotland Duty.<sup>2</sup>

Discussion examined local authorities as major employers, procurers and asset owners/managers. In regard to procurement, there are opportunities to achieve added value via community benefits and increasing the value of local spend. Efficiencies / savings achieved via larger contracts and procurement frameworks ought to be weighed up against potential reductions in local businesses winning tenders and people locally potentially losing jobs. The cost and paperwork involved in tendering are often considered barriers to local procurement.

It was also noted that employment by local authorities should be considered as councils tend not to employ high proportions of people from their most deprived areas. As well as this, there was discussion on the need to consider work progression: not just getting people into work, but skills

<sup>2</sup> The Fairer Scotland Duty, Part 1 of the Equality Act 2010, came into force in Scotland from April 2018. It places a legal responsibility on particular public bodies (including local authorities and health boards) in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

enhancement that can facilitate career development and increased earnings.

Given that many of these factors would primarily be managed by colleagues out-with the direct child poverty agenda, it highlighted the need to effectively engage colleagues from a wide range of service areas within a joined-up, corporate approach. It was noted that one council has formed a tackling poverty officer's forum, which was seen as useful. It was further suggested that leadership will be key to getting departments to work together, as well as having champions to push the agenda. Working closely with Scottish Local Authorities Economic Development Group (SLAED), Society of Local Authority Chief Executives (SOLACE), and COSLA would be central to this. It was suggested that, while there may not necessarily be a single political lead in each local authority for poverty, ultimately there was an opportunity to make poverty everyone's business via a wider, joined-up corporate approach.

Overall, it was noted that considering child poverty on its own isn't sufficient: there's a need to consider root causes and economic factors. Child poverty is not a standalone issue and there is a need to address wider factors with a joined-up, sustainable approach.

#### Workshop 3: Housing Policy and Child Poverty

#### Derek McGowan (Chief Officer for Early Intervention and Community Empowerment, Aberdeen City Council) and Tony Cain (Association of Local Authority Chief Housing Officers)

Discussion centred around specific issues within housing that need to be addressed to tackle child poverty, including the need to consider housing as a public health issue.

Facilitator John Dickie introduced the session by noting that we cannot overstate the importance of housing policy on children, family and poverty. Tony Cain followed this with a presentation on housing policy and its consequences, reminding delegates that safe, warm and dry housing is a human right and therefore housing costs must be considered in any financial analysis of poverty levels. The discrepancies between what is considered "affordable" across Scotland was considered, with average rent for local authority housing in Scotland varying widely. It was noted that families pay a higher proportion of their income on housing, whilst having to spread incomes across more persons. A short discussion was held on how rent arrears could prompt 'financial wellbeing assessments', rather than formal court action. It was also suggested that such 'financial wellbeing assessments' should be a core part of the housing allocation process.

Derek McGowan outlined Aberdeen City Council's approach to housing policy and child poverty. Aberdeen City's Housing Strategy's key aim is to decrease child poverty. This is partly achieved by conducting full financial health checks when allocating housing and when tenants fall into arrears. Housing Officers are also acting as neighbourhood coaches, supporting people with all aspects of household finance.

Discussion centred on specific issues within housing that need to be addressed to tackle child poverty, including challenges within the private rented sector and the changing profile of people living in local authority housing.

#### Key themes

Key themes that emerged from presentations and discussions were:

# 1. Local authorities and health boards hold a significant amount of direct economic power as major employers, landlords and procurers

Local authorities and health boards should also look to their own processes when considering the drivers of poverty. Efforts across housing, procurement and employment could have a significant impact, however would appear challenging. Considering options such as a procurement board were seen as useful, as well as ensuring child poverty is considered in the context of the Fairer Scotland Duty.

# 2. It is vital, but challenging, to include colleagues from other departments in the child poverty agenda

Some concern was expressed about involving colleagues from other departments and how achievable this might be. It was suggested that leadership will be key to getting departments to work together, as well as having champions to push the agenda, which could take the form of a tackling child poverty officer's forum.

# 3. Challenges will differ significantly across local authorities and health boards due to factors such as size, location and resources available

Participants found it useful to discuss what has worked in other areas, such as automation of benefits or conducting financial health checks when tenants fall into arrears. It was clear however that local context will be central to how feasible different projects or programmes are, whether due to stigma within smaller communities, resources or other factors.

# The afternoon session – supporting planning and evaluation



#### An outcomes based planning approach to child poverty NHS Health Scotland

The benefits of outcome focused planning were outlined, including collaboration, supporting development of better programmes and providing frameworks for monitoring and measuring impact. A sample outcomes planning tool was

introduced, including suggested activities. It was emphasised

that external factors will impact on longer term outcomes.

It was highlighted that it is crucial to start with what you want to know – not what data is available. How NHS Health Scotland intend to provide support was also set out, including case studies, briefings and support with needs assessments.



# Needs assessment and sources of local data

#### **SPIRU** and Scottish Government

While noting the complexity of the issue, it was asserted that fundamentally there are things we can do which will help to address child poverty. Further, there are more opportunities that are politically viable. It was noted that a needs assessment is not a simple exercise in finding data and presenting a case.

Scottish Government noted that they are aiming to develop resources to support meaningful reporting locally and nationally. It was outlined that a range of data is available and we need to consider what it is we want to know as a priority. It was also noted that Scottish Government is currently working on a basket of indicators and would like to work with local leads on how useful this is.

#### Key themes

Key themes that emerged from discussion and presentations:

#### 1. Wider drivers of poverty and mitigating the worst of the impacts

Participants voiced some concern that much of what seems possible locally will be mitigating the worst impacts, however it was agreed that we can do this as effectively as possible while also seeking to make a step-change in the drivers of poverty.

#### 2. Evaluation – what is being sought and what support is available

One participant expressed some concern around putting resource into monitoring and evaluation (therefore not child poverty directly) and what was proportionate. A short discussion was held on whether a template for evaluation could be provided, however it was noted that while general evaluation pointers may be useful a framework may not be feasible as all leads will have a slightly different focus. It was therefore suggested that case studies of where national partners have supported an area would be useful. It was further noted that national partners should be clear about

what is being asked in terms of evaluation and the minimum and maximum required.

#### 3. Practical support available from national partners

A short discussion was held on the level of practical support in the presentations and whether participants found this useful. It was noted that the presentations from national partners were intended to set out the range of support available and further feedback on what local leads need would be useful.

# Feedback following the event

Feedback from participants was overwhelmingly positive. Hearing from national partners as well as the opportunity to find out what others were doing in approaching their LCPARs was seen as the main benefit of attending by many respondents.

Comments highlighted further suggestions for useful content:

#### • Useful opportunity to hear from others:

"To hear what other local authorities are doing. Some good practices"

"listening to others, feeling that we were all in this together, that there was help available"

#### • Time for NHS and local authority colleagues to come together would be valuable:

"It may have been useful to have a workshop on the NHS contribution, allowing time for colleagues to come together and discuss specific good practice and challenges. Some time for local discussions may have been useful so that both local authority and NHS colleagues could come together and discuss local progress and thoughts on what was presented.

"More about what the relationship between health boards and councils should be and how this was being managed."

#### • The need to ensure engagement at the highest level:

"Ensure leaders are more engaged in this process"

"Talk to my council about the need to own this plan and agenda at a higher strategic level, more clearly."

• Communication is key:

"We will ensure information is cascaded down and that it influences the plan"

"The event has prompted me to refocus on a communications plan for the staff in my health board, and link up with relevant colleagues to redouble effort on this front."

# **CPAG** recommendations

Drawing on discussion and feedback from the seminar for local child poverty leads, CPAG has formulated the following recommendations in relation to the action and support required by local authorities and health boards in the development of their Local Child Poverty Action Reports.

#### **Recommendations for Scottish Government**

- Some concern was evident that timescales and reporting processes are still unclear, as this will
  impact on next set of plans and work. Scottish Government should set out reporting timescales
  and processes as far as possible.
- Presentations on available data and analysis were seen as useful, however further clarity may be required on what monitoring and evaluation is being sought at a local level. Scottish Government should be clear what level of analysis is required at a local level and the resources available to support this.

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- Local leads valued hearing others' experiences and some would welcome more insight into areas such as the interaction between NHS boards and local authorities. Sharing case studies, information and networking via the Knowledge Hub is a useful way to do this. Joining instructions can be found in appendix one.
- While potentially challenging, it will be vital to seek buy-in across departments and levels. Whether
  as a policy-maker or in considering their own practices, local authorities and health boards will
  require a joined up corporate approach to tackling child poverty. Some suggestions on how to go
  about this, such as instigating cross-departmental forums/ boards or ensuring child poverty is a
  LOIP priority, were discussed as part of the seminar.
- As it will be difficult to show a direct causal link between plans and poverty rates, local leads should focus on setting out a strong theory of change with realistic data collection in the plans.
- As these first plans are the beginning of a process, it will be vital for all partners to be clear about what has worked and what can be improved upon. Local leads should provide feedback to national partners on what support and resources would be valued moving forward so this can be improved and built upon.

# **Contact Details**

For more information please contact:

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or

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# Appendix 1

#### Joining Instructions for Knowledge Hub

- If you are already a member of Knowledge Hub, to join the group, simply visit <u>https://khub.net/group/local-child-poverty-action-reports</u> and follow the instructions to join the group.
- If you are not already a member of the Knowledge Hub, you'll need to follow the quick and easy sign-up process first. Just head to <u>https://khub.net/welcome</u> to sign up. Once you've signed up, come back to this email and click on the following link <u>https://khub.net/group/local-child-povertyaction-reports</u> and request to join.

# Appendix 2

#### Full list of attendees

Aberdeen City Council Aberdeenshire Council Aberdeenshire Council ALACHO Angus Council Argyll and Bute Council Argyll and Bute Council Clackmannanshire Council COSLA COSLA CPAG in Scotland CPAG in Scotland CPAG in Scotland **CPAG Scotland Dumfries and Galloway Council Dundee City Council** East Lothian Council East Renfrewshire Council East Ayrshire Council Edinburgh City Council Edinburgh City Council Falkirk Council Falkirk Council Fife Council Fife Council Glasgow City Council **Glasgow City Council** Improvement Service Improvement Service Improvement Service Improvement Service Inverclyde Council Inverclyde Council Midlothian Council Moray Council NHS Arran and Ayrshire NHS Borders NHS Fife **NHS** Grampian

Derek McGowan George Howie Annette Johnston Tony Cain Shelley Hague William Langdon Mandy Sheridan Cherie Jarvie Robert McGregor Matthew Sweeney John Dickie Jen Gracie Rosie llett Kirsty McKechnie Wendy Jesson Peter Allan Stephanie Kerr **Tracy Butler** June McIntyre John Heywood Molly Page Jude Breslin lyke lkegwuonu Sarah Else Kylie Watson Lesley Haddow Gena Howe Laura James Ciorstaidh Maclver Hanna McCulloch Andrew McGuire Gail Baxter Louise McVey Stephen Berming-ham Norma Matheson **Regina McDevitt** Allyson McCollam Lorna Watson Chris Littlejohn

NHS Greater Glasgow and Clyde NHS Health Scotland NHS Health Scotland NHS Health Scotland NHS Highland (VC) NHS Lanarkshire NHS Lothian NHS Lothian NHS Western Isles (VC) North Ayrshire Council North Ayrshire Council North Lanarkshire Council North Lanarkshire Council North Lanarkshire Council OPFS Perth Council Poverty Alliance **Renfrewshire Council** Scottish Government Scottish Government Scottish Government Scottish Government South Lanarkshire Council SPIRU SPIRU Stirling Council West Dunbartonshire Council West Lothian Council

Sonya Scott Ashleigh Jenkins Rachel McAdams Kerry McKenzie Pamela McBride Ashley Goodfellow Frederike Garbe Graham Mackenzie Colin Gilmour Lauren Cameron Audrey Sutton John Campbell James Foley Amanda Gallagher Marion Davis Nicola Sutherland Robin Tennant Diane Dunn Elizabeth Fraser Hannah Keates Lisa Magnani Paul Tyrer Kay McIntosh John McKendrick Stephen Sinclair Lynda Perkins Stephen Brooks Elaine Nisbet



