

# Thematic Funding Impact and Learning Report (2025-26)





# Community Solutions

## Thematic Funding - Impact and Learning Report 2025-26



University  
Health & Social Care  
North Lanarkshire



### Background

Community Solutions Thematic Funding is awarded to a range of community and voluntary sector organisations, to provide local services and supports to North Lanarkshire residents on selected, priority 'thematic' issues. This funding is provided by the University Health and Social Care Partnership North Lanarkshire.

### Thematic Funding Remodelling

In 2025-26, following a review of the Community Solutions Thematic Funding, a new funding model was implemented to make the fund more dynamic and responsive to changing themes and priorities on an annual basis, including the priorities of the Community Solutions Strategy and Investment Plan, the UHSCP-NL Strategic Commissioning Plan and Programme of Work, and public health priorities. The new model is comprised of two stages:

- £196k was set aside for strategically important projects
- £316k (plus £17k underspend) was available for CVS organisations to apply for, split into 3 strands:
  - Innovation
  - Volunteering
  - North Lanarkshire- wide projects

25

funded projects



£529k

funding distributed to  
projects



Many thanks to the funded projects which provided information and to the VANL staff who prepared this report.

\*See the Community Solutions website for a supplementary report with a list of funded projects

### Learning and Improvement

The Fund's approach to evaluation, learning and improvement is guided by the Community Solutions **Performance Management, Evaluation, Learning and Improvement (PMELI) Framework**. Funded projects are required to capture information on the support provided, the reach, and the outcomes met by their projects. This report aims to share this impact and learning.

STAGE 1

Top slice for strategically important projects

Community Weight  
Management

Hospital Discharge  
Support

Active Health & Associated  
Programmes

STAGE 2

Innovation  
£126,400

Volunteering  
£126,400

North Lanarkshire-wide  
£62,000



# Community Solutions

## Thematic Funding - Impact and Learning Report 2025-26



Scottish Government  
Riaghaltas na h-Alba  
gov.scot



### In 2025-26, the Fund has...

funded delivery of  
**11,601** sessions of  
**97** activities

supported  
**22,449**  
unique individuals

**22,338**  
people supported



**£358.5k**  
additional funding  
secured



**11,026**  
people reported on  
**Community Solutions**  
outcomes

been supported by  
**317** volunteers who devoted  
**17,772** volunteering hours

This is the same as  
**9.7**  
people working full time  
every week!

\*Outcomes reported are based on unique individuals, and therefore may be different from total individuals supported

### Funded projects have supported individuals to meet Community Solutions outcomes...

**8818** People feel more connected, included and safe

**307** Carers feel more informed and aware

**725** Children and young people's health and wellbeing improved

**8775** Adult's health and wellbeing improved

**244** Carers' health and wellbeing improved

**383** Family relationships are strengthened

**8523** People feel more informed and aware

**313** Carers are more able to have a life outside of caring

**503** Children, young people, and families are more resilient



# Community Solutions

## Thematic Funding - Impact and Learning Report 2025-26



Scottish Government  
Riaghaltas na h-Alba  
gov.scot



### Unexpected Outcomes

In addition to their planned outcomes, funded project were asked to identify positive but unexpected outcomes. Some examples were:

A key development was the introduction of adapted and more accessible sessions, including British Sign Language (BSL)-supported delivery and tailored programmes for individuals with Additional Support Needs (ASN) and minority ethnic communities. While inclusion was a core aim, the scale and impact of these adaptations exceeded expectations, enabling participation from individuals who would otherwise have faced significant barriers to accessing traditional weight management services.

#### Getting Better Together

##### Motherwell Food Bank @ Maranatha

Three of our volunteers are people who attended the foodbank as service users but have now become part of the volunteer team

#### YMCA Bellshill and Mossend

Many young people developed friendships outside of the gaming sessions and became more engaged with other YMCA activities, increasing their involvement in the wider community. We also saw improvements in confidence, with young people taking on leadership roles by supporting their peers during sessions and competitions.

The project also provided opportunities to engage young people in conversations about online safety, healthy relationships, mental health and wider life skills. Many participants who initially attended because of their interest in gaming remained involved because of the supportive relationships they built with staff and other young people.

#### CACE

Alongside the planned outcomes of reducing loneliness and improving wellbeing, the project has achieved a number of unexpected positive outcomes. Many volunteers reported that becoming a befriender had a significant impact on their own confidence, sense of purpose, and mental wellbeing. Several volunteers developed new skills and through their experience with CACE have gone on to further volunteering and training opportunities.

#### Deafblind Scotland

An unexpected outcome of the project was the increased engagement with members who were not existing service users or participants in Deafblind Scotland activities, providing valuable insights into their lives and circumstances.



# Community Solutions

## Thematic Funding - Impact and Learning Report 2025-26



Scottish Government  
Riaghaltas na h-Alba  
gov.scot



### Impact

Achievements, project learning and the difference made to individuals - provided by funded projects in monitoring and evaluation reports submitted to VANL – is highlighted below.

- 100% felt more connected and safer within their community
- 100% felt more connected to other people
- 100% had greater awareness of support available within the community
- 100% had greater awareness of support, including NHS and council services
- 100% felt more hopeful about the future
- 100% reported improved mental health
- Four of the six participants strongly agreed that their mental health had improved

### SAMH

“The best and most surprising for me was working with a group of people who were struggling with similar issues and trying to improve themselves and their life regardless. Knowing that I am not alone and it was very eye opening for me”

Service User,  
Moira Anderson  
Foundation

### Service User, ADHD Network Scotland

Prior to engaging with ADHD Network, I spent many years functioning in survival mode without fully understanding the neurological, emotional, and practical impact that ADHD was having on my life. My involvement with ADHD Network has genuinely changed my understanding of myself, my nervous system, and the way I approach both life and work. Through ADHD Network, I have developed:

- A greater understanding of ADHD and nervous system regulation
- Healthier and more sustainable coping mechanisms
- Improved emotional regulation and self-awareness
- Increased confidence in my own skills and abilities
- A stronger understanding of boundaries, burnout, and capacity
- Improved ability to communicate professionally and advocate effectively
- A more balanced approach to work, rest, and personal wellbeing

### Volunteer Feedback, CACE

- “It’s given a lot of confidence and I’m ready to look for work again”
- “I am proud to be a part of it”
- “It’s helped me get some perspective”
- “It’s been rewarding in both way
- “I can see the difference I’m making”

### Service User, Deafblind Scotland

“Learning at home makes it so much more relaxed. I can ask you things and don’t need to worry about other people, you give me time and talk to me so that I can understand. I’ve tried classes but they don’t work for me.”



# Community Solutions

## Thematic Funding - Impact and Learning Report 2025-26



Scottish Government  
Riaghaltas na h-Alba  
gov.scot



### Case Studies

#### Getting Better Together

The Community Liaison Service officer contacted me the day after I got home from hospital. I was admitted with respiratory problems and have recently been diagnosed with COPD. She said she had received a referral to move my oxygen cylinder as it was causing me problems at home and was too heavy for me to move. She came out to my house to do a home visit within half an hour of me speaking to her on the phone. She could tell I was short of breath and quite anxious and stressed as I live alone, my husband passed away a couple of years ago and I have struggled on my own since he died.

The first thing she did was move the cylinder into the corner of my living room to clear my walk way to the hall and kitchen making it safer for me to move around. She also tested my community alarm and checked I was wearing my wristband. I felt reassured it was in good working order as it was switched off for a few weeks whilst I was in hospital. From that point she sent an urgent referral to the Community Respiratory Nurse, who came out a few days later to put things right regarding the equipment I had at home and carry out an assessment for new equipment I needed.

She also took the time to see if I needed anything else and kindly went out and got me some groceries. I was worried about how I was going to get food as I can't get outdoors just now due to poor mobility and having to carry heavy equipment. To help me get by, she signposted me to Morrison's Telephone Shopping Service, which has been a godsend and also Made4UInML2 who delivered a few meals to my doorstep, which has been ideal as well to get a home cooked meal very cheap at £2 per meal. The service I received was fantastic and has helped me manage better on my own.



I'm a very independent person and struggle to ask for help. My daughter is less stressed as well, knowing I am coping okay when she can't get over to visit me every week.

Before she left, she helped me complete a form that had to be sent away for reimbursement of energy costs and posted it for me on her way home, which I really appreciated. After she left, I felt relaxed and like a weight had been lifted. She made sure I had all my essentials in the house and that all my business had been taken care of that evening. She was like an 'angel in disguise' and dually called me a few days later to check in and see that I was doing okay. I don't know how I would have managed if she hadn't called me following the referral that was made to the Community Liaison Team for post discharge support. She is very easy to talk and she has helped me more than she knows. She took the time to really listen to me and I enjoyed our chat and the lovely visit I got that evening. She gave me an information pack with relevant leaflets in it and her contact details and told me to give her a call if I needed any other information or support in the future. Overall, I felt supported and reassured after her visit. I rave about the Community Liaison service to my neighbours and know I will be less anxious if I ever have any hospital admissions in the future as I know how to access support if I need it when discharged home."



# Community Solutions

## Thematic Funding - Impact and Learning Report 2025-26



Scottish Government  
Riaghaltas na h-Alba  
gov.scot



### Case Studies

#### CACE

When CB was first referred to the service, she was living with a range of complex physical and mental health challenges. Although she did not initially recognise or acknowledge the impact of her mental health, it became clear during assessment that prolonged loneliness and social isolation were significant factors affecting her wellbeing.

Due to family circumstances, her main support network consisted of her grandchildren and great-grandchildren, who cared deeply for her but also had their own responsibilities. Outside of these visits, CB spent long periods alone and often contacted her GP and emergency services, partly because she was seeking human connection and someone to talk to.

The match with volunteer befriender AJ provided CB with two hours of dedicated social contact every week. Almost a year on, AJ became a consistent and trusted support in CB's life, offering companionship, conversation and genuine interest. These regular visits gave CB something positive to look forward to each week and helped reconnect her with the outside world through shared stories and experiences. AJ had previous experience supporting older adults experiencing loneliness and was enthusiastic about the match. The relationship quickly developed into one of trust and friendship.

“She's like another granddaughter. She's lovely and tells me all about what she's been doing. It helps me feel a bit more connected to the world because I can't get out. I look forward to my Fridays, and everyone knows about her. If I didn't have her, things would be a lot lonelier. I know my family are busy, but I do get really lonely. AJ breaks up the time that I don't see my family. The carers that come in are all nice, but they're so busy and they don't really have time to talk to me in the same way that AJ does.”

#### Deafblind Scotland

AS often appeared confident and independent, but the loss of their guide dog and the transition back to using a long cane had significantly affected their confidence when travelling independently. Maintaining an active and independent lifestyle was extremely important to them, particularly as they played a central role in family life and valued spending time with their children and grandchildren. During discussions with the team, the member explained that they had gradually become more reliant on family support to carry out activities they had previously managed on their own, which frustrated them. They also identified a set of stairs on their regular bus route as a significant barrier, creating anxiety around travelling alone and limiting their confidence to access local services and social activities.

Working alongside our rehab team, AS took the lead in identifying the goals that mattered most to them. They set their own priorities, practised skills between appointments, and trialled routes independently. They would bring back their observations, challenges, and ideas, actively shaping the problem-solving process. They often reflected on how the skills they were learning transferred into everyday life. They now regularly walk independently to the local shop to buy a newspaper for their partner, describing the half-hour walk as valuable time to think and reflect.



AS independently navigates the staircase while a Low Vision Rehabilitation Specialist remains beside them to monitor safety and provide support as needed.