

THRIVE UNDER 5

Year one evaluation



**Piloting approaches to support
child healthy weight in three
Glasgow neighbourhoods**

Acknowledgements

The Glasgow Centre for Population Health has provided evaluation support to Thrive Under 5 (TU5) since the project received funding from the Scottish Government.

Completing this report has been dependent on input and support from various people.

Firstly, thanks are due to the Project Lead, Siobhan Boyle, who has managed the work and championed the evaluation throughout.

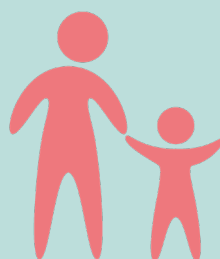
We are also grateful to Lizzy Hammond for driving the project in the early stages and leading on the bid to the Scottish Government.

Thanks are also due to the local leads, Lucy Sewell, Margaret Roberts and Lyndsay Thomson, for providing information to support the evaluation at different points in time, and to other members of the Project Advisory Group for supporting the evaluation in various ways.

We would also like to pay tribute to Linda Malcolm, who was instrumental in setting up the project before passing away in 2021.

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Contents

Foreword	4
Executive summary	5
1. Background	7
1.1 About Thrive Under 5	7
1.2 National policy context	8
1.3 Local context	9
1.4 Project governance	11
1.5 Evaluation approach	12
2. Pilot areas	16
2.1 Area profile: North West	17
2.2 Area profile: North East	17
2.3 Area profile: South	18
3. Key learning	19
3.1 Project progress	19
3.2 Process learning	22
3.3 Community reach	31
3.4 Progress towards project outcomes	41
4. Discussion and recommendations	44
Appendix 1	47
Appendix 2	48
References	49

Foreword

Siobhan Boyle, Project Lead
Glasgow City Health and Social Care Partnership

“Thrive Under 5 activities have flourished across the three Glasgow neighbourhoods. Vital to this has been the whole systems approach taken to ensure strategic and community ownership for the project, whilst placing poverty mitigation at the heart of its development.”

Overweight and obesity is a wicked problem driven by environmental, societal, and individual factors, and there is growing evidence that whole systems approaches can be effective at tackling complex and multifaceted issues^{1,2,3}. Primary 1 data for Glasgow City in 2018/19 showed that 18.2% of children in the city were at risk of overweight and obesity⁴, with the highest percentages being found in the city's poorest communities.

Thrive Under 5 (TU5) is an innovative whole systems approach to support healthy weight in the early years. The project recognises that a range of barriers can prevent families and carers from ensuring that their children achieve a healthy weight, including family income, accessibility of affordable fresh foods, knowledge/information to cook using fresh ingredients, and access to wider community support. The project aims to overcome these by working with local organisations and affected families. Crucially, this has involved establishing a TU5 network in the three chosen neighbourhoods to support the delivery of a project plan and to address any gaps in the provision of support for local families. Mitigating poverty has always been at the heart of the project, but the recent impacts of the COVID-19 pandemic and now the cost-of-living crisis have further highlighted the necessity to support people's basic needs.

The project has taken a population-based approach which aims to promote healthy lifestyles in the three communities through capacity building, social media campaigning, and a range of events/activities for families with children under 5. The project also has a targeted element with eligibility criteria to enable families to access a customised financial inclusion pathway. This pathway, as well as maximising income, offers practical support through free meal packs with recipes, local pantry vouchers and fuel/cooking equipment support. The project team have joined forces with the organisation Money Matters to deliver this aspect of the project, with staffing time for a Financial Inclusion Advisor being allocated for three days per week (one day per Thrive Under 5 area).

As expected, the project has not been without challenges. Establishing strategic and local support has taken time, while relationships forged online due to COVID-19 restrictions have only recently been able to take place face-to-face. The approach is attempting to tackle long-term issues relating to poverty and food security within a framework of short-term funding. While progress can be demonstrated, a long-term commitment to the approach with increased funding is the only way to ensure that the progress already made is fully realised.

Executive summary

Thrive Under 5 (TU5) is a two-year pilot project funded by the Scottish Government. Through a whole systems approach to tackling child poverty, the programme aims to enable a healthy weight in children under the age of five. Three neighbourhoods across Glasgow received funding in 2020 to deliver the project, with a further site in Inverclyde being added in 2021. Neighbourhoods were selected based on their high rates of poverty and poor health outcomes for children in this age group. This report brings together learning from the Glasgow pilot areas; Inverclyde will be included in a final evaluation report in 2023.

The project has been established in recognition of the benefits of supporting healthy weight in pre-5s throughout the life-course and the need to tackle growing inequalities in healthy weight across the most and least deprived communities in Scotland.

Three Health Improvement Seniors were appointed by June 2021 to lead on developments in their pilot area, with community launches taking place in September 2021 and local network meetings beginning in January 2022.

The project team have worked with/appointed three organisations to help deliver key project priorities; [Money Matters](#) were funded to provide eligible people with financial inclusion advice and links to other forms of support; [Alexandra Rose](#) provided funding for TU5 to support an initial 35 families in the North West through a voucher scheme; and [East End Flat Packed Meals](#) were funded to supply ingredients and recipe cards for local people across the three areas. An Evaluation Plan was finalised in December 2021 and a social media launch of the project took place in May 2022. More recently, staff training, community budgeting and a physical activity programme have been taken forward in each area.

A detailed **project plan** has guided the delivery of a range of actions, including:

- Developing partnerships across the 3 areas to improve access to healthy, affordable food and opportunities for physical activity.
- Raising awareness of the project through a range of approaches.
- Community budgeting to identify local needs and to engage local organisations in the delivery of the project.
- Reducing food insecurity by helping families to maximise their income and gain practical support and information.
- Working alongside pantries and other providers of food support.
- Supporting families to build skills and confidence around food and cooking.
- Providing opportunities for communities to enjoy and celebrate food by creating different food and eating experiences.
- Providing training for staff involved in Early Years work.

Evaluation of the project has focused on progress towards intended outcomes, project reach and process learning from the approach taken, all with consideration for wider contextual factors in shaping project delivery. COVID-19 restrictions and cost-of-living increases have significantly shaped the delivery of the project and engagement with it. Despite much of the early work involving set up and engagement, key learning from year one is as follows:

- ▶ The project has broadly developed in line with the project plan despite delays and challenges.
- ▶ The financial inclusion element of the project has provided support to 155 families across the three areas. This has included advice and assistance on a range of issues, including welfare, money advice, energy support and access to healthy food.
- ▶ 47 families have benefited from the use of Alexandra Rose vouchers in the North West. This is due to be extended to the North East following funding from NHS Greater Glasgow and Clyde (NHSGGC).
- ▶ East End Flat Pack Meals have been distributed to 115 families across the three areas, with a further 300 meals being shared at community events.
- ▶ Progress has been demonstrated against each of the eight project outcomes, although it is too early to assess its impact.
- ▶ Opportunities are emerging following the removal of COVID-19 restrictions, but rises in the cost of living are pushing more people in each area into poverty or destitution.
- ▶ Supporting positive behaviour change is challenging within a context of worsening poverty and rising food insecurity.
- ▶ Local support for the approach and the availability of funding has been crucial for driving forward actions.
- ▶ There is a strong will to see more families benefit from the project, but the current project timescales are insufficient to deliver on aspects that could lead to long-term behaviour changes.
- ▶ There is growing interest in the project both within the three localities and beyond. With additional funding, it may be beneficial to extend the project to all [Thriving Places](#) areas in the city, but more time is needed to assess which aspects of the project have been most effective.

Several aspects of the project are now being progressed. For the remainder of the funding period, there will be a strong emphasis on delivering for families and supporting Early Years providers, as well as building the project's brand and ensuring that robust evaluation data is captured.

1. Background

Giving children the best possible start in life is crucial to reducing health inequalities and for shaping behaviour and outcomes in later life⁵.

Evidence shows that many adolescent health behaviours are rooted in the experiences and opportunities encountered during childhood⁶. For example, childhood obesity is a strong predictor of being overweight/obese in later life, which has a range of implications for health.

Recent data on childhood obesity at Primary 1 has shown a major increase in the proportion of obese children in Scotland; rising from 10% to 15.5% in the last year⁷.

Meanwhile, children from more deprived areas are almost three times more likely to be obese than children from a least deprived quintile. Physical activity and diet play a crucial role in this, as well as shaping child development and health outcomes in later life⁸. Following advances in understanding about the importance of physical activity to child development, it is now recommended that children aged between one and five achieve 180 minutes of physical activity every day.

TU5 aims to support families and children to make healthier choices through the provision of community-based activities, access to financial support, and through training for community staff.

1.1 About Thrive Under 5

TU5 is a two-year Scottish Government funded project being led by Health Improvement staff in three Glasgow areas. The selected neighbourhoods are Ruchazie, Garthamlock and Cranhill (North East); Drumchapel (North West); and Priesthill, Househillwood, Nitshill and Pollok (South). A short, animated video of the approach is available [here](#). Additional funding has now been secured to deliver a pilot in Inverclyde, although it has not been included in this evaluation. Health Improvement staff (HI Seniors) have been appointed to take forward actions within each individual neighbourhood.

The project is underpinned by a series of intended outcomes. These reflect the recognition that several barriers prevent children and their families from eating healthily and maintaining a healthy weight, and that differences in the percentage of healthy weight children in the most deprived and least deprived parts of the city are growing. Barriers include low family income, access to affordable fresh foods, and the lack of knowledge/information to cook using fresh ingredients and/or to access wider healthy lifestyle support.

The TU5 programme Theory of Change recognises the need to take a long-term approach to change, which includes – but goes beyond – tackling the issue of food insecurity, and which provides families with the resources and knowledge to make healthier choices.

This requires a comprehensive approach, underpinned by effective engagement, signposting and joint working, as well as improvements to the existing food offer in each community.

Funding has helped to support many of the actions in each community and has been vital to the delivery of the project. It is important to note that the work has largely taken place during the COVID-19 pandemic, which has involved restrictive measures and financial difficulties for participating organisations. More recently, the cost-of-living crisis has pushed more people into poverty. This has significant implications for the delivery of the project and its impact. Getting food on the table is understandably being prioritised over efforts to improve the nutritional value of food for parents and carers.

These recent changes in living circumstances raise important questions about the ability of a short-term pilot project to meet local needs within a context of wider societal change and uncertainty. While families have undoubtedly benefitted from TU5 and the results presented in this report illustrate that, closing the gap between the most and least deprived communities in terms of ensuring a healthy start for children will require far greater structural changes and more support for struggling families.

1.2 National policy context

The Scottish Government are committed to halving childhood obesity⁹ and reducing the proportion of children living in relative poverty to 10% by 2030¹⁰. Worryingly, however, child poverty rates have increased to 24%, which although compounded by COVID-19 measures and impacts, were already on the rise. Current policy plans – even at their most generous – will not be sufficient to meet the 2024 target of 18%¹¹, while the current cost-of-living and energy crisis is bringing more children in Scotland within the poverty threshold. The scale of the challenge facing Scotland in terms of child poverty and obesity points to the need for a far more ambitious and systematic approach which addresses the imbalance of resources rather than increasing the availability of financial support to mitigate these challenges.




TU5 is underpinned by several national strategies and priorities. *A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan* sets out five national outcomes that are supported by a range of relevant actions:

- ▶ **Outcome 1:** Children have the best start in life - they eat well and have a healthy weight
- ▶ **Outcome 2:** The food environment supports healthier choices
- ▶ **Outcome 3:** People have access to effective weight management services
- ▶ **Outcome 4:** Leaders across all sectors promote healthy weight and diet
- ▶ **Outcome 5:** Diet-related health inequalities are reduced

TU5 also aims to support the delivery of two of Scotland's six public health priorities:

 **Flourish in our early years**

 **Eat well, have a healthy weight and are physically active**

Learning from this pilot approach, it is hoped, will contribute to improving understanding around the barriers and enabling factors in shaping these priorities across three Scottish communities. The project also aims to support the Scottish Government's Child Poverty Delivery Plan¹², which includes a commitment to income maximisation, access to warm and affordable homes and ensuring that regardless of circumstances, children have the best start in life. The project is also aligned with outcome 3 of Scotland's Physical Activity Delivery Plan¹³, which promotes physical activity and creative play from the earliest age. Other national policy drivers include the Diabetes Improvement Plan¹⁴ and the Scottish Government's Weight Management Strategy¹⁵.

1.3 Local context

Poverty and deprivation are key drivers of many health outcomes and behaviours, including maintaining a healthy weight in children and adults. Although Glasgow has experienced a decline in levels of deprivation relative to Scotland, health inequalities continue to be a persistent challenge across the city, and there remains a 15-year life expectancy gap between the most affluent and deprived neighbourhoods¹⁶. The contrasting fortunes of people living in the city are exemplified by neighbourhood differences in the percentage of children living in low-income families, which range from 2.7% in Carmunnock to over 70% in Govanhill. City-wide, 28% of children live in a low-income family¹⁶. These percentages are increasing, with inflation and rising energy prices pushing more individuals and families into poverty.

Fuel poverty indicates the proportion of households that spend more than 10% of their income on fuel. Between 2017 to 2019, a quarter of the Glasgow population were living in fuel poverty¹⁷. Prior to the UK Government's announcement to cap energy bills at an average of £2,500 per year, it was predicted that almost three quarters of the Scottish population would end up in fuel poverty over the winter of 2022/2023¹⁸. Notwithstanding this financial support, fuel poverty rates are still projected to reach record percentages over the winter, and those already facing financial difficulties will be presented with difficult choices about whether to eat or to stay warm. Each of the participating areas have high rates of fuel poverty and are particularly susceptible to worsening economic conditions.

Over the past 20 years, marked differences have emerged in the percentage of unhealthy weight children across the most deprived and least deprived parts of Scotland. Recent data shows a 6.8% increase between 2019/2020 to 2020/21 in the percentage of children at risk of obesity or being overweight across Scotland, with increases being greatest in the most deprived areas¹⁹. Particularly concerning trends have been observed in Glasgow, where the percentage of obese Primary 1 children is 8.6%, compared to 6.3% across Scotland²⁰, while

children living in the most deprived deciles of the city are more than twice as likely to be obese than those living in the least deprived decile. Malnutrition is a related issue that affects thousands of children throughout Scotland. Recent data has shown that Greater Glasgow and Clyde has encountered a particularly high number of hospital admissions due to malnutrition, with nearly a doubling of admissions between 2021 and 2022²¹.

Diet and physical activity are key determinants of body weight. Rates of physical activity in Glasgow broadly reflect the national picture, however this is masked by differences across neighbourhoods and different population groups. Children develop different physical activity needs in their early years and it can be difficult to accurately measure physical activity levels in pre-fives. The availability of opportunities for physical activity and play, the quality of local facilities and the value that parents place on being active all play an important role in shaping how active children are²². Across Glasgow, there are inequalities in access to affordable resources for young people to be active, as well as differences in perceptions of safety and attractiveness of greenspace²³ and places to play²⁴. Food environments also differ across neighbourhoods in the city, both in terms of access to fresh and healthy food and the availability of takeaways and fast-food outlets. Glasgow has the highest density of takeaways in Scotland²⁵, and research has shown that these tend to be clustered in the deprived parts of the city²⁶. Across the city, just 12% of secondary school pupils across Glasgow exercise for the recommended 60 minutes or more each day²⁷, and people living in deprived parts of the city and the wider region are less likely to meet the target of consuming five or more portions of fruit/vegetables per day²⁸.

Several plans, strategies and working groups have been set up within the city region that align with the approach being taken through TU5. [Glasgow City's Poverty Leadership Panel](#) is a multi-agency group that aims to tackle issues relating to Glasgow's high poverty levels, while the [Child Poverty Action Group](#) aims to mitigate the impacts of poverty, propose practical reforms and provide solutions that are aimed at bringing children out of poverty²⁹.

The Glasgow City Food Plan³⁰ has brought together partners from the public, private and third sector to prioritise actions and improvements to Glasgow's food system. The Plan recognises the holistic nature of the food environment in Glasgow and its intersection with many city priorities, including poverty reduction, sustainability, supporting young people and ensuring that food options enable community participation. Other relevant city-wide groups that the project has engaged with include the Child & Adolescent Healthy Weight Steering Group and the Children's Mental Health and Wellbeing Group.

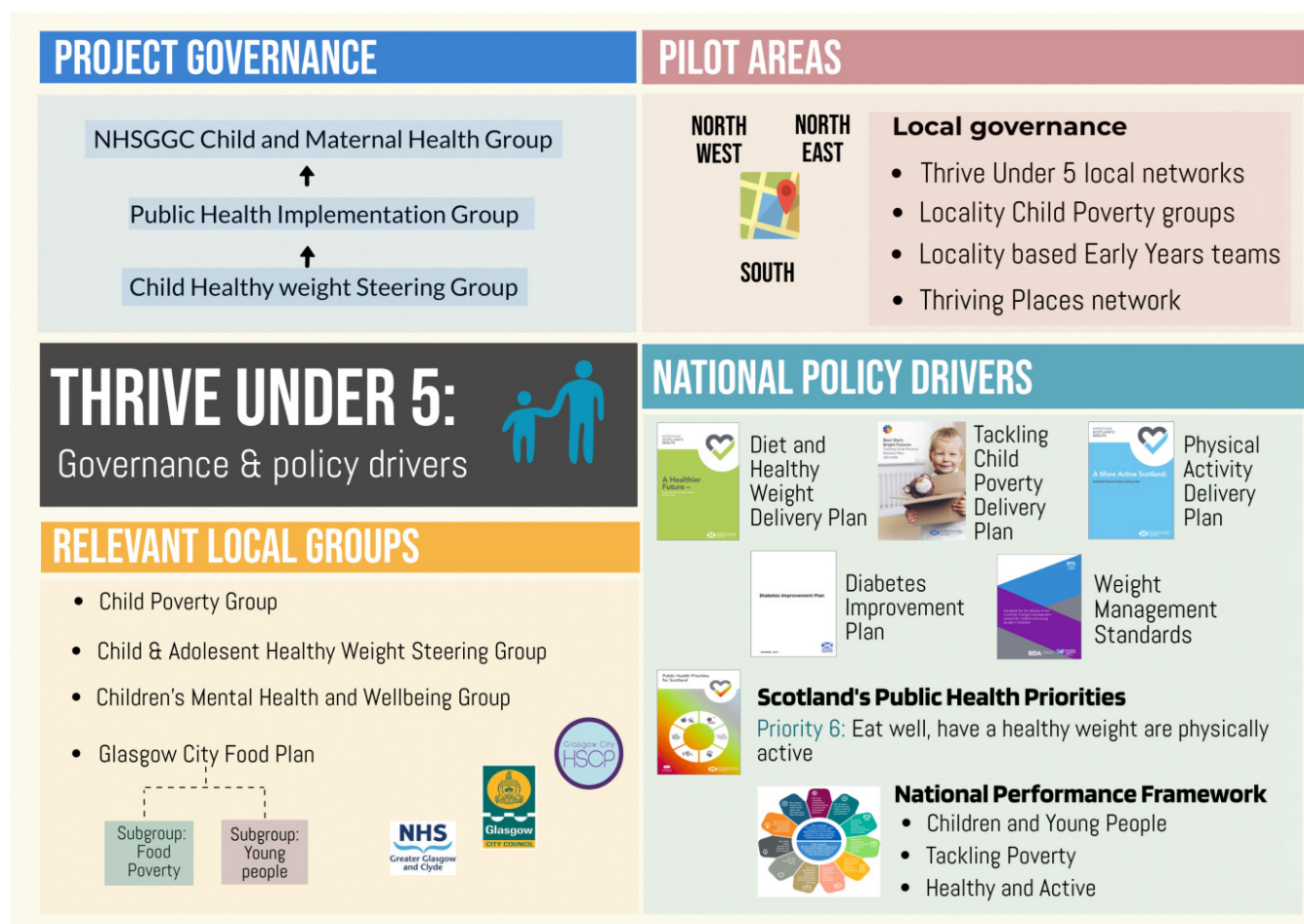


1.4 Project governance

Figure 1 shows how the project has been governed and delivered at national, city-wide and local level. The principal decision-making forum for the project is the Child Healthy Weight Steering Group, which has fed into the Public Health Implementation Group and the NHS Greater Glasgow and Clyde Child and Maternal Health Group.

Locally, TU5 networks have been established in each area and each pilot feeds into a local child poverty group and the established Early Years teams. The South and North West areas both feed into the existing Thriving Places networks that were established in 2016. Other relevant groups across the city/board area are the Child Poverty Groups, the Child and Adolescent Healthy Weight Steering Group, the Children's Mental Health and Wellbeing Group and the City Food Plan.

Figure 1. Governance and policy drivers



1.5 Evaluation approach

An Evaluation Plan was developed and agreed with the project's steering group. This was underpinned by a programme, 'Theory of Change' (Figure 2), which was developed with project members to support planning. This includes project activities and the short (project timeframe), medium and long-term outcomes that it aims to influence. Project outcomes were agreed on the basis that achievable actions could be developed to support them.

The agreed **project outcomes** are:

- ▶ **Outcome 1:** More families at risk of diet-related health inequalities are engaging with services and accessing support.
- ▶ **Outcome 2:** Parents/carers feel better equipped and confident to provide their children with a healthy start, including good nutrition and healthy eating habits.
- ▶ **Outcome 3:** Practitioners and organisations have the skills, confidence and knowledge to support children and families to eat well and have a healthy weight.
- ▶ **Outcome 4:** Children and families eat more fruit and vegetables and less energy-dense foods.
- ▶ **Outcome 5:** There is collective leadership and a commitment to tackling childhood obesity across the early years.
- ▶ **Outcome 6:** Children and families are more active.
- ▶ **Outcome 7:** Engagement reflects the demographic profile of the population.
- ▶ **Outcome 8:** The project supports Glasgow's commitment to the climate emergency.

A localised 'Theory of Change' (Figure 3) was subsequently developed with the support of HI Seniors in each area to incorporate more specific actions and the outcomes that the project aimed to influence within the funding timescales. Assumptions, risks and mitigative actions identified by project members were considered and revised to ensure that appropriate contingency plans were in place in the event of unexpected circumstances.

Evaluation of TU5 has been flexible to the needs of the project. It is intended to capture learning at different stages of the project to inform development, but until now it has not driven the delivery of project activities.

The purpose of the evaluation was agreed with the project steering group as follows:

- To ensure a strategic, evidence-informed, locally appropriate and achievable approach to project planning.
- To ensure that the planned work aligns with the project's intended outcomes.
- To assess progress during the project to shape actions and prioritise resources.
- To capture learning that can inform actions in the three areas and approaches elsewhere.
- To support local leads in the evaluation of different project elements as required.
- To meet the Scottish Government's evaluation requirements.
- To complete an evidence informed report which captures key learning, reach and impact, and which makes appropriate recommendations based on learning.

Given the short project timescales, it was agreed that it would not be possible to measure the impact of project activity on population health outcomes. Instead, the evaluation has been developed to capture information on project reach, process learning from the approach and the extent to which there is a direction of travel towards achieving the agreed project outcomes. The following research questions have driven the evaluation:

1. To what extent has the project developed in line with agreed project plan?
2. What impact has the project had on families across the three areas?
3. What factors have shaped the delivery of the project?
4. To what extent have the agreed project outcomes been met?

Learning from this year one update will drive priorities for the remainder of the project. It has also identified aspects of the project where more comprehensive evaluation is required or a different approach to capturing information may be needed.

Figure 2. Programme Theory of Change

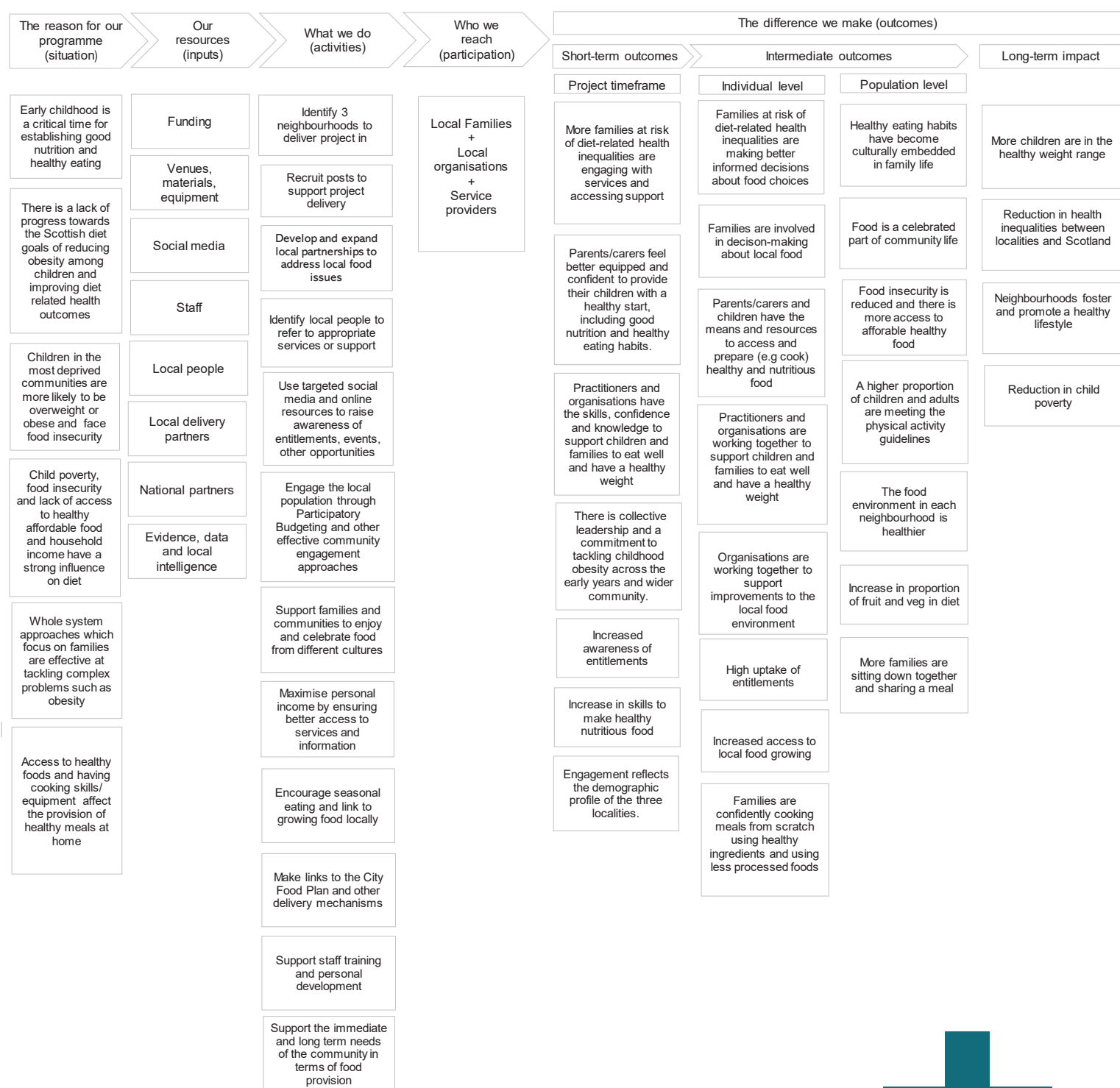
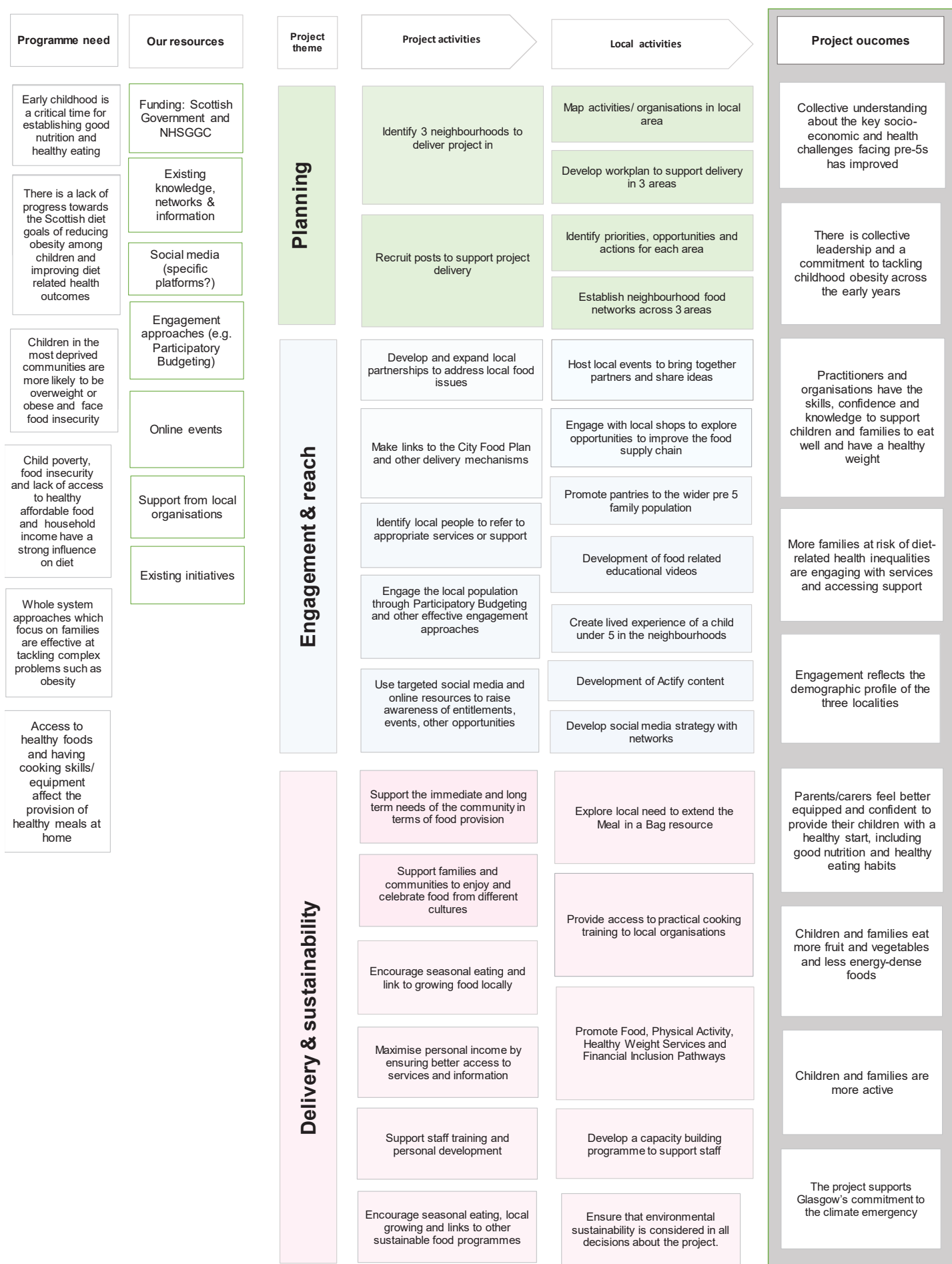


Figure 3. Localised Theory of Change



2. Pilot areas

Figure 4 shows the geographical boundaries of the three pilot localities within Glasgow.

Given the project's short timescales, pilot areas were selected where existing partnerships and supportive local organisations were available. Each pilot area lies on the periphery of the city boundary, which has implications for the provision and accessibility of services.

Data on each area is available through [Glasgow's neighbourhood profiles](#) and the [children and young people's profiles](#) for the city. These provide comprehensive and comparable data on various socio-economic and health indicators, although not all information is up to date. In addition, the geographical boundaries of the North East and South pilot areas are covered by multiple neighbourhood profiles. Asset maps which include the relevant community resources and organisations in each area are being developed by locality leads and will be included in the final evaluation report to provide an up-to-date picture of the organisations and resources in each area.

Figure 4. Locality map



2.1 Area profile: North West

The North West pilot area covers Drumchapel; a neighbourhood with a population of approximately 13,000³¹.

Unlike most other Glasgow neighbourhoods, Drumchapel has experienced a decline in its population over the past 20 years. According to the Scottish Index of Multiple Deprivation, 16 data zones cover the area, of which 15 are in a 15% most deprived area of Scotland and 11 are within a 5% most deprived part of Scotland. Almost a third of children are in a low-income family¹⁶, which is higher than Glasgow (27%) and Scotland (18%). Approximately two thirds of the population live in social rented housing compared to just over a third of the Glasgow population. Meanwhile, male and female life expectancy in Drumchapel is well below the Glasgow average and

is approximately 15 years lower than Glasgow's neighbourhoods with the highest life expectancy¹⁶. Childhood obesity (at P1) in Drumchapel is over 10%. This rate is higher than the Glasgow average (7.9%) and five times higher than the neighbourhood in the city with the lowest percentage³².

Drumchapel is one of ten Thriving Places areas in Glasgow, designated in recognition of the persistence of poverty, poor health, and high levels of unemployment in 2016. The Thriving Places approach in Drumchapel has attempted to tackle these persistent challenges through a coordinated approach involving a range of local organisations. Given the presence of the Thriving Places network, the North West pilot has worked with members to support their priorities and find common ground.

2.2 Area profile: North East

The North East pilot area covers the neighbouring communities of Ruchazie, Garthamlock and Cranhill. Neighbourhood data is covered by the Ruchazie and Garthamlock [area profile](#) and the Cranhill and Riddrie [area profile](#).

Nearly 11% of children at P1 in Ruchill and Garthamlock are obese compared to 7.9% of the Glasgow population. This is one of the highest rates of obesity at this age in the city. For Cranhill and Riddrie, the percentage is closer to the city average. The proportion of the Ruchazie and Garthamlock population aged 0-15 is 35% higher than the Glasgow population, and over 50% of households have a single parent³³.

Data from a boosted sample of Ruchazie and Garthamlock's resident in Glasgow's Health and Wellbeing survey shows that fewer eat at least five portions of fruit and vegetables a day than the Glasgow population (32% vs 39%), fewer meet the physical activity guidelines (58% vs. 65%), and a lower percentage feel positive about childcare provision (30% vs. 44%), leisure/sport facilities (28% vs. 48%) and activities for young people (20% vs. 37%).

Unlike the South and North West pilot areas, the North East has not previously been designated as a Thriving Places area.

2.3 Area profile: South

The South pilot area covers several neighbourhoods: Pollok, Priesthill, Househillwood and Nitshill.

All areas have a relatively young population (i.e. the percentage of people under 18 is higher than the Glasgow average). However, for other relevant indicators, considerable differences are observed.

For example, Pollok has a lower percentage of single parent families and a lower child poverty rate than Glasgow³⁴ while Priesthill and Househillwood has a more deprived population overall, with over 50% being single parent families and 43% of children living in poverty³⁵. It is one of the few neighbourhoods across Glasgow to have experienced a decline in its SIMD ranking

since 2004¹⁶. South Nitshill and Darnley (of which only South Nitshill is part of the South area), has a very young population (48% more 0–15-year-olds than the Glasgow population) and fewer children living in poverty than the Glasgow average. Levels of childhood obesity are below the Glasgow average.

Priesthill and Househillwood is a designated Thriving Places area. Through consultation in the area, ‘opportunities for young people’ was identified as the most important local priority. Consequently, a sub-group named ‘Children and Activities’ has been set up to take forward actions that can support young people in the area³⁶. The South pilot has fed into the Thriving Places work in Priesthill and Househillwood.



3. Key Learning

Key learning is presented on **what** has happened (3.1: Project progress), **how** it was delivered (3.2: Process learning), **who** it has reached (3.3: Community reach) and **what** progress has been made against the agreed project outcomes (3.4: Progress against project outcomes).

Learning has been gathered through updated workplans and meeting notes, a focus group with area leads, information provided by the Project Manager and data provided by commissioned organisations.

3.1 Project progress

Progress is reported against the agreed project plan, as well as any other developments that have arisen opportunistically. The Plan was developed before local leads were appointed to ensure that the project could begin as soon as the posts were filled. Notwithstanding this, however, much of the early work involved building relationships and establishing support for the approach across the three neighbourhoods.

Figure 5 shows the main activities and actions delivered. Early work on engagement and promotion helped to establish support for the approach, while actions which involved providing community support have been delivered more recently. The final strand of work is education and training, which is now progressing following delays due to COVID-19 restrictions.

The outer edge of the diagram shows the various external factors that have influenced the delivery of the project, including: the limitations of remote working; alignment with existing networks and plans in each area; linking social media posts with wider relevant activity; ensuring that food provided under the TU5 banner met health guidelines; challenges relating to the capture of evaluation data from several organisations; linking different aspects of the approach (e.g. financial inclusion advice with enhanced support); providing transport for families looking to access pantries; supporting community organisations with applications for funding; and increases in the cost of living. The factors demonstrate the complexity of community-based work during a period of significant social and economic instability.

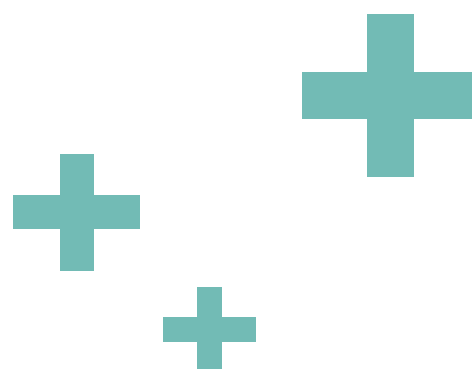


Figure 5. Project activities

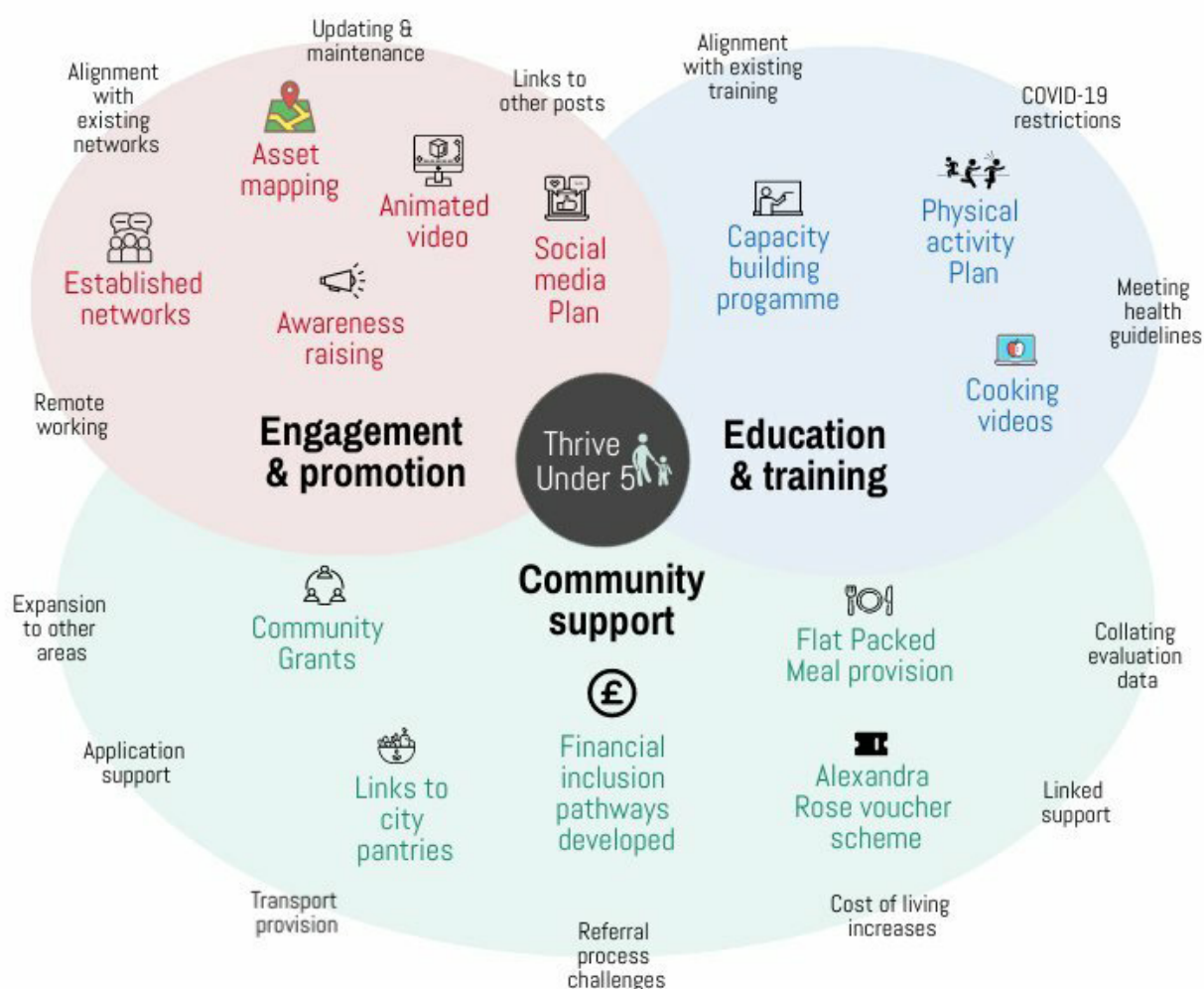


Figure 6 shows the key project milestones reached across three phases: planning, relationship building and delivery, and reach/ impact of the project. In the first phase, having secured funding, partners were brought together to plan the approach, make relevant connections, and bring together staff from the three chosen localities. During this phase, a Project Manager was appointed, a Project Plan was finalised and the recruitment process to appoint three Health Improvement Seniors was put in place. These posts were filled by June 2021, while the project name 'Thrive Under 5' was

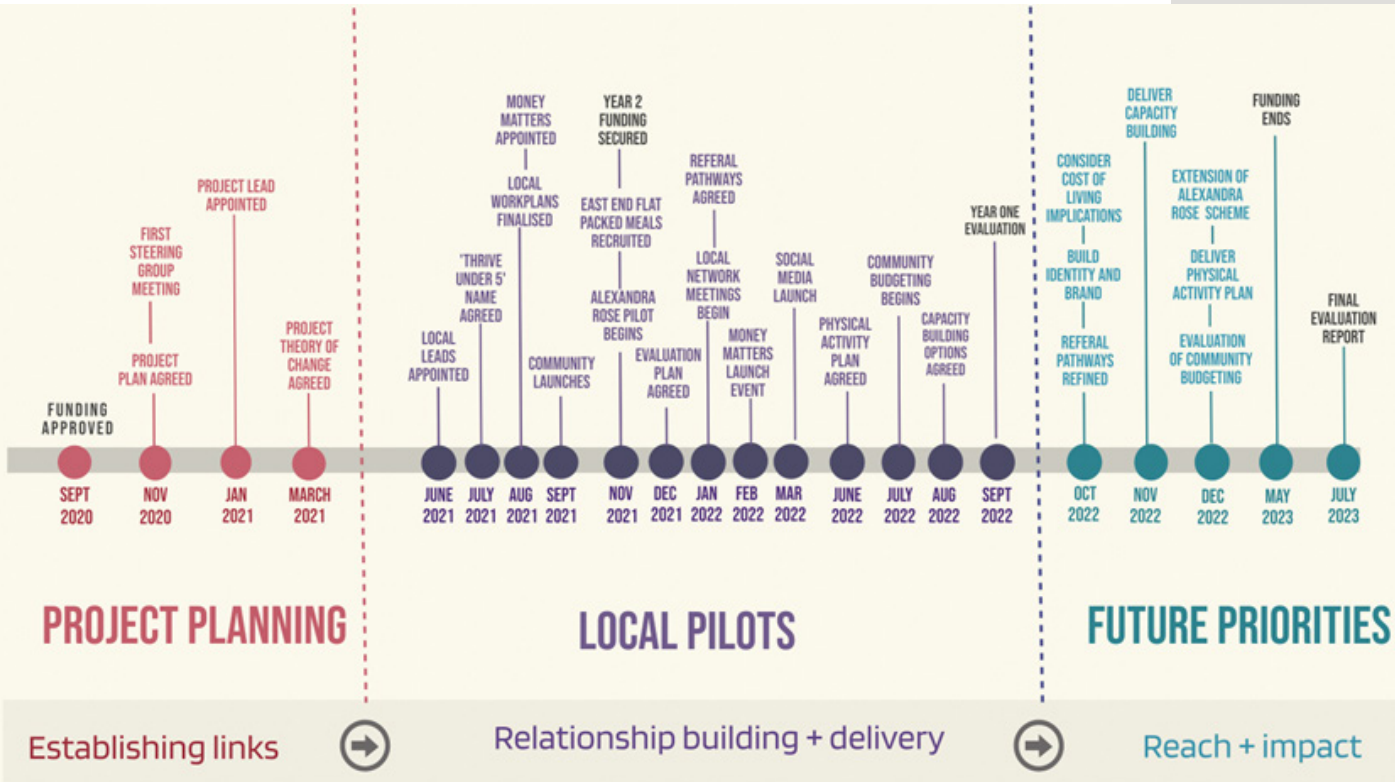
agreed following input from local community members in July 2021. Each locality had a community launch by September 2021 which aimed to bring together various local partners to set the agenda and to help deliver the project. For the North West and the South localities, this was aided by the presence of a [Thriving Places](#) network.

In November 2021, the project secured an additional year's funding, and three organisations were appointed to help deliver key project priorities: Money Matters were funded to provide eligible people across

the three neighbourhoods with financial inclusion advice and a link to other forms of support; Alexandra Rose provided funding – which was subsequently boosted by NHSGGC Public Health funding – to provide support to families in the Drumchapel area through a fruit and vegetable voucher scheme (this is due to be extended to the North East area); and East End Flat Packed Meals were funded to supply ingredients and recipe cards for local people to prepare meals at home. Cooking videos based on the meals provided have subsequently been developed. An Evaluation Plan for the project was finalised in December 2021, and local network meetings began in January 2022.

The project was launched on social media in May 2022, while a capacity-building programme has been developed and physical activity options have been taken forward following scoping across the three areas. Community budgeting began in all three neighbourhoods in summer 2022. Future plans include refining the referral pathway to ensure that people eligible for support receive it as quickly as possible, building the project’s brand to ensure greater awareness and visibility, considering the implications of cost-of-living increases, delivering educational and physical activity elements of the project, evaluating the impact of community budgeting, extending the reach of the Alexandra Rose voucher scheme, and ensuring that good quality evaluation data is captured to demonstrate the impact of the project by summer 2023.

Figure 6. Project timelines



3.2 Process learning

This section includes learning from partners involved in the delivery of TU5. The learning presented is drawn from a focus group with the locality leads and an interview with the Project Manager.

These conversations covered the following topics:

- Progress to date
- Networks and relationships
- Delivery and impact
- Challenges and wider context
- Future priorities



► *Has the pilot been delivered as planned?*

A detailed Project Plan has driven the actions delivered in the first phase of the project. Although most of the included actions have been taken forward, COVID-19 restrictions and rises in the cost of living have shaped how the project has been delivered. For example, area launch events, information sharing, and meetings have mainly been delivered online, while classes and training have been delayed or adapted to be delivered online. Remote working has been a suitable option for engaging with local organisations in the main, but has prevented direct engagement with families. The return of face-to-face contact has helped to drive aspects of the project that were previously delayed.

As expected, some elements of the project have happened opportunistically. This was said to be important for ensuring that local organisations bought into the project and drove the agenda in each area, but it also meant that some aspects of the plan hadn't been delivered.

“It’s also about those opportunistic things that have happened, and it maybe took priority over other things, but it’s right that it’s happened that way.”



We've achieved the crux of it with the networks, the referral pathway, the community grants, the social media, the capacity building, the videos, but there's been other stuff that hasn't happened for good reason."



It's important to have that wee bit of flexibility, getting Alexandra Rose onboard was absolutely the right thing to do, even if it wasn't planned initially. But obviously that takes time away from something else."

Peer support was said to have been central to the approach. Although each local lead has their own geographical remit, several strands of work have involved joint working. At times this has involved piloting an approach in one area and applying the learning to another, while other aspects of the project are not area specific. Meeting regularly was an important way of troubleshooting local issues and gaining peer support.



It's very much been a joint approach; it's made such a difference. And coming together to troubleshoot, we've been able to work that out together."



We're just all part of one team. We're a good team and we all muck in."

Networks and relationships

Developing relationships with local organisations in each neighbourhood has been important to the delivery of different elements of the project and to ensure buy-in for the approach. There was a common understanding and belief that building on existing work or facilitating the ideas of community organisations was the best use of resources.

“ It’s about including network members in what happens, not about me driving the agenda. They live there and know the issues. We’re not just a talking shop.”

“ It’s about involving network members in decision-making. We’ve taken onboard their ideas. Even the community grant aspect, that was a group that came from the network. It’s about them getting something from it.”

The ambition to involve families in the local networks for each area has not developed as intended. This is partly due to the limitations of remote working, but also because local organisations involved may be better placed to offer support. The return of community events and face-to-face working has provided more meaningful engagement with communities.

“ That (community event) was really useful for finding out what was important to people.”

Building on progress

It was agreed that progress needed to be built on, and that that learning from the first year could support better outcomes in the future. Community Budgeting was seen to be an aspect of the pilot that could generate a lot of learning and could be repeated in the future to set priorities and ensure community ownership of actions.

“ I see that [Community Budgeting] as something that could be run again in the future... It can be built on and people start to become a bit more creative. It has attracted organisations I wasn’t already working with; it’s raised awareness of Thrive under 5.”

Delivering capacity-building options for staff is a key priority for the pilot following delays due to COVID-19 restrictions. To avoid duplication, some training has been aligned with existing courses in the city to ensure a consistent approach to training across Early Years providers. This aspect of the project illustrates the challenges of working during the pandemic and the need to be aware of the wider landscape.



Coming out of COVID, nurseries don't have a half day to do poverty training and plus, there is going to be training rolled out across the Glasgow schools and nurseries on the cost of the school day... It's all been revamped, and it made sense that we went with that training."

Physical activity options have also been delayed due to COVID-19 restrictions. However, having identified that there is a lack of affordable local physical activity opportunities across the three neighbourhoods for this age group, the TU5 steering group have agreed to commission free physical activity sessions from a local third sector provider.



Financial inclusion

The financial inclusion element of the project was said to have provided useful learning around how to improve access to advice, support, and financial entitlements. More detailed feedback on this aspect of the project will follow in the final evaluation report, but the early indications are that the targeted approach has been comprehensive and beneficial.



This has been crucial as it's a targeted, individualised support benefiting those that need this support most."



What's really working is the referral pathway to financial inclusion. So, without the funding for that, it would disappear. It provides that practical help to families at a time when they need it. And that could be expanded in the sense that families are seen quicker through TU5 than through other pathways."

This aspect of the project involved considerable lead in work with relevant agencies to avoid duplication and to ensure a satisfactory process for clients.

“ The TU5 Financial Inclusion and Enhanced Supports Pathway was a noteworthy learning opportunity and required much liaison with financial inclusion leads in Health Improvement, service leads (of referring agencies) and NHSGGC Information Governance to ensure a safe, accessible and compatible pathway which did not duplicate existing referral pathways.”

A case study of a client illustrated the complexity of their needs and the challenges of addressing them in a person-centred way. The case study showed that the client required several appointments to address issues relating to income, health, and family circumstances.

“ The reality is that sometimes one client needs multiple appointments as support can be multi-faceted and require various applications.”

The pathway has benefited a number of vulnerable people across the three areas, but the inclusion of support in the form of meal packs and vouchers has at times been delayed. This was reported to be useful learning that would shape improvements to the ongoing delivery of this aspect of the project.

“ I think we realise now the intensity of support this offers which does slow down the allocation of meal packs and pantry vouchers. This has been a learning process and the pathway was set up this way for good reason, but may now need a review.”



Project challenges

Challenges were described as expected, unforeseen or relating to wider contextual issues. Expected issues typically related to the difficulty of delivering a complex intervention with multiple partners and limited resources and time. Unforeseen issues, meanwhile, were described where actions had involved additional work, where remote working had slowed down the process, or where emerging opportunities had to be prioritised over actions included in the project plan. The immersive nature of the work meant that it could be difficult to keep on top of the project while working on a part-time basis.

“ I’ve given a lot of support to organisations making applications, and I didn’t really expect that. I think it should be factored in as part of the process as it takes a lot of time. If you’d be working in person, it might have been different.”

“ We’re only working three days, and as this has grown it’s been difficult to keep on top of it. To take this to its maximum potential it needs more time in the week.”

Marketing and promotion of the project has taken a different approach than expected. Launch events and information sharing have happened within each area, while wider promotion of the approach has happened at various online forums, groups, and events. However, due to other more pressing commitments and the wish to align the project with other NHSGGC healthy weight programmes, branding of the project has not been progressed.

“ The key to getting things off the ground is marketing and promotion, and we’ve not quite got there. It is working, but we don’t have time set aside to work on that.”

Social media activity is now part of a wider approach delivered by Early Years teams. Rather than sharing posts under the TU5 banner, a partnership has been developed with three Early Years teams to pull together a social media calendar. TU5 activities will be promoted on this platform and TU5 partners will be tagged into relevant posts.

“ There’s regular health info posted and then locality-based stuff, so it’s not what we expected, but the end result makes more sense.”

Beyond the day-to-day complexities of the project, external factors played a considerable role. Although worsening economic conditions had led to increased interest in TU5 as a project, it also increased the proportion of people in each community that were eligible for support. This presented a challenge in terms of pushing the agenda beyond food insecurity.

“ I feel that the cost-of-living crisis will dictate to some extent how we move with this project, there’s no getting away from that. And some of the buy-in we’re getting is from that angle.”

“ We want to have a positive impact on people’s diet, but the reality is that they just need food. It can feel like firefighting rather than helping people with the choices that they’re making. That needs to be supported at a higher level though.”

Going forward, concern was also expressed around the capacity of the team to meet the growing demand.

“ It’s becoming more difficult, more and more people are facing poverty and will be eligible for support, it’s how we manage that demand.”

“ There’s a certain amount of people in these areas meeting criteria for support, but that’s just going to grow. There’s a balance there and there’s a capacity issue.”

“ With the energy price cap coming in, we’re just beginning to see the start of this, and although the project isn’t there to fill the gaps of the food insecurity, people will be trying to access whatever support that they can.”

► Future priorities and project sustainability

There was a collective sense that the project was gathering momentum and there were no plans to wind down despite the short-term nature of funding and contracts.

“ The first year was setting up, we’re just a few months into it, we’re 7-8 months in. We really need another couple of years to see the impact and to think about what would be beneficial in terms of rolling it out further.”

“ I don’t feel like it’s finishing, we’ve got momentum and it’s just continuing that. Things are constantly developing. It’s very much an ongoing process.”

Instead, there was an eagerness to deliver on commitments and to see local families benefit. It was also felt that the current timescales were not sufficient to make a long-term difference.

“ I hope to get something more tangible, to really see the impact on families we just need more time. To do something like this in two years is completely unrealistic.”

“ I’m keen to see the impact on families, and that’s starting to happen, but much more of that needs to happen now. The foundations are there but we’re building on that.”

One aspect of the project that could continue without funding were the locality networks, although it was agreed that the potential to make any meaningful change was dependent on having sufficient resources. Overall, it was agreed that funding was an important aspect of the project. This funding would need to continue and increase for project outcomes to be realised.

“ The networks could continue without funding, but how do we take forward any of the work, and it’s not that it’s the be all and end all, but when we’re looking at changing a food and physical activity culture, then you need something behind that.”

With further resources and staff, it was hoped that the approach could be rolled out more widely. This could include extending the reach of the Alexandra Rose vouchers scheme, which — though it secured additional NHSGCC funding to include the North East — has the potential to be extended further.

“ It can be rolled out into other areas. There’s been lots of interest from people in other areas. Even if it was just rolled out to the Thriving Places areas there could be much more of an influence, ideally the whole of Glasgow, but if not then the Thriving Places. At the moment it’s just small sample areas.”



3.3 Community reach

Community reach can be demonstrated through access to financial inclusion and various forms of support (e.g. meal packs, fuel and food vouchers, pantry memberships and access to physical activity programmes). A summary of how the project has reached families from mid-February to the end of October 2022 is provided in Table 1 below, before each aspect of community reach is described in more detail. This shows that a total of 207 inbound referrals were received through the financial referral pathway, with 155 of these receiving £102,014.12 in financial gains and

access to a range of other forms of tangible support. Of these, 115 families received a meal pack, 117 gained membership to a local pantry, 147 energy-related supports were made, 56 received cooking equipment, and 47 received at least one Alexandra Rose voucher. In addition, 388 community members received a flat packed meal and information about the project at a community event over the summer of 2022, and 18 families have attended weekly “Move Dance Go” sessions since 2021. The project has therefore reached 630 people across the three communities to date.

Table 1. Project reach

Item	Impact
Financial Inclusion Referral Pathway	207 referrals in, 155 successful
Total financial gains for TU5 families as part of Financial Inclusion (FI) Pathway	£102,014.12
Number of meal pack beneficiaries (weekly delivery, once a week for 8 weeks)	115 families 920 family meals
Pantry membership Vouchers issued	117 families 1,404
Fuel support	147 Including compensation to eradicate fuel arrears and top ups for pre-payment meters (British Gas Energy Trust Fund)
Beneficiaries of cooking equipment items	56 families
Number of families and child beneficiaries receiving weekly Alexandra Rose vouchers in Drumchapel	47 families 102 eligible children £11.26 average weekly monetary value per family for fruit and vegetable purchases
TU5 community member engagements at summer events (all received a flat packed meal and info on the project)	388
South Glasgow Move Dance Go sessions for families 2021/22	9 families approx. weekly attending Pollok sessions for 65 sessions in 2021/22, 585 family attendances (on average 18 families over the full duration)

Financial inclusion and increased support

Following a tendering process, [Money Matters](#) was appointed in August 2021 to provide financial inclusion and enhanced support to eligible people across the three localities. To be eligible for inclusion, a family had to live in one of the three localities, have one or more children under the age of five and meet at least one of the following risk factors for poverty: being a single parent, having a disabled child or adult in the household, having three or more children, being an ethnic minority family, having a child under the age of one,

or being a mother under the age of 25. Some discretion for families not meeting these criteria was applied. Figure 7 shows the referral criteria and process in more detail, including eligibility, where referrals have come from and the types of support that families are eligible for. Meanwhile, Figure 8 shows the referral process with Money Matters, which involves setting up an AdvicePro account and contacting the family, as well as linking up with the various organisations that provide different types of support.

Figure 7. Referral criteria

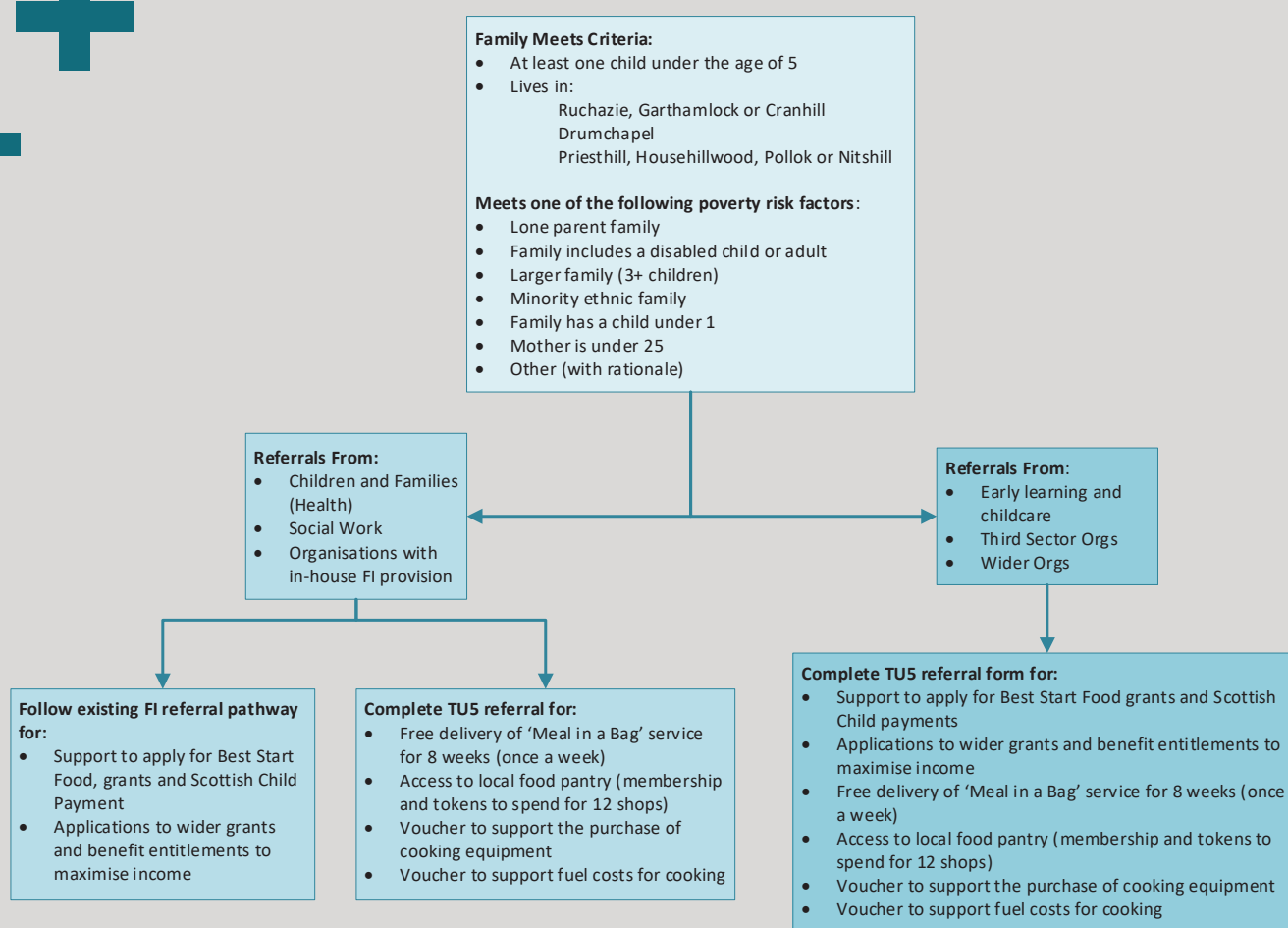
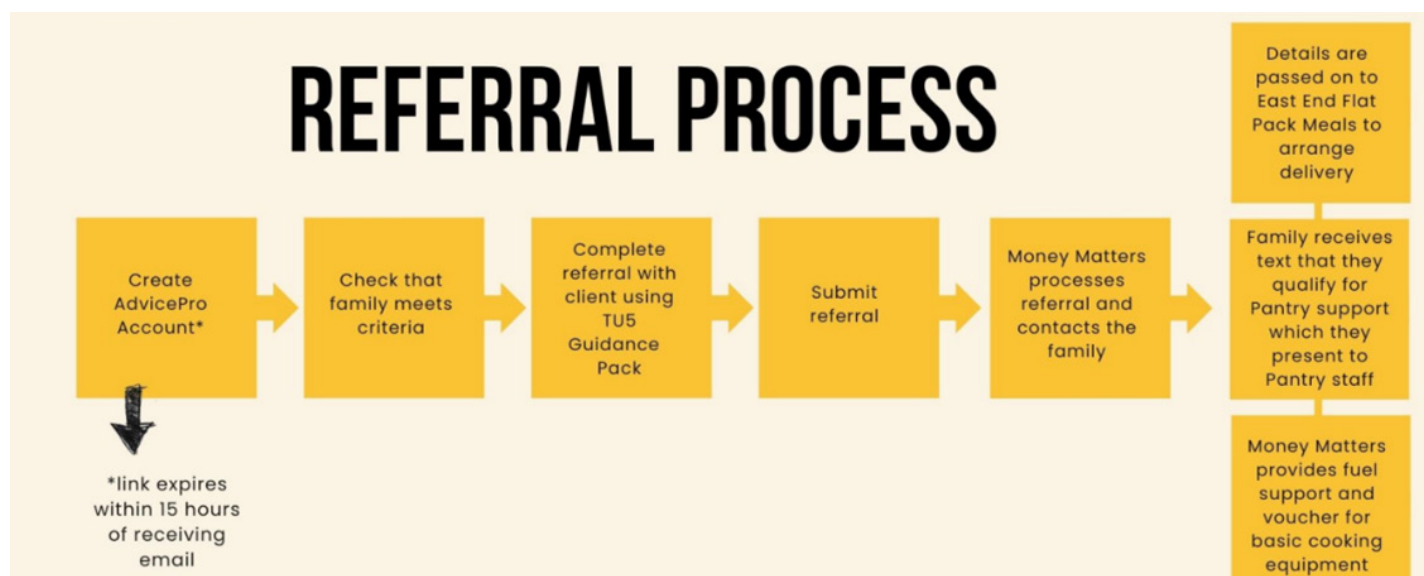


Figure 8. Referral process



Between February and October 2022, 207 referrals have been made from 20 organisations across the city (see Table 2). This includes Early Years providers, Housing Associations, Health providers, Social Work, community organisations and direct referrals through Money Matters. By area, this includes 24 referrals from the North East, 92 from the North West and 91 from the South.

Table 2. Inbound referrals by agency

Number of clients	Month									
Agency name	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
Burnbrae Children's Centre			1							1
Children 1st							1	1		2
Cloan Nursery School					1					1
Cranhill Development Trust			4	3	2	1				10
Gowanlea Nursery						2	1			3
Linthaugh Nursery School							1			1
Mears Housing					1					1
Money Matters Advocacy							3	2	2	7
Money Matters Benefits Advisor					1			1		2
Money Matters Welfare Rights						1			2	3
NE. Health Visiting Teams		1	2		2		2			7

Table 2. Inbound referrals by agency (continued)

Number of clients	Month									
Agency name	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
NW. Community Pantry								1		1
NW. Health Visiting Teams	4	17	7	7	8	5	5	5	3	61
NW Social Work: Children+Families			1	1						2
Other NHS		4	5	2	1	2	1	2	2	19
S. Health Visiting Teams				1	3	3	1		3	11
S. Social Work: Children+Families									2	2
SWAMP	1	18	12	11	8	12	2	6	1	71
Thriving Places Team									1	1
Towerview Nursery			1							1
Total	5	40	33	25	27	26	17	18	16	207
Locality										
North East		1	11	4	4	1	2	1		24
South	4	21	10	9	10	10	8	10	10	92
North West	1	18	12	12	13	15	7	7	6	91

Table 3 shows the outbound referrals from Money Matters following consultations with clients between February and October 2022. Most outbound referrals were to East End Flat Packed Meals (115) or to one of the pantries.



Table 3. Outbound referrals

Number of clients	Month									
Agency name	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Total
East End Flat Pack Meals (8 week meal once / week)	2	16	14	19	13	12	11	19	9	115
Ethnic Minorities Law Centre						1				1
Extra Help Unit		1								1
Home Energy Scotland			2			1				3
MAS - Immigration Advice			1							1
Member of Parliament						1				1
NW Community Pantry	2	6	8	5	4	6	4	7	8	50
Pollok Pantry		9	4	3	5	6	6	5	1	39
Ruchazie Pantry			1	8	3	1	1	4		18
Other		1				1				3
Total	4	33	30	35	25	29	22	35	18	231
Locality										
North East			2	16	6	3	1	1	8	36
South	4	12	18	12	9	11	8	14	16	104
North West		21	10	7	10	15	13	13	2	91

The demographic and socio-economic characteristics of engaged clients (n=120) in receipt of support through Money Matters are provided in Figures 9 to 14 below. By age, over half of the clients were 26-35 and a third were aged 36-45. Only 11% were 16-25, despite this being an age group at risk of poverty for parents. Ninety percent of clients were women, which is perhaps expected given that young mothers – and in particular single mothers – are at greater risk of poverty than male parents. The client population is slightly more ethnically diverse than the Glasgow population, with higher-than-expected representation from people with an Asian Pakistani ethnicity (12%), given their share of the population.

Figure 10 shows that over 75% of clients had an income of below £15,000 per year and a third had an income of under £6,000. The economic status of clients was spread across a range of possible response options, but the most common response at 41% was “looking after family or the home”. Thirteen percent answered that they were “unfit for work” and 9% were “carers”. Over half (55%) of the clients were lone parents with dependent children and over a third (36%) were part of a couple with dependent children.

Figure 9: Age

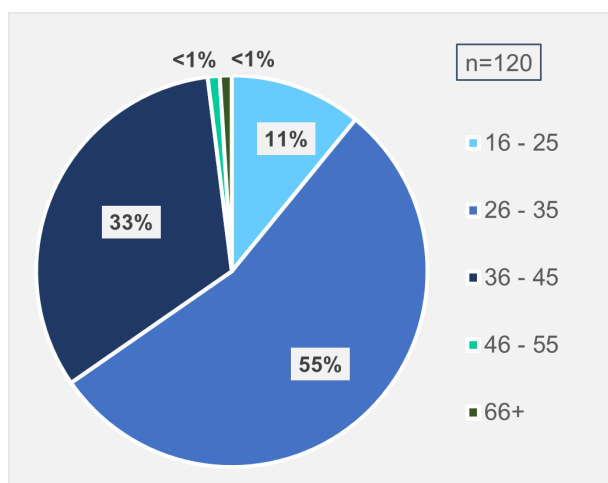


Figure 10: Gender

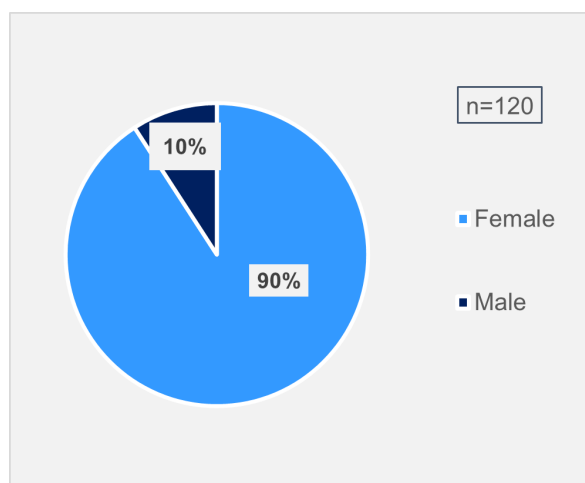


Figure 11: Ethnicity

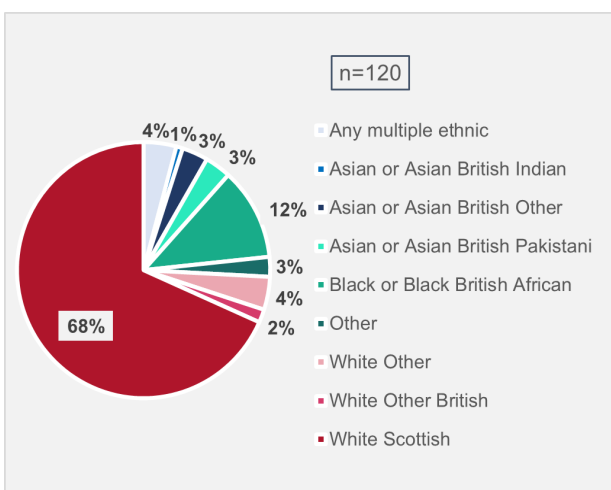


Figure 12: Income

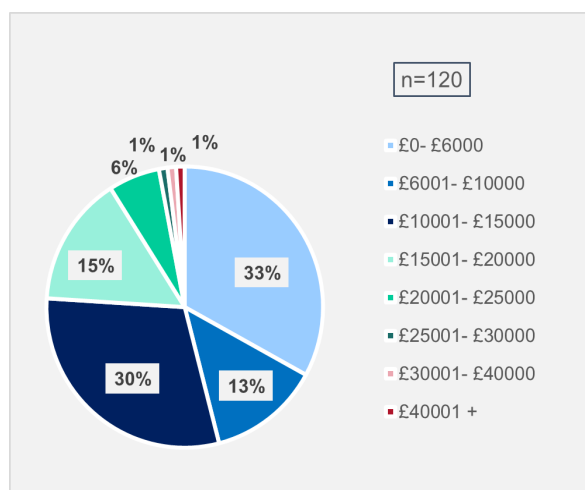


Figure 13: Economic status

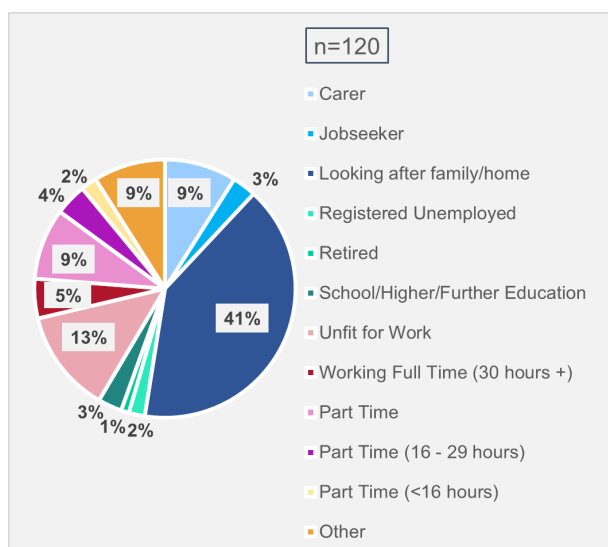


Figure 14: Household status

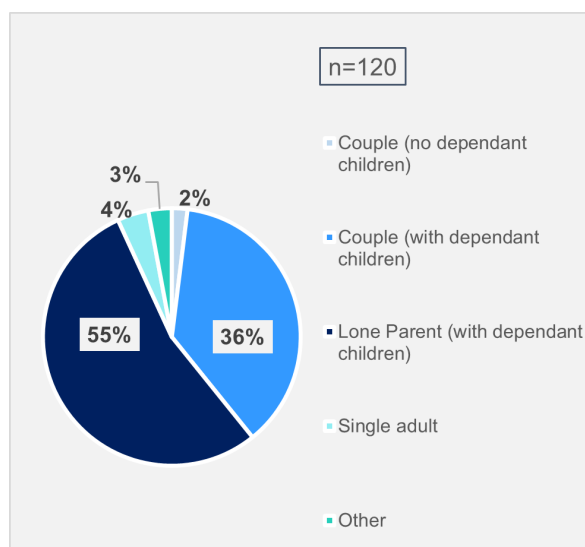


Table 4 shows the financial gains made by clients following referral from Money Matters. The extent of support and entitlements accessed illustrates the complexity of needs across this population. The greatest financial gain has been through Universal Credit, followed by access to the Child Disability Payment and other welfare payments. East End Flat Packed Meals and the three neighbourhood pantries provided substantial financial gains for clients, while a range of support relating to energy provided less substantial financial gains.

Table 4. Financial gains by area

Calculated Financial Gain	Source			
Gain	North East	North West	South	Total
Baby Goods		£50.00		£50.00
Best Start Grant		£666.00		£666.00
British Gas Energy Trust Local Fund	£995.60	£1,742.40	£1,267.20	£4,005.20
Blue Badge			£500.00	£500.00
Carer's Allowance		£3,624.40		£3,624.40
Charitable Grants	£600.00	£319.00	£750.00	£1,669.00
Child Tax Credit			£6,482.40	£6,482.40
Council Tax Reduction			£2,214.16	£2,214.16
East End Flat Pack Meals				£9,200.00
Education: Meals, uniform, travel, etc			£975.00	£975.00
Energy			£907.69	£907.69
Energy - Compensation			£53.26	£53.26
Energy - Refund		£80.00		£80.00
Energy Debt		£791.34		£791.34
Income Support		£1,805.18		£1,805.18
NW Community Pantry		£7,500.00		£7,500.00
Personal Independence Payment		£5,583.40		£5,583.40
Pollok Pantry			£6,006.00	£6,006.00
Ruchazie Pantry	£2,718.00			£2,718.00
Scottish Child Disability Payment		£11,979.78	£1,613.70	£13,593.48
Scottish Child Payment	£1,040.00	£3,440.00		£4,480.00
Scottish Welfare Fund	£430.00	£569.07	£1,347.74	£2,346.81
TU5 - Cooking Equipment	£267.20	£367.20	£508.64	£1,143.04
Universal Credit		£18,987.12	£6,632.64	£25,619.76
Total				£102,014.12

Table 5 shows the topics addressed during referrals. The most common issue facing clients has been welfare support (over half of referrals), followed by money guidance, energy (including BGET) and debt advice.

Table 5. Financial gains by topic

Number of cases	Source			
Matter category	North East	North West	South	Total
Advocacy	1	5	2	8
BGET Local Fund	10	27	21	58
Debt	3	15	18	36
Education		1	1	2
Energy	11	36	42	89
Housing	1	1	4	6
Miscellaneous	1	3	3	7
Money Guidance	23	87	90	200
Welfare Rights	52	262	237	550
Total	102	437	418	957

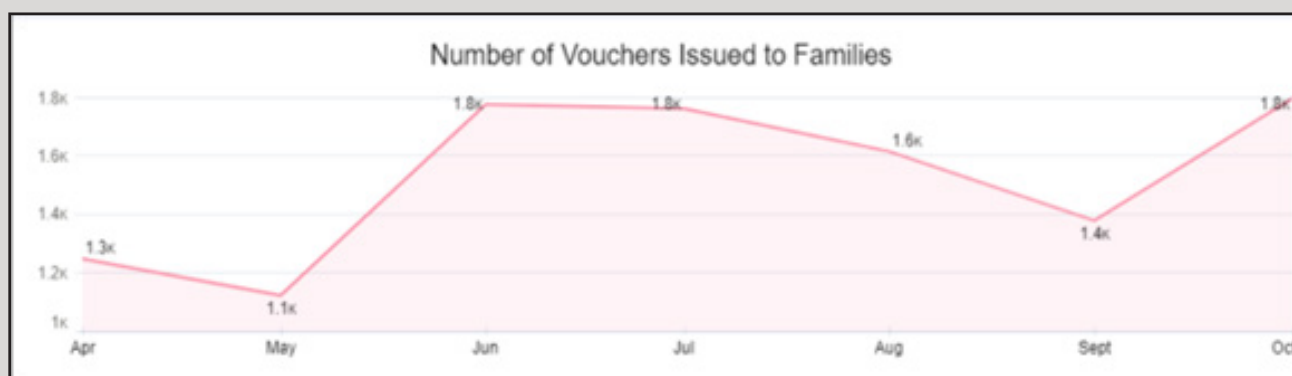
Alexandra Rose voucher scheme

The [Alexandra Rose Charity](#) supports families on low incomes to access fresh fruit and vegetables in their communities. The charity provides support to families in five London boroughs, as well as in Liverpool, Barnsley and Glasgow. Here, a partnership with a family support charity, [3D Drumchapel](#), in the North West of the city has been established to distribute Rose vouchers. Funding from TU5 has been used to support 50 families with Rose vouchers until the end of March 2023 in Drumchapel, with additional NHSGGC funding helping to extend the scheme to the North East. Vouchers are worth £4 per child every week from pregnancy to the start of primary school, boosted to £6 from birth to 12 months. Support is also extended for

primary school children who have at least one sibling not yet at school or a parent/ carer who is pregnant. Families in receipt of Best Start Food support are eligible for the vouchers which can be spent locally at a [Food Fayre](#) store.

Between April 2022 to the end of October 2022, approximately 9,800 vouchers have been issued to 47 families within the Drumchapel area (Figure 15). Of these, almost 50% have been in receipt of Best Start vouchers, while 25% had no recourse to public funds (i.e., immigration conditions which prevent them from accessing certain public funds). This has allowed a small number of particularly vulnerable people to access support.

Figure 15: Number of vouchers issued by month



► **East End Flat Pack Meals**

[East End Flat Pack Meals](#) (EEFPM) are a volunteer-led, non-profit organisation in the north-east of Glasgow. They aim to support families by providing affordable and healthy recipe packs to cook at home every week. Each meal and soup pack contains all the ingredients required to cook vegetable-based recipes along with detailed instructions.

Given their ongoing support for local people, it was agreed that TU5 would support the activities of EEFPM financially and through the development of complementary cooking videos. Deliveries began in May 22, with 56 deliveries going out on a weekly basis across the 3 sites for the first 8 weeks. These deliveries have reached 115 families, including 48 in the North West, 19 in the North East and 48 in the South. In addition, 150 packs were distributed in the North East to support a parent and child holiday programme and a local gala day, 150 packs were distributed in the South to support parents at a local gala day, and 88 packs were distributed in the North West to support a ‘family trips’ programme.

It was agreed that recipients of meal packs would be asked to complete a pre and post survey on their eating habits to monitor change over time. This included general questions that can support the ongoing delivery and quality of the meals being provided, as well as some more specific questions about eating habits and behaviours that could be assessed over time. The survey questions – which could be accessed online or through a paper version – are included in appendix 1.

To date, no survey data has been received. This is due to language barriers and the lack of an incentive for recipients to provide feedback, although staff have sent reminders, offered paper copies and a QR code was developed to encourage completion.

A priority for the next phase of the project will be to address these challenges to ensure that good quality data is collected.



Community budgeting

Community budgeting is being taken forward in each pilot area. The process is ongoing, but so far 7 applications were awarded in the North West, 5 applications in the North East and 6 applications in the South. Each area has a budget of up to £7,500, with awards totalling between £100 to £1,500.

Projects were expected to meet the following essential criteria to be considered for funding:

- Benefits children and families from the TU5 area.
- The activity undertaken will be targeted to families with children under the age of 5 years and/or pregnant women.
- The activity will address food/nutrition and/or physical activity gaps and barriers in the area.
- The activity will be free of charge for families and children to access.

An evaluation of the process will focus on how funds have been used and how community members have been involved, to what extent the essential criteria has been met and what groups plan to do next (appendix 2).

Training and community activities

A capacity-building programme to support Early Years staff has been agreed. This aligns with existing training in the city to avoid duplication, and includes 'Cost of the School Day' training, training provided by the [Royal Environmental Health Institute of Scotland](#) on 'Food Hygiene' and the 'Good Food, Good Health' course. An evaluation of this will capture information on attendance and the intended use of learning.

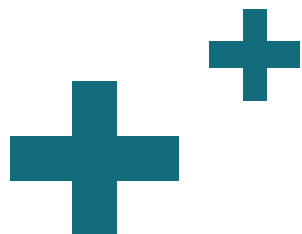
A mapping exercise was undertaken in early 2022 to establish what physical activity opportunities were available for under 5s within the Glasgow City TU5 neighbourhoods. The findings highlighted a lack of local, free physical activity

opportunities across all neighbourhoods for this age group. Some scoping and feasibility work was conducted with local third sector providers to assess reach and scalability of their programmes. As a result, the TU5 steering group has agreed to commission free physical activity sessions from a local third sector provider across all three TU5 neighbourhoods (1x session per week per neighbourhood for TU5 families as a minimum). In conjunction, physical activity 'pick up and go' resources will be made available through all the established TU5 pantry partnerships. This programme will be evaluated in partnership with the chosen third sector provider.

3.4 Progress against project outcomes

The table below highlights progress towards each of the 8 agreed project outcomes. This section provides evidence of actions, learning or project reach that can support the delivery of these outcomes. However, it should be noted that all outcomes require a longer-term commitment to their delivery through a range of complementary actions. 'Next steps' are included to acknowledge any gaps and to support planning for the remainder of the funding period.

Outcome	Progress	Next steps
1. More families at risk of diet-related health inequalities are engaging with services and accessing support.	Illustrated through the number of families accessing financial inclusion services provided by Money Matters, and subsequent referral to appropriate services and support. To date, 630 families have engaged with services or received some form of support through TU5.	Continue to fund Money Matters to deliver financial inclusion advice and enhanced support across all three neighbourhoods. Continue to collate evaluation data on reach and impact.
	47 families have benefitted from the Alexandra Rose voucher scheme in North West.	Continue to deliver and extend voucher scheme in North West and expand into the North East pilot area. Collate feedback through case studies and pre/post surveys.
	Community grants have been awarded in all 3 areas (up to £7,500 per area). Evaluation of the approach will explore how money has been spent, who it has reached, how young people have benefitted and how it has contributed to TU5 objectives.	Collate evaluation data and use to drive future use of resources for community budgeting.
2. Parents/carers feel better equipped and confident to provide their children with a healthy start, including good nutrition and healthy eating habits.	Delivery of financial inclusion advice with links to further support (Flat Packed Meals, Alexandra Rose vouchers, fuel vouchers).	Prioritise collection of data on impact on families through Money Matters, East End Flat Packed Meals and the impact of the Alexandra Rose voucher scheme.
	Cooking videos have been created and will be shared with recipients of East End Flat Packed Meals.	Collate feedback on videos through pre and post surveys.



Outcome	Progress	Next steps
3. Practitioners and organisations have the skills, confidence and knowledge to support children and families to eat well and have a healthy weight.	<p>Capacity-building options have been agreed and will be taken forward. This includes:</p> <ul style="list-style-type: none"> • 'Cost of the School Day' training for nursery staff • REHIS Elementary Food Hygiene training and the 'Good Food, Good Health' course • access to online cookery courses which run every Tuesday via the HSCP 	Ensure delivery of capacity-building options and evaluation of impact through feedback form and wider evaluation of courses.
4. Children and families eat more fruit and vegetables and less energy-dense foods.	Data from the delivery of the Alexandra Rose voucher scheme illustrates that 47 families have received vouchers and 9,800 vouchers have been issued (to end October 2022).	Continue to collate data from Alexandra Rose voucher scheme and identify opportunities to expand scheme. Consider further options that can bring about behaviour change across wider population.
5. There is collective leadership and a commitment to tackling childhood obesity across the early years.	Locality networks established with inclusion of Early Years providers.	Continue to grow networks in each area.
	<p>Early Years providers have received funding through Community budgeting process in each pilot area.</p> <p>A multi-agency steering group has been established with links to other city-wide groups.</p> <p>Capacity-building options to support Early Years providers agreed.</p> <p>Links to Early Years made through social media calendar.</p>	<p>Continue to foster relationships with Early Years providers at relevant groups and forums, link in with social media posts and support staff with funding, training, resources, and partnership approaches to the provision of community support.</p> <p>Evaluation of capacity-building programme.</p> <p>Continue to link in with Early Years social media calendar and monitor engagement with posts.</p>





Outcome	Progress	Next steps
6. Children and families are more active.	TU5 steering group has agreed to commission free physical activity sessions from a local third sector provider across all three TU5 neighbourhoods (1x session per week per neighbourhood for TU5 families as a minimum). In conjunction, physical activity 'pick up and go' resources will be made available through all the established TU5 pantry partnerships.	Evaluate programme in partnership with third sector provider.
7. Engagement reflects the demographic profile of the population	Links have been made with integration networks and families have been reached with no recourse to public funds through distribution of Alexandra Rose vouchers.	Continue to engage with integration networks and groups supporting vulnerable population groups, including disability groups.
	Groups most likely to face poverty (e.g., single parents, ethnic minority groups, young parents) have been targeted for financial inclusion and enhanced support. Demographic information captured by Money Matters shows that financial inclusion advice and enhanced support has reached a population that broadly reflects Glasgow's population, albeit from quite a small sample (n-120).	Use take-up data to identify population groups to target.
8. The project supports Glasgow's commitment to the climate emergency.	The pilot has supported local food growing projects and used locally sourced food through its links with EEFP. Links to pantries provide access to fresh local food. Active travel encouraged through physical activity element of project.	Partners should continue to support the use of locally sourced food that is affordable. Promotion of seasonal eating, batch cooking and waste reduction could be part of future educational work. Where possible, physical activity provision should promote active travel.

4. Discussion and recommendations

Despite changing circumstances and challenges, TU5 is developing in line with the agreed project plan. Much of the early work has involved engagement to gain support for the project, but there is now a greater focus on working with local organisations to support families in various ways. Through financial inclusion advice and access to other forms of support, local people are beginning to gain access to services and resources that can reduce the harmful impacts of poverty. The next phase of the project will continue to deliver for families across the three areas, as well as engaging local organisations through community budgeting and capacity building.





However, despite progress, it is important to be realistic about the potential for a pilot project to have a transformative impact on a community, even with generous funding. While the pilot is reaching families across

the three neighbourhoods, the support provided is generally plugging a gap for a small portion of the population.

The current cost-of-living crisis means that more people in each area are facing food and energy insecurity and are eligible for support from TU5. This presents a challenge to staff in terms of capacity, but also in terms of keeping sight of the project's longer-term aims of improving the food offer in each community and empowering people to make healthier choices. Tackling the short and long-term challenges facing communities is time and resource intensive, requiring ongoing financial support and relationship building. Certainty around funding for the next phase of the project would afford the team some continuity in terms of planning and promotion of the project.

Project priorities

Priorities identified by the project lead for the remainder of the funding period are:

-  Explore and implement other routes of access to flat packed meals in the community and pantry support for TU5 recipients.
-  Embed implications of the cost-of-living crisis in terms of how TU5 can support families most effectively.
-  Evaluate the provision of transport support being implemented in Drumchapel for TU5 clients accessing North West Community Pantry.
-  Evaluate the projects funded by the Community Grants process in the three areas and upscale where appropriate (subject to funding).

- ▶ Further support the Alexandra Rose voucher scheme in Drumchapel.
- ▶ Create a TU5 web page on the NHSGGC site.
- ▶ Implement the physical activity plan for the project.
- ▶ Implement the Alexandra Rose voucher scheme pilot to cover Ruchazie, Garthamlock and Cranhill (NE area) in partnership with Alexandra Rose charity, NHSGGC Public Health, and Ruchazie Pantry and the Scottish Food Pantry Network.
- ▶ Further promote and strengthen the TU5 Financial Inclusion Pathway with enhanced support by ensuring new staff/partners are added on an ongoing basis and are educated on its use.
- ▶ Further build the TU5 networks in each area as a vehicle for ongoing priority setting.
- ▶ Create an identity for the project with a logo.
- ▶ Continue to develop the capacity-building programme and social media presence/calendar for TU5.
- ▶ Increase community involvement in the project.

▶ *Evaluation priorities*

This report has highlighted the challenges of collecting robust evaluation data for a project that involves input from several organisations. Going forward, it will be important that processes are in place to ensure that this is prioritised, and organisations are supported to provide information. For the final evaluation, prioritisation should be given to the following:

- ▶ The project's financial inclusion and enhanced-support element. This will include continuing to monitor reach and impact on participants but will focus more closely on the process learning that can shape its delivery and scalability.
- ▶ Incorporate learning from Inverclyde, including a focus on the contextual differences between this pilot area and the Glasgow-based sites in terms of access to relevant local organisations.
- ▶ Embed up-to-date Asset Maps for each pilot area.

- ▶ Improve/streamline the process for collecting data on flat packed meals.
- ▶ In partnership with local delivery organisations, collate pre and post survey data from recipients of Alexandra Rose vouchers.
- ▶ Evaluate impact of community budgeting in each Glasgow pilot area.
- ▶ Evaluate the impact of capacity-building programme for Early Years staff and allied professionals.
- ▶ Evaluate free physical activity sessions being delivered by local third sector provider.
- ▶ Explore the effectiveness of community transport provision in the North West.

An updated evaluation report will include a set of recommendations for the future delivery of the project's agreed outcomes and its potential to be scaled up or extended.



Appendix 1

East End Flat Packed Meals pre and post survey

1. Would you say that you normally eat healthily?

Response options:

- Yes, all of the time
- Some of the time
- Never

2. How many portions of fruit and vegetables do you consume per day?

Response options:

- None
- 1-4
- 5 or more

3. On average, how many days a week do you cook using mainly single ingredients (from scratch)?

Response options:

- 0 to 7

4. On average, how many days in the week do you share a family meal with all in the house together?

Response options:

- 0 to 7

Appendix 2

Community Grants evaluation form

Delivery and participation

1. How have you used the funds received?
2. How many people in your community have you reached and how did you encourage people to take part?
3. Were there any barriers to this? If so, how did you attempt to overcome them?

Meeting the Essential Criteria

4. Please describe how the project has benefitted young people in the Drumchapel area?
5. How has the activity addressed food/nutrition and/or physical activity gaps and barriers in the Drumchapel area?

Next steps and further comments

6. What do you plan to do next?
7. Any further comments?

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