ISLAY LINK CLUB

- NEEDS ASSESSMENT -

Photo Credit - Rhys Pattimore

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Photo Credit - Rhys Pattimore

CHAPTER ONE

INTRODUCTION

When the first Covid lockdown took place on Islay in Spring 2020, three individuals (who had worked across the island in a number of capacities over the years) got together to discuss how to support those who would need practical and emotional assistance. Their immediate solution, which complemented strategic level interventions from the Emergency Planning Group, the Community Council and others, was to create a Resilience Group which consisted of Co-ordinators spread over seven districts who were supported by a bank of 150 volunteers.

The members of this network provided a vital lifeline to many in the months that followed by combating social isolation and loneliness as well as undertaking more practical tasks like delivering shopping and collecting medication for those who were shielding. They relied on the time, talents and contributions of many others in the form of support from the statutory and voluntary sectors and the Churches as well as from a wide range of local businesses. Having a known and trusted person to contact also ensured that individuals could be informed about what was happening through, for example, the dissemination of monthly newsletters. Volunteers could also feedback accurate intelligence to those responsible for planning at a more strategic level.

The Scottish Government ultimately recognised the positive experience that the Islay community had created in uniquely challenging circumstances in a national publication entitled 'Community Resilience in Scotland's islands during the Coronavirus COVID -19 Pandemic.' (Scottish Government, 2022). It acknowledged not only the Resilience Group but also the whole island response and stressed the importance of harnessing that energy and using this to further promote and develop community resilience on an ongoing basis. This perspective was summarised in the words of one contributor saying:

'Having a Plan A, having a Plan B, and making sure that you've got the resources to put that plan into effect. It means that you have a community that can look after themselves, that can make decisions that have ownership over what happens to them, it is not done to them. Once a community is resilient, anything that comes up, no matter how awful it is, they can manage in a community led way."

The Government also produced a rights based Mental Health Transition and Recovery Plan (Scottish Government, 2020) which highlighted that Covid had caused deterioration in mental health and wellbeing, which had resulted in higher levels of distress.

It committed to 'continue to support good mental health and well-being, to help people manage their own mental health, and to build their emotional resilience and to ensure that people get the right support, at the right time, and in the right setting – including when mental illness does occur.'

CHAPTER ONE

INTRODUCTION

A new Communities Mental Health and Wellbeing Fund for adults was established in October 2021 as part of this Plan. The delivery of the Fund marked a departure from how mental health funding is usually distributed as it was managed by Third Sector Interface led local partnerships so that the funding and support would be directed to grassroots community-based organisations. So a collaboration between the Islay Link Club, as a recognised local charity which supports people with mental health issues, the Islay Resilience Group and some interested others (which has now become a charity in its own right called Islay Connections) successfully applied for an element of this funding.

The purpose was to undertake a community Health and Wellbeing Needs Assessment, focusing on mental health in its widest sense. In its application, the Collaborative outlined its aspirations. The following extract summarised that position:

'Islay is now looking at recovery, strengthening communities with a focus on how we can connect to people, actively address potential barriers and promote engagement through a range of activities. Our focus will be on early intervention, prevention and improving self- care and wellbeing. Our aim is to engage and facilitate a thorough and meaningful consultation with the communities of Islay to enable stakeholders, including statutory services, to develop a foundation of support which is grounded and reflective of the true needs of the people of Islay.'

This report presents the research that has been undertaken, offers some key findings on both needs and services and provides an Action Plan of proposed next steps. It is Part 1 of a two-part process in that the next stage will be a series of public meetings to share and to learn more. This will ensure that more Islay residents have the opportunity to give their perspectives on what worked well in Covid times, what worked less well, what provision is transferable to the present day and what gaps are yet to be addressed.

It is never possible to get total sign up from a whole community, but what this report tries to do is to provide evidence of listening and responding to all those who have come forward so that the findings are community based and the solutions are community led.

CHAPTER TWO

Photo Credit - Bob van Aubel

CHAPTER TWO

BACKGROUND AND METHODOLOGY

OUR CONTEXT

Islay is prosperous in several respects. There is an expanding population, which medical service statistics would indicate has grown around 8% in recent years, making a likely total of over 3500. There is near full employment, not least because of the expanding number of distilleries. However, these strengths can present their own issues. A growing population needs to be recognised as such within public service funding formulae. Public sector roles are critical to our sustainability and are increasingly difficult to fill.

It is argued by some that Islay is experiencing the same care crisis as other parts of Scotland in terms of staff recruitment and retention. This is true to a degree and national statute such as the Islands Act exists to make it possible to address the differences there are. Our island is different from others in where it is located in national structures. Unlike Orkney, Shetland or the Western Isles, we do not have our own Council but are attached to a mainland one. Unlike them, we do not have a local Health Board, being attached instead to NHS Highland, elements of which are geographically distant.

Nevertheless, this research begins from a place that recognises that our island is somewhere that we are proud to call home and where community spirit is very much alive and well- particularly in times of crisis. Although island specific statistical information is sparse, a staggering reflection of our collective efforts is that there are over 140 organisations providing anything from dancing to rugby and caring. The research is **not** in any way intended to be critical of what is.

The core task is to gather the evidence of health and wellbeing needs in order to inform and to raise awareness within the community as a whole, with everyone knowing the picture, and everyone who wishes to, or is able to, having the opportunity to participate in building a better future together. It is also, importantly, to articulate identified needs to those in leadership roles, both nationally and locally. It is to provide the evidence to create the solutions together. Whilst we are fortunate to have the support of local charities and the distilleries, the case for additional funding for the future is clear.

CHAPTER TWO

BACKGROUND AND METHODOLOGY

A SYSTEMS APPROACH

There have been similar exercises in the past. They have tended to focus on one aspect of Islay living. What this research is trying to do is take a whole systems approach to identifying need. By this, we mean not picking out one aspect of our lives but thinking about how each part relates to another.

An example would be how an older person is able to continue to live independently in the community. They potentially require the support of friends, family and neighbours, Islay Medical Services, home care, social care and the voluntary and Third sector. However, here, other links can take on great significance like transport, whether it is a bus or taxi to join a ferry or plane. Those journeys are vital in accessing mainland life where more specialist interventions can be obtained. Missed appointments caused by transport issues are impactful. Affordability of travel is critical too, relying on patient support schemes. Housing needs alter with ageing too.

When independent or assisted living is no longer feasible, Gortanvogie Care Home and Islay Hospital become critical in enabling older individuals to continue to live on the island. This brings in another set of issues such as the ability to recruit and retain sufficient care staff, which can limit the number of available spaces in the Home for needs to be managed safely. This can then impact on the Hospital in that patients may not be able to be discharged to the Home. Therefore, hospital beds become blocked and new patients may not be able to be admitted with the possibility of being sent off island instead.

What this example illustrates is the connectivity of the elements needed for the whole system to operate effectively. It also highlights the fact that our wellbeing extends beyond pure health and care to broader based services like transport.

CHAPTER TWO

BACKGROUND AND METHODOLOGY

METHODS

To be as inclusive as possible, wide ranges of approaches were taken. These consisted of:

- Desktop analysis of key documents
- Discussion with representatives of the local Third Sector Interface
- Individual interviews with representatives of the Resilience Group
- Individual interviews with Islay Link Club trustees
- Individual interviews with Islay Connections trustees
- Individual interviews with members of the community from teenagers to older people
- Attendance at community groups to observe the benefits at first hand and to obtain views e.g. Bowmore Lunch Club, Dochas Carers Lunch Club, Islay Book Club, Strollers
- Attendance at key community events e.g. Islay Energy Trust, Calmac consultation
- Individual interviews and group discussions with the GPs and Practice Manager in Islay Medical Services
- Individual interviews and group discussion with hospital and community based nursing staff and allied health professionals
- Individual interviews with Health and Social Care staff including the Chief Social Work Officer for Argyll and Bute
- Individual interviews with a range of professionals representing the Third sector e.g. Dochas, Snowdrop
- Interview with leaders of Sidekick, which provides additional support whether that be funding or equipment for children and young people that are affected with a learning need, emotional difficulty or disability
- Interview with local Public Health staff
- Interviews with Head Teachers of Islay Primary Schools
- Interview with Head Teacher of Islay High School
- Interviews with local Councillors and local MSP
- Ongoing liaison with PhD student undertaking research on Islay on ageing in remote areas
- Fact finding at Islay Show 2022
- Survey of attendees at Islay Show 2023
- Fact finding visits to Outer Hebrides resources to consider transferability of models to Islay e.g.Tagsa Uibhist
- Keeping abreast of relevant national developments such as the Islands Plan Review and the Scottish Parliament Inquiry into Health in rural and remote areas
- Ensuring opportunities to understand and participate in the Scottish Covid Inquiry and to represent our experiences there to enable more localised responses to future pandemics

This listing illustrates the conscious effort to focus primarily on qualitative rather than quantitative data. The latter is not excluded where it exists and where it is pertinent. The emphasis is on listening carefully to what Islay residents, citizens, professionals alike think, and feel and what they consider necessary and desirable going forward. It is to ensure that voices are heard. It is to catalogue potential ways of dealing with the issues that people face day to day. It is also to hold statutory agencies to account, to look to the Third Sector for its continued commitment and to ask the community itself what it can and will do.

CHAPTER THREE

Photo Credit - Claudie Devin

CHAPTER THREE

THE RESILIENCE GROUP, ISLAY LINK CLUB AND ISLAY CONNECTIONS

We begin with a summary of the salient points made by representatives of each of the above groups. Some individuals are members of all three and others have other leadership roles in the community e.g. a local Councillor and the present MSP, so their viewpoints may be drawn from more than one role.

Observations on the arrival and impact of Covid are given as well as some more general commentary on health and wellbeing needs of the population across the lifespan and some tentative suggestions on the way forward.

When Covid struck, there was an urgency to respond and what became the Resilience Group did so within days. This meant that some of the standard checks and balances such as PVG clearance were not done, although there was more pragmatic risk assessment that resulted in there being no direct finance involved with South Islay Development, as a registered and respected charity, stepping in to manage the money.

While not everything was done under the auspices of the Resilience Group, it was a catalyst for action. In the first two weeks, a volunteer bank was created with many willing helpers who were on furlough. A Just Giving page brought £10k from abroad. Bruichladdich distillery produced hand sanitiser and was quickly followed by others. A hot meals service followed with local hotels assisting as did the production and dissemination of a Stay Safe pack.

Beneath these headlines, much more was taking place. The Co-ordinators set about identifying who lived in their designated district and there were few unexpected additions as most people know each other or of each other. As relationships developed with those who needed support, some aspects of their lives became better understood because they became more apparent.

An example was given of an older couple during Covid where one of the partners was admitted to hospital when his deterioration became known to neighbours. This left his wife housebound because her mobility was severely limited and she depended on her husband to meet her day-to-day living needs. Neighbours provided intensive support when they realised the extent of her need.

This was much more than what we may expect from a community. It raises fundamental questions, however, about what it is legitimate and appropriate for the community to offer and what is for statutory agencies to deliver. Especially in the midst of an unprecedented crisis. Going forward, in a world of decreasing public resources, this conversation becomes more pertinent with a likely pushback to communities when not everything that is requested can or will be delivered.

Another example provided by a different volunteer was of delivering shopping to a couple who lived in a remote part

of the island and who had no one. The conversation that took place while the groceries were being handed over became one of sharing their sense of hopelessness and fear with them saying that they could see no way out. By the time we were adjusting to the new normal both husband and wife had died. They died of natural causes but the question remains of whether their poor quality of life contributed to their passing.

The sadness that this evokes in us all is something that Co-ordinators aspire to translate into positive action that will result in those that have felt this way being able to see purpose in their lives again.

More generally, there is no doubt that some citizens have not been able to build back the lives that they had pre-Covid. Sometimes this is because the activity they participated in previously has been paused or it is not going to start up again. Sometimes it is because Covid has impacted so significantly on their mental health that anxiety and depression prevent the same level of involvement in the community.

For some, it is the simple tasks that were undertaken by volunteers during Covid that are missed and for which there is no ongoing replacement service. Getting shopping is one such task. This is not a comment on the delivery service that is available. It is the more fundamental task of getting alongside someone to encourage them to eat, to appreciate their financial circumstances and to know their dietary preferences before a, possibly, very small, list can be made. Again, this is a service that the statutory services are unlikely to be able to provide given the high threshold there are before someone becomes eligible.

Another final example of the importance of practical assistance was where an older person living alone said that they had been unable to change a light bulb and so had sat in the dark. Such a low level of need could have been met if it was known and had been expressed. The person in this situation was not only sitting in darkness but was running the risk of bigger independence problems like falling.

What these examples illustrate is a range of unmet need that directly impacts the mental health and wellbeing of those affected. Such needs are ongoing and it is essential that they are addressed. Ultimately, the Resilience Group was superseded by a Recovery Group, which naturally included a number of business interests. The focus on health and wellbeing was lessened as a consequence and gradually volunteers returned to their working lives. There are lessons that are still to be formally drawn from these initiatives, given that there will be other pandemics and other whole island challenges. There would be value in reviewing that learning, including the risk assessments undertaken, to be be in a position to anticipate and be ready for future crises.

CHAPTER FOUR

Photo Credit - Ella Ch

CHAPTER FOUR

EDUCATION PERSPECTIVES

INTRODUCTION

The original research proposal started in adulthood but participants kept referencing the importance of parenting in these challenging times and the critical role that schools play in enabling our children, our future, to be all that they can be. Therefore, it was agreed to include children, young people and parenting within the remit. The focus here is on health and wellbeing in its widest sense. The emphasis is not on educational attainment, although the two are intertwined.

The Heads of each of the Primary Schools and the Head of Islay High School were interviewed to gain their professional knowledge and ideas, as were a number of parents and some young people. This section is consciously written in a generalised way to avoid breaching confidentiality through possible identification of the individuals involved.

THE SCHOOL POPULATION

The Roll numbers for 2022-23 for each of the locations was as follows:

BOWMORE PRIMARY
107
(18 English medium nursery/ 12 Gaelic medium nursery/59 English medium P1-7/ 18 Gaelic medium P1-7)

KEILLS PRIMARY
36

PORT CHARLOTTE PRIMARY
31

PORT ELLEN PRIMARY
100
(28 nursery/72 school)

ISLAY HIGH SCHOOL
190

Numbers are on the rise. There are growing numbers of families who come to live on the island for both employment reasons and because they believe that the quality of life for their children and young people will be better.

THE PANDEMIC

Covid impacted differently in different schools but this is not surprising as each serves different aspects of island life with Keills having more young people who live on farms and may spend much of their time outdoors. This was able to continue during lockdowns unlike what those who live in the larger villages experienced. It is also clear that preschool children had more limited opportunities to socialise with other children out with the home during Covid. This has impacted on the ability to socialise and on educational attainment, although this perceived gap is closing as time passes and things are back to normal.

CHAPTER FOUR

EDUCATION PERSPECTIVES

THE CHALLENGES OF PARENTING

Those interviewed suggested that parenting can be tougher than it has ever been. The majority of parents are able to navigate successfully through the challenges. However, the parenting they have had themselves and the resources they have (both financially and in having others to look to for support) will influence what may be achieved. It was acknowledged that as a society the norm now is that parents work and so the State is more directly involved in providing the majority with childcare. This means that some aspects of parenting are increasingly for staff to provide because the children are so young e.g. toileting. This, in turn, can mean that the traditional role of educators is broader of necessity. Schools also recognise that children need energy to learn which has resulted in breakfast clubs and the like.

During Covid, parents were with their children 24/7, which magnified these demands. Families were juggling parents working with home schooling too, although the Hub type provision was greatly valued as source of respite rather than purely as an educational base.

An observation made was that we have become a nation of screen watchers. We know those times when it is easy to put screens in front of children to be able to do the essentials around home and career. This can then lead to increased demands for yet more viewing with the tensions that this can bring. It was suggested that when boundaries have been moved, it can be difficult to reset them.

From all of this, several participants said that parenting and family life should have much more status. There was recognition, too, that parents who have health or mental health issues themselves may be 'in a rut' where they can become unable to get on with routine parenting tasks e.g. being able to get out of bed in time to get the children ready or have fresh uniform laundered. The cost of living crisis has further exacerbated matters with free school meals during term time being critical for some families as well as Food Bank contributions.

All the schools strive to show great understanding and compassion. The Heads meet around once a term to discuss areas of common interest and collaborate over transitions from primary to secondary education.

CHAPTER FOUR

EDUCATION PERSPECTIVES

ADDITIONAL SUPPORT NEEDS AND NEURODIVERSITY

Many of our children and young people are neurodivergent and may have additional support needs. Autism is thought to be more prevalent here, although there are no firm statistics that would provide clear evidence of this.

Currently 48% of young people in Islay High School have identified additional needs. Additional support needs were increasing pre- Covid beyond Islay and the reasons for this need to be analysed further. There are some known influencing factors. More diagnoses are taking place. There is better understanding of conditions such as autism and dyslexia.

The degrees of need children and young people have vary enormously and can fluctuate and alter over time. As with other communities, there are some Looked After Children and some children and young people for whom English is not a first language. Other broader social issues such as substance misuse and violence are known to impact adversely on children's lives. Covid has compounded some mental health issues for some children who may be less able to leave the family home. Attendance in Islay High School has reduced to approximately 90% which is not unusual nationally and which is being actively addressed through outreach and monitoring. This is succeeding whether through direct teaching in the home or through mindfulness techniques.

Those with the most significant needs and challenges have no specialist provision to which to be referred on the island. This means that the schools absorb needs that may well be subject to more specialist input elsewhere. There are a number of Learning Support staff who are able to support children within the class environment, which is welcomed. Realistically, there is an outer limit to what it is possible to accomplish when faced with such a range of requirements. When this point is reached, mainland provision may be proposed.

One young woman who had additional support needs asked to be interviewed, as she wanted to share her positive school experience. She lived with what could be described as her kinship carer. She spoke movingly about how she was accepted, supported and stretched to be all she could be. Covid had created challenges in ongoing learning and it took time to catch up She has now secured employment on the island and is reviewing her ambitions for the future.

In High School, some young people are educated within a Base, or may be there for part of their learning. There are differing views on separation of this type. Some are accepting and may prefer not to be exposed to the bustle of mainstream school life. Others feel exposed as different by being allocated time there. Some parents also spoke about how their children and young people can become invisible in school environments and some may be subject to bullying which may go unnoticed or unresolved.

CHAPTER FOUR

EDUCATION PERSPECTIVES

EXTERNAL SUPPORT

Educational psychological services and that of the child and adolescent mental health services, including psychiatric support do exist but are sparse and stretched. Similarly, the demand for physiotherapy and speech and language therapies far outstrips supply. Eligibility criteria thresholds for such interventions are high.

The current proposal to have a new Learning Centre based at the High School for those with severe and complex needs is universally welcomed but an urgent need remains for a post school resource. One parent said 'they have nowhere to go.' A small, but significant, number of parents live with a fear for the future for their young people. They talk of the relentless 'fighting' for provision that is not necessarily suitable but avoids exclusion and staying at home.

JOINT WORKING WITH STATUTORY SERVICES

The mechanisms by which joint working may be triggered are Individual Educational Plans(which are created at the discretion of the individual teacher) and Universal Child Plans (which are instigated by the Head Teacher) the former being more targeted at educational need and the latter encompassing broader social need. These provide clarity about which services or people will provide support, who is accountable for that support and the way in which that support will be provided. There were, for example, 36 Universal Child Plans for Port Ellen Primary School in 2022-3.

Relationships with other relevant professionals are strong. Social work provision is highly valued when this is available and positive joint working takes place with positive outcomes for all concerned. Most families have responded well and may need ongoing support for progress to be sustained. However, the full time equivalent of social work staff has reduced dramatically over the years and it is evident from the annual Chief Officer report that there are not the resources available for expansion. There is a sense that provision is increasingly coming from the mainland too so that day to day contact between professionals is lessened and breakdowns in routine tasks such as setting up reviews can sometimes drift.

It was acknowledged that General Practitioners are attending more Children's Plan meetings and that this is positive in ensuring that different disciplines share the same understanding of needs and solutions to maximise joint working effectiveness. GPs were also valued for their recent input to health and well-being sessions held for families in school. A presentation called; When should I worry? (Which is on Islay Medical Services website) was highly rated because it was useful in enabling families know when it was appropriate to seek medical advice.

CHAPTER FOUR

EDUCATION PERSPECTIVES

JOINT WORKING WITH THE THIRD SECTOR

A number of Third sector initiatives were also acknowledged as helpful, some in a general sense such as South Islay Development and Sonas Childcare. Others were valued for specific reasons.

MYCOS (the MacTaggart Youth and Communities Outreach Service) 'is a charitable organisation based in Port Ellen…to support children, young people, families and the wider community, through various programmes, projects and activities… not only do we support children and young people via diversionary and after school activities but also through tailor made services that help fill gaps that come from rural living and support the most vulnerable and marginalised groups, including support for young carers, employability support, counselling, etc.'

They, in turn, have support provided by MAYDS (Mid Argyll Youth Development Services) which can work with all the schools and is a mainland-based organisation, which **'offers educational and recreational services to young people throughout mid- Argyll.'**

Referrals can be made for young carers, family support, addiction issues and counselling. Teaching staff in both Primary and Secondary settings spoke positively about this service, although some had been disappointed that funding for a school based Counsellor had been pulled in recent years.

Another positively regarded contributor to school life is the Baptist Minister who is valued not only for his regular attendances at Assemblies, but also more specifically for his sensitive articulation of major life events such as loss and bereavement to which pupils have been able to relate.

Dochas support to families was also regarded as significant.

CHAPTER FOUR

EDUCATION PERSPECTIVES

ASPIRATIONS

Several suggestions for the way forward were made. A key one was to have sessions with a family support worker. Families were said not to be skilled campaigners for what they need and that respite was rarely available. A family support worker would be an individual or individuals who would not be part of statutory services but someone who would encourage and develop a self-help group for parents through information sharing, skills development and advocating on behalf of each other in terms of needs and aspirations. Health and wellbeing could be part of the input e.g. sessions on child development. Milestones, adverse childhood experiences, trauma, understanding of conditions, diet and general health. Recognition of the impact on siblings of those who have additional needs could be part of this work.

Although all staff interviewed were very realistic about the financial constraints, it was still felt that dedicated posts were needed to make the maximum impact and that these should consist of a school based Social Worker, a Youth Worker and a Community Police Officer who had hours assigned to the schools.

Linked to this, it was said that, while there are some clubs that are enjoyed, there are not enough places to go. Some past initiatives were recalled with fondness but these had been financially unsustainable. Specific proposals were to have car maintenance classes, gaming opportunities and more outdoor learning e.g. kayaking. At the more intensive end of the range of needs, there is a strong desire to scope and develop an Independent Living Centre so that those young people have the opportunity to have age appropriate opportunities and not to be at risk of being admitted to the Care Home or removed to a mainland resource.

Given that the research is focused on needs, it is important to conclude with the many achievements of our school communities. Port Ellen Primary School won a prestigious national award during the course of the research and Islay High School had an inspection, the grading for which were ‘satisfactory’ and ‘good’. Many of our young people leave school to what are termed ‘positive destinations.’ These include employment in farming, hospitality, nursing and midwifery, tourism and a variety of trades. Twenty five percent of our young people also go to University.

CHAPTER FIVE

Photo Credit - Mark Spurgeon

CHAPTER FIVE

HEALTH PERSPECTIVES

INTRODUCTION

This section seeks to summarise the views offered by some members of the community, GPs, Islay Medical Services Practice Manager, some nursing staff, some Allied Health professionals as well as a representative of the Health and Social Care Partnership. As in other elements, views are anonymised.

Our health services are critical to us all. The complexities involved are largely thought to be well managed within the known constraints. Staff are acknowledged as giving of their best. There are inevitable dissatisfactions too. Health staff and GPs in particular, can also be thought to be more powerful than they actually are. Whilst there is a degree of professional autonomy, there are limitations too. The service model that is adopted is nationally prescribed and is urban centric, meaning that the provision is designed with larger and more densely populated areas than our own in mind e.g. changing and reducing the number of hospital beds there are here.

It also means the components that we need to make up the totality of our care, such as the Ambulance service, are not under the auspices of GPs. They are centrally managed on the mainland and are not nuanced enough to take our particular needs into account. Similarly, negotiating a hospital bed on the mainland is not always easy, especially if those at the other end of the conversation do not know or understand that we are on an island.

As a consequence, GPs can sometimes feel that theirs is no win one- caught between our local needs and national policy. One GP summarised this as being ‘a political football’.

So part of the purpose of their research is to understand and articulate these issues. This would mean that we could work together as a community going forward rather than being unaware or confused about lines of responsibility and accountability and potentially being in conflict with one another.

CHAPTER FIVE

HEALTH PERSPECTIVES

THE PANDEMIC

Covid presented a range of new challenges to our health services. The national picture of access to primary care was already undergoing change with insufficient numbers of GPs to serve Scotland with a number of initiatives that were diverting patients to other parts of existing systems. Those of us on Islay who have been patients over several decades were already having to adapt to a different model of healthcare than we had been used to where 24-hour access was expected and often provided.

With Covid, our GPs, like those across the country, responded to Public Health directives on what they were to do. This meant that patients who had been used to an open door policy, for example in the hospital, were met with locked doors. This was subject to considerable criticism and suggestions that the GPs had more flexibility in how they could react and so were being unnecessarily risk averse. It would be fair to say that this perception was conveyed to Islay Medical Services and was challenging for those GPs who believed that they were working flat out on behalf of the community to protect us. In the early days, they were given stark messages from Public Health, which they managed whilst trying not to unduly frighten people. What is called modelling by national health staff scoped the possibility of up to one third of us succumbing to the virus. Plans had to be made as to who would be eligible for any available treatment; resources were being earmarked for admitting numbers much greater than the hospital could cope with and consideration given to the possible provision of mass graves. One GP described this period as being 'surreal.' Holding information of this type brings its own challenges.

As it transpired, the strict limits on who could travel protected the island from 'the challenge of strangers' for a considerable time and vaccines were a game changer that have ultimately enabled us to gradually resume normal lives. Nevertheless, the residual feelings from that time have taken time to heal for all concerned. Which makes this Needs Assessment an important marker in laying down what is possible and desirable and how we each communicate with one another.

CHAPTER FIVE

HEALTH PERSPECTIVES

ACCESS

Moving to the present, the position on the mainland continues to deteriorate in terms of access to a GP. It is not unknown to wait for up to six weeks to have a telephone consultation in some areas. On Islay, urgent needs are usually addressed on the same day with more routine appointments offered on the next day or so.

The ratio of GPs to patients is about one in five hundred compared with the mainland where standard ratios are one to between two and four thousand patients (or more). This would suggest that we are well resourced, but differences need to be taken into account here too. Islay GPs cover practices but also Accident and Emergency, Out of Hours and the hospital more generally as well as providing a service to the Care Home.

As a small community, there are other variables to be considered. Most notably, GPs are what might be termed a service of last resort, meaning they help when others are not available e.g. carrying our basic eye examinations in the absence of an on island service. This is also proving to be the case when social work services are reduced as well as the availability of some already reduced Third Sector services. The fear is that this robust element of our overall healthcare could be compromised by these additional pressures.

THE PATIENT POPULATION

What does our population consist of? Not everyone who lives on Islay will have registered with the Practice. The Table below gives a broad picture of the patients that are known in terms of age and gender.

Table 1 Patient population November 2022 (Islay Medical Services)

	<5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75-85	>85	TOTAL
M	67	159	170	186	184	240	248	246	133	38	1671
F	67	160	152	174	198	240	229	238	164	65	1741
	128	319	322	360	382	480	537	484	297	103	3412

In terms of the co- morbidity registers, 1129 of the 3412 registered patients have one or more of the following conditions:

- Coronary heart disease
- Heart failure
- Stroke
- Diabetes
- Mental health
- Dementia
- Chronic kidney disease
- Atrial fibrillation
- Peripheral arterial disease
- Chronic obstructive pulmonary disease
- Asthma
- Rheumatoid arthritis
- Hypertension

CHAPTER FIVE

HEALTH PERSPECTIVES

PRESENTING PROBLEMS

We are not defined solely by our conditions so what follows are the key issues that are presented in the surgeries with the broader context in mind. This includes the main points that came out of the interviews and some emerging ideas on some ways forward.

Everyone recognised that Islay is generally 'a good place to live'. There are 'lots of young families', 'the school population is growing' and there are employment opportunities. Depopulation is not a serious current risk, as it is for other islands, although the ferries situation was highlighted by some as potentially changing that dynamic.

Overall there is 'good community and family support', although there are some families who do not have this as is the case with some older people who have retired here.Transport is agreed to be problematic, particularly for those who are no longer able to drive and who live in the more remote parts. Getting to appointments in Bowmore Hospital can be challenging.

Equally, it was recognised that Islay is not 'the idyll' that it may be imagined to be. Like elsewhere in Scotland, there is poverty and deprivation.

THE CHALLENGES

Substance misuse is part of the picture and may go unreported. There is recognition that alcohol misuse is part of our culture and is normalised to an extent. Much of our social lives are pub centred because it may be the only local place to go. Yet when dependency and misuse are the result, individuals can feel judged and stigmatised. A particular need is to support older men who are alone and whose alcohol dependence has grown over a long period.

Another concern is domestic abuse where alcohol or drug abuse may be involved too.

The latter can be hidden and not well understood. The NSPCC (why language matters: domestic abuse is broader than domestic violence May 2023 accessed online on 24 January 2024) provide a helpful description as follows:

'Although physical domestic violence is a serious form of abuse, it is crucial that we acknowledge the many other types that are sometimes overlooked. These include:

- Coercive control and emotional abuse, including behaviour that threatens, humiliates, intimidates or makes a person dependent on the abuser
- Economic and financial abuse, including behaviour that influences a person's financial freedom or controls their actions.'

CHAPTER FIVE

HEALTH PERSPECTIVES

PRESENTING PROBLEMS

Mental health support is a clear priority, which is said to be further exacerbated by poverty and deprivation. This takes many forms e.g. loneliness, anxiety, depression, self-harming, breakdown and psychosis the management of which is not self-contained or static as they can both fluctuate and escalate. Covid significantly impacted all of this too, not least because previous, largely voluntary initiatives, ceased and not all have resumed with some individuals still being reticent to resume 'normal 'lives.

Prevention and low-level intervention can make a huge positive impact but this is not always available. An example was offered of a lady who was really socially isolated and needed friendship more than anything. She had a volunteer who did the simple things like going for a coffee, taking her to the hairdresser and helping with shopping. When this support was no longer available, the individual deteriorated significantly in terms of depression when this could have been prevented with continuing assistance. Ultimately, she was on the point of being compulsorily being detained under the Mental Health Act.

Equally, when mental health is severely compromised and external specialist provision is required, this is not always available either. This can result in support continuing to be offered on Islay, which is the best alternative, but not necessarily what would be optimum.

More specifically, dementia 'can be a struggle' to provide the optimum type and level of support as the condition becomes more advanced. In the early days though, Islay 'can be a good place for this,' meaning we know one another and are accepting of the situation and of changing behaviours that may be exhibited.

Staff are committed to good quality palliative and end of life care, although expectations of what that means could be extended further by patients completing anticipatory care statements. We 'keep hold of our patients if we can' and prepare families about what to expect.' Where people may wish to die at home, equipment like suitable beds can be made available. Although not everyone will be able to do this.

Part of those conversations is making clear that death is not predictable even when measures are in place. Marie Curie nurses are a highly valued asset as are district nurses who may be there at the end too. Like other aspects of service delivery, staff are more intimately involved. They may know the patient well and may have done so throughout their lives. Therefore, whilst it is acknowledged a privilege to be there, it can also be more emotional than what it may be like on the mainland when professional detachment is more possible.

CHAPTER FIVE

HEALTH PERSPECTIVES

RESOURCES AND RESPONSES

Whilst health staff give of their all, there is universal agreement by professionals and the public alike, that our collective resources are insufficient to meet needs. There are sufficient GPs when fully staffed. There are insufficient nursing staff, including the critical Community Psychiatric Nursing resource.

An agreed priority is the Care Home and the linked issue of hospital beds. Staff changes in the Care Home, coupled with recruitment and retention issues, has meant that it has not always been possible for the maximum number of 15/16 care beds to be utilised for what the Care Inspectorate would define as safety considerations. This results in hospital beds being 'blocked' by patients who may be ready to move from one environment to another. This could then mean that someone who may require a bed for clinical reasons has to go off island for management and treatment.

A number of broader factors play into this. Whilst we are fortunate to continue to have such local resources, the fabric of both buildings is ageing and will continue to do so. Meanwhile, there are no clear known plans for a systemic review of potential ways forward. A risk is that such reviews can and do lead to reductions in services.

It has been suggested that the acreage on which both premises sit would allow for further building to enable a mix of social venues, an independent living resource for younger post school individuals, and expansion of the availability of more medical provision (e.g. CT Scans, ultrasound, minor surgery and a Lab). This is not under active consideration but would be one means of making the transitions between the resources easier pragmatically and emotionally.

Looking to the mainland and what is on offer is another topic of substantial interest to those in the community who contributed their thoughts and ideas about healthcare. Issues relating to the Ambulance service call out and availability for transporting individuals are covered elsewhere. As is the case with the disjointed public transport systems and the consequent implications for getting to mainland appointments. Some participants questioned the timing of referrals for further investigation off island. Others commented on the speed with which a referral and treatment had followed. Some were frustrated by arriving at mainland appointments to find that the consultant they had expected to see was not available. Others spoke of operations being delayed because mainland staff were unaware of the particular needs of a patient. A few spoke of their negative experiences of care on the mainland.

The availability of key specialist personnel is an ongoing and growing concern e.g. access to psychiatry given its scarceness in relation to demand. This can have wide-reaching implications in relation to prescribing, as there are protocols, which mean that psychiatrists define the dosages that GPs may be able to offer. This can result in necessary medications not being prescribed for periods and this is further exacerbated by the national availability of some medications e.g. those for ADHD.

Having a mainland bed to go to is dependent on the negotiation skills of GPs in many instances and this, too, can be challenging when those at the other end are unaware of our location and its implications. Some respondents have also questioned the choice of mainland locations e.g. RAH in Paisley rather than a Glasgow hospital and the decision-making processes that surround this.

CHAPTER FIVE

HEALTH PERSPECTIVES

ASPIRATIONS

None of the hopes that are listed here have short-term solutions. They do not explicitly cover the need for capital expenditure for appropriate buildings in which to host services as described earlier. This is viewed as a given long term requirement.

All of what is set out will require considerable urgent strategic development and the funds to do so. It also requires a willingness as a whole community to pull together. This sentiment was articulated by one GP who said they just wanted

‘to be listened to by the big hitters in the community so that they are supportive and vocal about the pressures that we are under.’

PREVENTION AND SELF-CARE

A positive example of a helpful tool is the Royal College of Paediatrics and Child Health material, which forms part of Islay Medical Services website and gets about 80 hits weekly. This provides useful information on a variety of children’s issues which means that parents are able to build up their knowledge of common illnesses and home treatments.

STAFFING

‘More staffing- all of them.’

Home carers are regarded as a hugely valuable resource that it would be good to pay higher rates for those who did additional training to be up skilled and so could do more. e.g. basic medicine administration. There could be some succession planning with apprenticeships here.

The need for Community Psychiatric nurses is stark. Suggestions here included the possibility of having sufficient numbers to cover mental health, addictions and pre-counselling. The hope would be that they could cover the range from prevention of escalation of need to support from those with the necessary expertise who are based on the mainland when a crisis occurs.

The need for qualified counsellors is also accepted to support a range of settings from the Health service to Islay High School.

A more specific request was for proactive assessment of adults with learning disabilities in the community that could be used to make the case for an independent living facility.

Alcohol misuse services are urgently required from low-level groups (that would be in alternative venues to pubs socialise for games and gaming etc.) to having a detox bed available when individuals are ready to seek this help.

Enabling people with dementia to stay on Islay is another priority, which would require specialist provision and training.

CHAPTER FIVE

HEALTH PERSPECTIVES

JOINT WORKING

Much of the above will depend on better and more joint working with the voluntary sector, which was summarised as 'lots of voluntary efforts. I don't know them. There are too many to get to know.'

Therefore, there is an appreciation within Health services of the huge extent and depth of voluntary provision. But much less knowledge of how it all works because there is insufficient time to understand what each of the approximately 140 voluntary organisations do.

Both Dochas and the Food Bank are exceptions. The work that Dochas does with carers and those who are cared for is highly valued with clear opportunities for more joint working if there was the financial and staffing resource to do so. The Food Bank has become better known through Covid and the cost of living crisis.

It was also recognised that initiatives here come and go because of funding and because the few staff that work in such demanding situations are poorly paid in relation to the complexity of the task that they undertake and can be subject to burnout.

UNMET NEED

There are also unmet need in the community, partly because the shortage of wider health and social care staff staff is known. This means that members of the community can sometimes see little point in seeking assistance because there is no available resource to provide what is needed. At this stage, it is likely to be a small but important service like a little bit of home care, help with shopping or assistance with unfamiliar online/technical issues. When these needs are not met, over time, the lack of the simple support means that more is inevitably required.

This is not a pure health issue but a social care one. Needs of this nature need to be better identified to create the demand for more resourcing.

CHAPTER SIX

Photo Credit - Carl Jorgensen

CHAPTER SIX

SOCIAL WORK AND SOCIAL CARE

Like other services and support, the contribution made by Social Work and Social Care is valued. It has, however, proved harder to get a true sense of provision because of key vacancies at the time this research was conducted. Islanders spoke enthusiastically about the commitment of staff, past and present, and reminisced about when staffing levels were higher and more posts were filled. The recollection was that at one time there had been the equivalent of four social work posts with a senior social worker who also carried a caseload. The position at the time of writing was that there was one social worker on the island. A senior social worker had left. Support was coming from the mainland, although there was a generalised view that this was inadequate. This comment in no way related to the individual staff members but to the demand being seen to far outstrip supply.

Within this context, it was possible to interview a Locality Manager whilst they were holding a temporary position. They were not responsible for all the island services of this nature, which were shared with two others. They were committed and enthusiastic but also clear that recruitment and retention of staff was not something that could be resolved easily. They were also clear that the pandemic had increased demand, some of which was caused by needing to catch up with expected workloads, some of which was directly attributable to the pandemic and its consequences – both mental and physical.

Some community members described how they would not seek social work or social care support because they were aware of the pressures in staffing. Some thought that there was little point in undertaking assessment because they already knew that it was only those with the greatest needs that were likely to meet the eligibility criteria thresholds. The implication here is that needs that could have been addressed through preventative and low level support would escalate before they would be addressed.

The Care home is much appreciated by those who have benefited from it, either as a resident or a carer. The environment was described as warm and welcoming by several individuals. A few said that access to respite could be made more readily and consistently available.

The greatest cause for concern was that recruitment and retention of staff had resulted in the numbers that could be admitted being reduced and this had a knock on effect in terms of discharges from hospital. The Care Home Manager left during this period and was replaced. The new Care Manager left too. Some interviewees wondered about the long-term sustainability of the resource and the prospect of those who need residential care having to go off island.

The discussion that took place with the Chief Social Work Officer is mirrored in his Annual Report for 2022/3, which was presented to the Council in August 2023. Each local authority is required to produce such a report, which goes to the Office of the Chief Social Work Adviser to the Scottish Government. She then 'produces an overview of the state of social work and social care in Scotland.'

This report was written as the country was emerging from the pandemic but largely prior to the cost of living crisis taking a grip. It echoes the view that many staff 'go above and beyond' but that 'it is undoubtedly harder to recruit suitably qualified social work and social care staff to live and work in our island communities.' It points out that other authorities were given islands weightings to recruit by Scottish Government but that Argyll was not.

The authority is trying 'to grow our own' by funding some existing staff to become qualified but this takes years to yield results and the finances available to do so are limited.

The Chief Social Work Officer Report poses some stark questions about what the authority keeps doing, what can be done differently and what it is possible to stop doing. The report was presented in August 2023 and its findings related to the period ending six months prior to that. This means that the content was based on approximately a year ago and it is evident that the situation has worsened nationally and locally since then and means that communities will need to find their own solutions to needs that are not laid out in legislation.

CHAPTER SEVEN

Photo Credit - Rhys Pattimore

CHAPTER SEVEN

THE VOLUNTARY AND THIRD SECTOR

INTRODUCTION

This aspect is so diverse and consists of so many initiatives that what can realistically be offered is a beginning snapshot of what is with a view to building on the clear themes that have emerged.

As other sections of this report have made clear, both the health and local authority budgets going forward are going to be even more reduced in the years to come. This means that our community will have to become yet more self reliant as the statutory services are likely to be confined to those that are required by legislation. It is also evident that this will not only apply to revenue budgets but also to capital expenditure. All of which may well result in yet greater reliance on voluntary efforts as well as the work of the Third Sector. They too, may be funded by statutory bodies to some extent, which may impact on what they are able to undertake going forward.

WHAT IS THE VOLUNTARY AND THIRD SECTOR MADE UP OF?

When we talk about the voluntary or Third Sector we do not necessarily mean the same thing. Many who engaged with this research spoke about the groups they knew about which contribute positively to our lives in a variety of ways. There are said to be approximately 140 such groups which means there is one for every 25 of us! On this basis, it has not been possible to speak to each initiative directly. What is noted here is only a beginning. There have been efforts to create directories of organisations but these become obsolete because of the rate of change. New ways of knowing what we have will need to be created and maintained.

Some groups are informal and so are not registered as charities. Some that were mentioned have come into being because of a small number of interested individuals having identified a common need that they tackled together. Some groups have grown and thrived whilst others that were valued have not. Reasons are many. Sometimes it is that those who spearheaded an initiative have moved on. A clear reason for the ending of some groups has been the lack of ongoing funding to make them sustainable in the longer term. The perceived complexities of up keeping OSCR status can be an issue too, especially as there is a dearth of those who can take on the role of Treasurer or are able to verify and sign off annual accounts.

A significant component of the overall pattern of service support is the Argyll Third Sector Interface whose purpose is both strategic and practical in their ‘supporting the Third Sector to thrive.’ They have staff that cover different areas of expertise as well as different geographical patches. They provide advice and training and disburse funding from the Scottish Government through grant awards.

CHAPTER SEVEN

THE VOLUNTARY AND THIRD SECTOR

SOME EMERGING THEMES

For us to be stronger together, partnership working or merging of interests and ideas may be necessary to access available resources. Those who lead Sidekick have pulled together in this way as a charity that exists 'to develop projects and resources to enable people with additional support need on Islay and Jura to live life to the full.'

Some respondents made clear that our island has different communities with differing needs and that trying to unify activities artificially will not work. That would not be the intention going forward. What some respondents hoped could be achieved would be consistent provision across Islay – not uniformity for uniformity's sake. The Resilience Group response during Covid was cited as an example of what could be possible. Learning from one area could be transferable to another. So the Port Ellen Men's Group, for example, could be replicated in other villages if there was a request or need to do so.

Another sensitive component of the debate about the future is that the main capital projects are taking place in Port Ellen and Bowmore. Their existence is entirely positive and the needs that will be served are accepted and understood. More work needs to be done to identify the specific needs of specific populations that do not benefit from purpose-built buildings to better understand whether the existing church buildings and halls could be better utilised or adapted in the more outlining areas. At the moment, coffee shops across the island serve as a place to go to unwind and be part of island life.

All that said there is a broad appreciation of the philanthropists, including landowners or Distilleries, and the substantial contributions they make. It is fully recognised that without their input that the island would be less resilient.

Resilience in terms of staff is a particular challenge here as recruitment of support workers can result in no applications. The Third Sector not always being able to match salaries for comparable posts is an issue. Nevertheless, those who do take on these roles are spoken about with respect, admiration and appreciation for going the extra mile. Some of these posts are lone worker ones which means that they have to be self reliant in the immediate situations that they encounter. Several workers spoke about how privileged they felt to be alongside others in crisis where their support was able to make a tangible difference. This was not always easy as some clients may not always be able to contain their anger and occasionally the worker's personal safety is an issue. Overall, the challenge can be to stay healthy yourself and some workers ultimately burn out. Therefore, a critical need going forward is to ensure staff have robust processes to ensure their resilience.

Another factor is whether the worker is island based or visits on a frequent and regular basis. Again, the staff who undertake these roles were much respected and appreciated. Without a major shift in resource, which is not going to come from the statutory authorities, the Islay population needs to accept this model of practice. We are seen as simply too sparse a population to justify numerous full time on island posts.

CHAPTER SEVEN

THE VOLUNTARY AND THIRD SECTOR

THIRD SECTOR ORGANISATIONS THAT FEATURED IN THE RESEARCH

There was a clear recognition that our island is well served by initiatives undertaken on a voluntary basis and by Third Sector organisations. At a more strategic level, both South Islay Development and Islay Development Initiatives were referred to as being significant in undertaking large scale capital projects involving infrastructure improvements. South Islay Development disbursing the All Islay Fund was seen as key to the continuing viability of some groups.

The Health and Wellbeing Needs Assessment research was initially focused on adults which resulted in the majority of groups that were cited as valuable as being for adults or older people. However, as the research progressed, it became evident that children and young people's needs should be included.

CHILDREN AND YOUNG PEOPLE

In terms of childhood, it was acknowledged that there are families with children with additional support needs and with mental health issues. Informally, there is a questioning of whether Islay has a higher prevalence of neurodiversity, notably autism.

It was acknowledged that parenting generally is probably more challenging than it has ever been. There was a recognition that increased availability of technology means more screen time for children that can be a useful distraction, which allows adults to get on with other aspects of daily living. The downside is that this may make children less connected to the non technological parts of life like play. During Covid, families being asked to home educate their children, although hubs were introduced relatively promptly, whilst working themselves was particularly challenging.

Some parents may have their own needs and challenges e.g. not everyone has benefited from a nurturing childhood themselves and would welcome the opportunity to find different ways to care for and stimulate their own children. Where there are relatives who can be supportive, the pressures can be absorbed to some extent. For those who have no family on the island it can be harder and parenting support is needed.

There is limited on island availability for children and young people who might benefit from a counselling service and there is no island based child and adolescent mental health service. Social Work practitioners have tried to be supportive but have been limited by the reduction in, and availability of, staff. A strong message was that children and young people need more people to talk through their concerns, to identify some coping mechanisms and so potentially prevent the escalation of need. Accessing appropriate assessment and support such as psychological services is said to be a lengthy and protracted process. Some young people have grappled with body image issues, eating disorders and anorexia, which have needed intervention on the mainland. Some have been exposed to the sudden loss of a parent or of a school friend.

The MacTaggart Youth and Community Outreach Service (MYCOS) based in Port Ellen and the additional support that they receive from Mid Argyll Youth Development Services (MAYDS) were both seen as inclusive, professional, and collaborative. While they extend their increasing number of services to other parts of Islay, even greater provision would be welcome.

CHAPTER SEVEN

THE VOLUNTARY AND THIRD SECTOR

MEN'S ISSUES

It was also recognised that there are clear gaps in provision on the island for individuals who would not want to be in receipt of support. An example offered was of single men who live alone, possibly in their 50s to 60s, possibly in more isolating jobs like farming, who can become depressed and who may not feel able to access what is available. They may not interact much with others, may not prioritise their own self care and may become alcohol dependent.

There are some individual practitioners in the voluntary sector who are known to get alongside men in this position. They have been able to break down barriers such as the perceived stigma of asking for help. Significantly, during Covid, it was said that the crisis topped stigma, as people needed food to survive.

THE ROLE OF THE CHURCHES

It is evident that the contribution made to island life by the churches through the lifespan is valued. The more conventional aspects consist of being a presence in schools at assemblies which can expand to supporting individual children and young people to comprehend the challenges of bereavement and loss. Similarly, the community looks to the church to conduct some funerals which again can result in an extension of the role to include more support as individuals adapt to a different life.

Within the Baptist Church, which was the only one on the island with a minister until recently, there is a proactive push to respond to community need and resilience. Examples include running a Friday night youth group, offering premises as a base for Dochas meetings, being founder members of the Islay Food Bank and assisting the maintenance of the ailing community minibus.

DOCHAS

The carers organisation, Dochas, is seen as critical to the wellbeing of many, both during Covid and presently. Its reach covers the lifespan- from support to families with children and young people with neurodiversity to older people who may be caring for a partner whose physical and mental health is challenged.
As with other services, it is reliant on the dedication of a very small staff team of two part time workers with considerable expertise who deliver truly person-centred, personalised, support, which includes:

- Carer assessments
- Welfare benefits maximisation
- Advocacy
- Mental health support
- Counselling
- Arranging Respite
- Alternative therapies

Demand radically outstrips supply.

ISLAY LINK CLUB

Another valued community asset is the Islay Link Club. It has existed for over a decade and recently dipped in attendance but has been successfully rebuilt. Its purpose is to provide a self help group for people, their families and carers who may need support with mental health. The group focuses on organisation of therapeutic recreational activities with the object of improving the conditions of life for those who participate.

CHAPTER SEVEN

THE VOLUNTARY AND THIRD SECTOR

LUNCH CLUBS, CHIT CHAT AND STROLLERS

Although available to all ages, Lunch Clubs and Strollers offer friendship and stimulation that is particularly appreciated by older members of the community. They have a long-standing history of provision and managed to sustain relationships during Covid. They exist on a shoestring in relation to the richness of what they offer. A sense of belonging is evident – a place for fun but also a place for comfort when needed. It can be about deeper companionship between peers, which is based on trust and built over time. Those with dementia are equally welcomed and accepted wholeheartedly for who they are. Volunteers support all whether by supplying transport or leading sing songs that offer the chance to reminisce together about past times and occasions.

SNOWDROP ARGYLL

This is another organisation, which is mainland based, and has a significant part-time presence on Islay. It provides information, advice and support as well as specialist therapies to those with multiple sclerosis and other long-term conditions. Its ethos is positive, person-centred, and enhanced by the lived experience of staff.

THE FUTURE

These organisations are illustrative of what we have and this is mirrored across the island. While each locality serves its people in the way that seems right, there is questioning of whether there would be benefit in pooling resources in a more integrated way. In other words, having so many organisations said to be chasing the same funding may dilute the potential that joining forces could bring. Another feature is thought to be that differing ethos and personalities can play a part in there being a collective willingness to collaborate.
A suggested solution to examples such as the one above was to create an Islay and Jura wellbeing body with credibility.
This could be a reference point for all and a conduit for island wide discussion and planning.

Specific identified needs were as follows:

- **Extension of funding for existing services to provide island wide consistency of provision**
- **Seeking funding for new projects, recognising that there would be both short and long terms goals**
- **A recruitment and retention policy so that individuals were drawn to apply to available posts and were trained and supported to be resilient in challenging situations.**

CHAPTER EIGHT

Photo Credit - Claudie Devin

CHAPTER EIGHT

THE WAY AHEAD

INTRODUCTION

While there is much of a positive nature to report, research has evidenced the need for a more coherent and long term approach to health and wellbeing across Islay. Islay Link Club could be the conduit to achieve the necessary change by bringing all the key interests together in one place to have one loud and clear voice. If we could agree this in principle, we could create a core Working Group to begin implementing the ideas that appear below.

At a strategic level, we are currently constrained by being a small population of approximately 3500 that is part of much larger structures. NHS Highland and the Health and Social Care Partnership as well as the Council are all required to fulfil legislative and policy obligations on our behalf that are often formulated with large populations in mind and which do not always translate well to our local circumstances.

On the plus side of the balance sheet, we have great strengths as the community response to Covid demonstrated. We have well over one hundred charities and voluntary initiatives where islanders willingly give of their time and talents for us all. This, too, has its downside where there can be duplication of effort, some reliance on the same band of older volunteers and uncertainty about sustainability because of funding. We have many dedicated professionals, too, in both the statutory and Third sectors. Given the scale of provision, a proportion of staff are lone workers whose contribution is largely reliant on them and them alone. Whilst it is great to be valued, the downside here is that committed individuals may lose their resilience over time and the gap if they leave creates significant ripples.

THREE APPROACHES

Realistically not everything that everyone might hope for can be achieved so priorities need to be agreed. There are three elements to this.

Arguably, the easiest one is working through addressing the clear and immediate top tasks identified by the community through the research.

The second element is to scope the possibility of creating a new and sustainable base for this and future generations that offers flexible, innovative, community-led solutions to need as well as State service provision. This is important as it is apparent that need increasingly outstrips demand and that the statutory contribution to health and wellbeing is under considerable and growing pressure. This means that the community will need to create some of its own answers to what is needed. This is not to say that we should be passive recipients of what may be on offer but instead to constructively collaborate with our local and national politicians to influence and shape what we would regard as progress.

Two opportunities available now are the Islands Act Review and the Scottish Parliament Health and Social Care Committee Inquiry into remote and rural healthcare. This may assist in addressing the unique infrastructure challenges that we face. There is broad agreement that the full employment that our distilleries make possible is an asset. However, those interviewed also highlighted that having more new distilleries in the offing will stretch our collective resources further in terms of housing and educational and health services. Additionally, it is suggested that recruitment to local public sector posts can be problematic, as rates of pay for comparable posts in distilling cannot be matched.

The next section considers the three elements in more depth.

CHAPTER EIGHT

THE WAY AHEAD

APPROACH 1 TACKLING IMMEDIATE PRIORITIES

Many of those who contributed to the research came up with the same immediate priorities, which total 12 in number. The list does not mean that there are no supports already in place in some parts of the island but that there needs to be consistent and growing provision for Islay Connections to be regarded as a credible charity and not 'another talking shop'. The organisation needs to play its part in meeting these needs as soon as is practically possible.

The broad priorities which will each need specific scoping and which go through the lifespan are:

1. More support for children and young people with neurodiversity e.g. comprehensive assessments and reviews, appropriate and available medication, ongoing and reliable support and on island post- school independent living possibilities.

2. The possibility of having a support worker who is not part of statutory services to nurture and encourage families to become more informed, self-reliant and advocates for each other.

3. Mental health support for those young people who are struggling e.g. those who are isolated from their peers because they feel different from their peers, have differences, who may have eating disorders or feel suicidal.

4. Support for men in general- particularly those who live alone or who have jobs where they may work alone too and whose mental health may deteriorate as a consequence. Recent suicides have made this ever more urgent.

5. Support, not exclusively medical, for women who are going through the menopause. Suggestions include the creation of self help groups that are largely social in nature but where health concerns can also be shared.

6. More intensive support for carers, including provision of regular respite.

7. Counselling made available for all ages and for all needs. The preference is for this to be made available on Islay and for what is offered to be a range of interventions including cognitive behaviour therapy as well as longer term psycho- analytical approaches.

8. To continue to have health and social care needs met on Islay when the Care Home or the hospital are full or their admission numbers are capped. There is a commonly held view that both services can be precarious, that the Care Home needs to be secure in terms of staffing and that more hospital beds are required to potentially prevent going off island.

9. Ways to be effectively managed and treated on the island when experiencing severe and enduring mental health issues.

10. Finding ways to continue to live on Islay with dementia, even when the management of the condition can be challenging. This will require appropriate venues, staffing and training.

11. Having access to Home Care and to Social Work services e.g. timely assessments and reviews, available and skilled child care and child protection social work staff and available, trained and committed home care staff.

12. Having regular support groups for all key staff who may be termed lone workers across the disciplines to build resilience and minimise the possibility of burnout.

It is recognised that the above list is aspirational and may be regarded as unachievable from the outset because it challenges existing perceptions of what is possible in a small community. The intention is to test the feasibility of positive change by promoting an island – wide willingness for each of us to contribute in any way that we can. This will mean moving away from some previous ways of working to enable that change. It may mean being willing to merge similar organisation's efforts to strengthen the collective ability to successfully apply for funding and so improve potential sustainability. Taking this approach and this approach alone is insufficient because smaller projects come and go. They play their hugely positive part while they exist. What is needed is a bringing together of these elements under a larger strategy where the components link together coherently.

THE WAY AHEAD

APPROACH 2 CREATING A HUB

Other island communities have comparable issues and are also grappling with generating relevant solutions. Of all those that have been explored, a possible model worth further exploration is Tagsa Uibhist in the Outer Hebrides. Its evolution from very small beginnings has taken over twenty years.

In considering the fit with our needs, we also need to acknowledge that there are some fundamental differences too. They serve a population of slightly under 5000 which is more widely dispersed with fewer villages and where churches continue to play a central role in what is on offer. They do not have the same history of having many voluntary initiatives in place. Residents would still probably describe these islands as consisting of crofting communities, although the public and voluntary sectors and tourism are major sources of employment too. They do not have the enviable challenge of permanent employment that our distilleries bring. They have also built up collective credibility over time as well as financial resources.

Their Vision resonates closely with what Islay residents have said is needed here and is that 'all people in Uist have the opportunity and support they need to be healthy, to live with dignity, to experience wellbeing at all stages in their lives, and to be part of an inclusive and caring community.'

They say that their focus is on what they can actually change and on where they can make a meaningful contribution. Their initial emphasis had been on older adults and is now all embracing of all age groups. They are a direct service provider and have a track record of offering care at home, respite care, support to carers, adult support, mental health and wellbeing, post diagnostic support for people living with dementia and community transport.

They are also currently working on further developing their volunteer bank, employability and addressing climate change concerns.

Like our community, they are realistic about the risks and opportunities that they (and we) face. They summarise these in their Strategic Plan in the following way:

'At a time in which our costs have increased, overall local authority funding has been static. With increasing demands for our services, we need to constantly seek new sources of funding whilst making efficiency savings where possible.'

They acknowledge that 'perhaps our greatest challenge is to recruit staff to meet these rising needs. Day in day out we grapple with the reality of more people needing care and a dwindling social care workforce. This leads to delays in hospital discharges and more vulnerable people not receiving care. This has been exacerbated by Brexit, and by the relatively low rates of pay for social care staff.'

They are up for future challenges though in saying 'through collaboration and taking responsibility for our specific contribution, we will apply ourselves to delivering high quality services and promoting the resilience of our clients and our own staff as we adapt so that our community will thrive in the face of growing challenges.' These thoughts about the criticality of co-operation, accountability, self belief and optimism are part of the fabric of our island too. We can certainly subscribe to

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their values as well about the importance of being 'welcoming, trustworthy, caring, collaborative, committed and community driven.'

What makes Tagsa Uibhist different from where we currently are is that they started as a voluntary service and evolved to where they were ready to take on direct service provision from the Council. They began with a woman who lived in a very isolated community recognising that some of those who lived nearby had unmet needs. She took it upon herself to match volunteers that could support the individuals that needed assistance and so it grew exponentially.

There is much overlap between the community needs that they describe and what we know is required on Islay. They recognise the importance of social isolation 'leading to declining health, loss of independence and fewer opportunities to participate in social activities.' We know that there are individuals on Islay who see no one for days on end.
They mirror our concerns about how social isolation is magnified when 'public transport is limited to a few runs on the major routes' which means that those who live 'far away from local services... not to mention important services on the mainland.'

Like us, their population has increasing care and support needs as well as increasing challenges to mental health and well-being. The following quote could equally apply to Islay:

'More accessible mental health support for people of all ages is needed....NHS services tend to be focused on crisis intervention and due to long term vacancies and absences among CPNs, Psychiatry and Psychology, mental health services are drastically limited and rely heavily on GPs, community nursing and some small and time limited voluntary sector projects. There is also a need for preventive interventions to help people sustain wellbeing when they are going through difficulties and transitions.'

The consequences of poverty and exclusion are laid out in detail as well as the stigma that can create a reluctance to seek help.

What they have managed to get in place is staggering. It is based on improving collaboration and engagement to be more effective and is open in saying that 'access to services for vulnerable people are often negatively affected when organisations compete rather than collaborate.' This does not come across as complaining but as acknowledging that 'while options for service delivery are limited, it is vital for community based organisations and statutory agencies to work together to optimise service delivery and access. Joint working can enable organisations to deliver outcomes that are not easily achieved by working alone.'

What they have in place are eight delivery programmes, the first four of which are relatively advanced:

- **Care services**
- **Adult support**
- **Mental health and wellbeing**
- **Community Transport**
- **Employability and Volunteering**
- **Social Enterprise**
- **Responding to the climate emergency.**

What they have done over the decades is to become a direct service provider. Which means that they succeeded in getting authorities to delegate a home care budget

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to them for example. This was substantial and gave them the means to develop other services and to acquire funding from other sources.

All of this translates into an enviable programme of work that they realistically expect to achieve by 2025 under the eight headings. Their proposed outcomes are many, not all of which it is possible to list here. The highlights are:

- **Delivering at least 1100 hours per month of care at home and commissioned respite increasing to 1500 hours by 2025;**
- **Delivering at least 100 hours per month of direct support through self-directed support options;**
- **Delivering a high quality Carers Forum each quarter with a minimum of thirty participants at each event;**
- **Delivering a regular schedule of visits to clients in their homes to reduce the impact of isolation, achieving a minimum of 25 hours of one to one companionship each month;**
- **Working collaboratively with the Post Diagnostic Support Co- coordinator (Dementia) to ensure that clients' needs are responded to and that opportunities for social inclusion and healthy activities are made available;**
- **Working as an integral part of the NHS a community Mental Health Team providing support to all referrals from NHS for at least a year following diagnosis;**
- **Work closely with Third sector providers and other relevant organisations to facilitate the best possible support for service users;**
- **Provide transition support to service users who go into long term residential care;**
- **If capacity allows, provide ongoing support beyond the first year, as patients may need advance dementia care;**
- **Provide inclusive community-based activities that support positive mental health and well-being and which address isolation and improve and promote physical and mental wellbeing;**
- **Work with the Health and Social Care Partnership, local services, community organisations and members to develop more accessible, responsive and inclusive mental health support;**
- **Work to increase awareness and knowledge and to reduce stigma in relation to mental health challenges;**
- **Delivering regular opportunities for inter- generational working;**
- **Aim for covering at least 4000 miles each month in client trips;**
- **Work closely with the NHS, the Council, Citizen's Advice Bureau to support people to access the most appropriate and affordable transport for their needs;**
- **Secure funds for two wheelchair accessible electric vehicles.**

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Do we want to get to a similar position and, if so, how could we get there? To begin to answer both questions, there would need to be a series of public meetings to see if it would be possible to reach agreement within the community that this is the way forward. Not all will agree.

Making such a potential move is not about taking over anything that others have developed. It is about collaborating as effectively as possible. It may be about considering merging some smaller scale enterprises with a view to maximising what could be achieved together rather than separately. It could be about acknowledging where there is considerable and valued provision already in some parts of the island and replicating that in a consistent way across the whole island-a bit like the bank of Co-ordinators and associated volunteers that existed during Covid. Where we know something is working well in one area, we could work together to make it work elsewhere on Islay if there is a similar need.

Our knowledge of the population tells us that different geographical areas have different needs, with younger families in the main villages and more older people living in the Rhinns. Another factor was that this needs assessment research was funded to focus on adults and older people but those who participated regularly stated that the work had to cover all ages because children and young people are our future. Therefore, what might be created could reflect more localised needs and different parts of the lifespan.

Islay Link Club currently consists of volunteers and while they are able to collectively take the above steps, anything more permanent will require dedicated staffing, albeit small scale to begin with. Applications for such funding are under active consideration alongside those to meet the twelve priorities.

So far, this report has focused on addressing immediate priorities and on the possibility of having one centralised, person centred and flexible hub. The third consideration is how to influence and shape national and local policy and working practices. Our local Councillors and our MSP are aware of the research, have been interviewed in relation to it, and are supportive of it. The Community Council is aware of the research. The aspiration here is to be a representative voice of collective concerns, providing the evidence of the situation that causes that concern and working with others to resolve the issues raised.

Islay Connections has already undertaken some tentative work in this regard. There have been three main topics to date where the emphasis is on improving practice and is categorically not about criticising any of the staff involved who are recognised for giving of their best. They relate more to strategic and systems issues. These are:

- **The Ambulance Service**
- **The Social Work Service**
- **Transport and the Community Bus**

A meeting has taken place with senior staff in the Ambulance Service where several examples of patients experiencing difficulties in accessing ambulances were discussed where the principal concerns were about the inappropriateness of mainland phone assessments of need and the related inability to understand our island context. Whilst those attending the meeting were empathetic, we continue to communicate with them in the hope of achieving positive changes. The immediate hoped for outcomes are to assist in the rollout of the What Three Words programme and to potentially recruit First Responders.

Similarly, the considerable dissatisfaction expressed by research participants about

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the lack of social work staff and the availability of consistent home care support has been raised with Locality Managers and with the Chief Social Work Officer for Argyll. We will continue to work with them to try to develop solutions to what is a national recruitment crisis, which is compounded locally by competing for staff with the distilleries.

Community transport negatively affecting the quality of life of those who are dependent on it is another long term issue to be addressed. A specific component of the ailing community bus has been raised and, in collaboration with others, solutions are being generated.

Reliable transport generally with guaranteed connectivity was another core need. Older people who live in outlying areas and who may no longer be able to drive are particularly affected, which has a knock on effect in terms of their ability to continue to live independently. The community as a whole is all too aware of the long term ferry limitations. It was recognised that large buses to outlying areas can be near empty but this was not seen to be indicative of need. What is required is smaller and more flexible modes of transport.

Taxis to off Islay Link Club may not be available in the morning when school runs are happening. When buses are taken, there may be hours to wait before a return journey is possible. Bus times may not link with the plane. Planes may still be on the runway but will not allow boarding because of the rules under which they have to operate.

Some spoke about the Community Transport Group, now discontinued, and whether this should be resurrected given its past successes.

More broadly, there are some other routes that could be taken to better understand the legislative, policy and practice opportunities that would serve our common interests. The Scottish Islands Federation may be helpful in sharing information and knowledge and in drawing attention to our issues as the Scottish Rural and Islands Parliament may be when it meets every second year. Their agendas to date would appear to be quite wide ranging by comparison with our more specific focus on health and wellbeing. Housing is a critical and ongoing theme.

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The statute which covers much of our interests is the Islands (Scotland) Act 2018, which was created:

‘To make provision for a national islands plan and to impose duties in relation to island communities on certain public authorities.’

The Act makes clear that Scottish Ministers have a duty to prepare a national Islands Plan which sets out ‘the main objectives and strategy they will adopt in ‘improving outcomes for island communities’. Included in a listing which follows this description of purpose is ‘health and wellbeing’ and ‘community empowerment.’ There is a duty to consult with members of the community about anything, which appears in the Islands Plan that may affect them. The Plan is subject to annual reporting of progress as well as regular review. It has 13 Strategic Objectives and over 100 related actions. It is currently under review with a consultation period that has recently finished. The findings of that consultation are being collated. The Health and Wellbeing actions to improve and promote health and wellbeing in the present iteration are listed below, allowing Islay residents to consider for themselves the extent these have impacted on our community:

- **Work with NHS Boards, Local Authorities and Health and Social Care Partnerships to ensure that there is fair, accessible health and social care for those on islands.**
- **Identify and promote good practice, especially as regards the improvement of services in islands and other remote areas.**
- **Support the extension of NHS Near Me/Attend Anywhere, and other digital health initiatives, to reduce unnecessary travel and enable more care to be delivered on Islands.**
- **Work with stakeholders to develop propositions for a national centre for excellence in remote, rural and island health and social care.**
- **Work with stakeholders to ensure that we develop a plan to adequately support the aging population of island communities so that they remain active, connected, engaged and have access to suitable, quality opportunities.**
- **Support relevant local authorities to plan and develop sports facilities on the islands that respond to the needs of communities.**
- **Promote participation in sport and physical activity by ensuring national programmes such as Active Schools and Community Sport Hubs are serving island communities, and continuing the Island Athlete Travel Award Scheme.**
- **Work with Orkney Islands Council and other partners to use the hosting of the 2023 Islands Games by Orkney to strengthen sports development on the island.**
- **Work with our partners to eliminate unlawful discrimination, harassment and victimisation and take steps to assist with promoting equality and meeting people’s different needs.**
- **Address any equality, health and wellbeing related data gaps that exist in respect of, for example, women and girls, pregnancy and maternity, gender reassignment and sexual orientation.**

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- **Consider our consultation on out of school care through which we have gathered views from parents on the challenges of accessing childcare and range of activities for school age children in island communities. Responses to our consultation will, together with continued engagement, inform development of a future strategic framework which will be published before the end of this parliamentary term.**

- **Ensure that health, social care and wellbeing services are available through the medium of Gaelic to support Gaelic speaking island communities.**

- **Align our ambition to eradicate child poverty with the Plan by continuing to work with island local authorities and health boards to build on their understanding of child poverty in their areas – helping to focus efforts on lifting families out of poverty and mitigating against its damaging impacts.**

- **Work alongside national partners, continuing to share good practice identified across Scotland, which could be applicable to child poverty in our island communities.**

- **Work with islanders to contribute, where we can, to the creation of a fairer, healthier, happier nation for all of Scotland by supporting the work of the group of Wellbeing Economy Governments (WEGo).**

- **Work with our partners to consider a range of options to ensure that adequate mental health care is available, whilst taking into consideration the uniqueness of our island communities.**

Section 8 of this Act allows for what is called an island communities impact assessment if it is thought that an island will be affected differently from others in relation to a proposed strategy or policy. Requests can be made for this to be done retrospectively. This may be one means to highlight health and social care recruitment and retention issues. The wording is as follows:
(1) A relevant authority must prepare an island communities impact assessment in relation to a-
(a) Policy,
(b) Strategy, or
(c) Service,
Which, in the authority's opinion, is likely to have an effect on an island community which is significantly different from its effect on other communities (including other island communities) in the area in which the authority exercises its functions.
(2) Subsection (1) applies to the development, delivery and redevelopment of the policy, strategy or service (as the case may be).
(3) An island communities' impact assessment prepared under subsection (1) must -
(a) Describe the likely significantly different effect of the policy, strategy or service (as the case may be), and
(b) Assess the extent to which the authority considers that the policy, strategy or service (as the case may be) can be developed or delivered in such a manner as to improve or mitigate, for island communities, the outcomes resulting from it.
(4) If a relevant authority does not prepare an island communities impact assessment in relation to a -
(a) Policy,
(b) Strategy, or
(c) Service,
Which has an effect on an island community, it must publish, as soon as reasonably practicable afterwards and in such manner as it considers appropriate, an explanation of its reasons for not doing so.
It may be worth considering how best to make this request with clear and agreed desirable outcomes from the outset.

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Another potential route for influencing change is the ongoing Scottish Parliament Health and Social Care Committee Inquiry into health in rural and remote areas. They have consulted through questionnaires and have collated the findings. They are to hold evidence sessions in the Spring and it may be that Islay Connections and other representative voices should make a bid to present our distinctive needs there.

In the interim, one initiative that the Committee has heralded is the creation of a new National Centre for Remote and Rural Health and Care. National Education Scotland, which is a special Health Board, is tasked with the establishment of the. Centre saying:

‘The goal of the Centre is to support the delivery of improved care for remote, rural and island communities across Scotland; to reduce remote, rural and island health and wellbeing inequalities; and to achieve this through focused work on improving the sustainability, capacity, and capability of remote, rural and island Primary care and community-based workforce and service delivery.

This includes working closely with stakeholders to develop the Centre to serve all Scotland’s remote, rural and island populations, harnessing innovation, avoiding a one- size fits all approach.

ISLAY LINK CLUB IS GRATEFUL TO ALL THOSE WHO HAVE MADE THIS NEEDS ASSESSMENT POSSIBLE. WE LOOK FORWARD TO TAKING IT FORWARD WITH THE COMMUNITY AND FOR THE COMMUNITY.

WE ALSO VERY MUCH HOPE THAT YOU MIGHT FIND A WAY TO CONTRIBUTE TO ASSISTING IN PROGRESSING THE IDEAS THAT HAVE BEEN EXPRESSED.