## Mental Health and Wellbeing Strategy

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1. Introduction

1.1 This is the second mental health and wellbeing strategy that has been produced in Ayrshire and Arran. The work is led by NHS Ayrshire & Arran, but a strategy like this involves a range of partners, agencies, communities and individuals across the area. Improving mental health and wellbeing is for the whole population.

1.2 The constituent parts of good mental health and wellbeing have been identified and, irrespective of the context or external circumstances, these are immutable. The six areas that require to be considered for optimum mental health and wellbeing are:

- Promoting health and healthy behaviours
- Sustaining inner resources
- Increasing social connectedness, relationships and trust in families and communities
- Increasing social inclusion and decreasing inequality and discrimination
- Increasing financial security and creating mentally healthy environments for working and learning
- Promoting a safe and supportive environment at home and in the community.

The strategy will consider all these areas.

1.3 The strategy does not encompass mental health services or issues relating to mental illness. There is already a progressive national strategy for people who experience mental health problems (Mental Health Strategy for Scotland 2012-2015). Instead this local strategy focuses on ensuring that people in Ayrshire and Arran recognise that we all have mental health and wellbeing and that it can be maintained and improved, like all other aspects of health. Like other aspects of health, mental health is also more vulnerable to damage/illness if there are inequalities and mental wellbeing is not explicitly supported.

There are well recognised factors that promote mental wellbeing and those which are challenges to our mental wellbeing. The overall aim of this strategy is to help strengthen the factors that promote mental wellbeing at both individual and community level. The strategy adopts an approach that follows the life-course from pre-birth to older people. The areas identified for action are all based on the best evidence that is currently available and is fully described in the attached appendices to the strategy.

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http://www.scotland.gov.uk/Publications/2012/08/9714
2. Background

2.1 Mental health and wellbeing is affected by a wide range of factors that we experience in our lives, such as forming and sustaining relationships, going to work and school, being able to participate in leisure activities and feeling part of the wider community. All aspects of our lives and the lives of those around us can be affected by our mental health and vice versa.

2.2 The state of our mental health is linked to a number of factors such as whether we experience social isolation, deprivation, unemployment or social discrimination. Whilst there have been many positive developments addressing these risk factors for mental health (such as Equality legislation) there are a number of risk factors that remain in this area. These include high levels of unemployment, homelessness, low educational achievement and poor vocational skills. There is also evidence that being employed promotes mental health and wellbeing. However it needs to be secured well paid work. Conversely insecure, unpredictable shift work and low paid jobs can be detrimental to an individual’s mental health and wellbeing.

2.3 NHS Health Scotland has described how all this fits together (Table 1, below). This strategy focuses on the achievement of the intermediate outcomes (6 boxes in the lower section of the triangle).
3. Policy Context

3.1 Because of the complexity of mental health and wellbeing, there is a large number of policy initiatives that also impact on the mental health and wellbeing of individuals and communities. It is not the intention of this strategy to attempt to encompass these, but the list below identifies those that are likely to have the biggest impact on mental health and wellbeing.

- The Economic Strategy
- Equally Well Implementation Plan
- Child Poverty Strategy
- Getting It Right For Every Child
- Early Years Framework
- Delivering a Healthy Future: Children & Young People’s Health
• More Choices, More Chances
• Achieving our Potential
• Carers and Young Carers Strategies
• Health Works
• Reshaping Care for Older People
• Good Places, Better Health
• Safer Lives, Changed Lives
• Volunteering Strategy
• Keys to Life Strategy
• Strategies for changing health behaviours: Active Living, Healthy Eating, Tobacco Control, Drugs & Alcohol, Sexual Health & Teenage Pregnancy.

This list is not exhaustive but it does demonstrate the breadth of factors that affect mental wellbeing.

3.2 Some contextual issues are likely to have a bigger impact than others; for example, there is already a developing body of evidence that is demonstrating a negative impact of the welfare reforms on the mental health and wellbeing of individuals and communities. Therefore, all possible support mechanisms need to be invoked to try to maintain current levels of wellbeing.

3.3 To address such a wide range of issues, this mental health and wellbeing strategy needs to be “owned” by Community Planning partners and driven forward through that mechanism. Table 2 (below) demonstrates the wide range of agencies and partners who have a role in supporting mental health and wellbeing. Community Planning Partnerships are the optimum context for supporting this work, which will be driven forward by the Mental Health Leadership Group.
4. Vision for mental health and wellbeing in Ayrshire and Arran

4.1 The organisational mission statement for NHS Ayrshire & Arran is *Working Together for the Healthiest Life Possible for the People of Ayrshire and Arran*. This strategy is part of the contribution to the mental health and wellbeing dimension of that mission statement.

4.2 The overall, long-term aim of the mental health and wellbeing strategy is to contribute to healthy life expectancy and reduce inequalities in wellbeing. This will be done by:

- Increasing quality of life
- Improving mental wellbeing
- Reducing mental illness
- Reducing suicide.

4.3 The challenge associated with each of these cannot be over-estimated, so this strategy sets out a direction of travel for the next twelve years that intends to move Ayrshire and Arran towards the achievement of the long-term aim.
4.4 Outlined above (Table 1) are the intermediate outcomes which this strategy will work towards:

- Promoting health and healthy behaviours
- Sustaining inner resources
  - Increasing social connectedness, relationships and trust in families & communities
- Increasing social inclusion and decreasing inequality and discrimination
- Increasing financial security and creating mentally healthy environments for working and learning
- Promoting a safe and supportive environment at home and in the community.

4.5 As already identified in paragraph 3.1, there are numerous national and local strategies that are being implemented by a wide range of organisations and individuals. It is not intended of the Mental Health and Wellbeing Strategy to concern itself with overseeing how these strategies are being managed, and there is an expectation that the range of healthy behaviours will continue to be promoted locally. The evidence is that these activities will contribute to mental wellbeing and good mental wellbeing is a platform for healthy behaviours such as healthy eating, drinking sensibly and being physically active.

4.6 Sustaining inner resources: This intermediate outcome refers to an individual’s capacity and ability to be resilient. It relates to purpose and meaning for individuals i.e. the feeling that one is making some sort of contribution and that there is a reason to get up each day. This section is about helping people to develop a range of coping skills to deal with everyday stresses and using the evidence of “what works”, the strategy will identify this as one of its most important priority areas.

4.7 Increasing social connectedness, relationships and trust in families and communities: This intermediate outcome identifies that one of the most important aspects of maintaining our wellbeing (both mental and physical) is our degree of social connectedness. Evidence is strong – and growing – that the more social connections people have with each other, the less likely they are to experience episodes of ill health and are likely to have a better sense of wellbeing. This is a very important area for development, although it is very challenging to support.

There is a considerable swell of opinion at this time that asset-based community development is a mechanism by which local social connections can be encouraged. This strategy will support such initiatives, using current available evidence to inform action.

4.8 Increasing social inclusion and decreasing inequality and discrimination: This outcome is about ensuring that those who are marginalised can be helped to be more integrated into mainstream society. Being (or feeling) excluded has a considerable negative impact on people’s mental wellbeing, so those
individuals are at greater risk of experiencing poorer mental health. There are many groups of people who may be considered marginalised within our mainstream society in Ayrshire and Arran. For example, individuals and families affected by: homelessness, any sort of disability, who are lesbian, gay, bi-sexual and/or transsexual, mental health problems, prisoners/ex-offenders, substance misuse problems, unemployment, or living in poverty, long term conditions.

This strategy is concerned with developing the mental wellbeing and resilience of all these groups and in working towards increasing their social connectedness (as described above). Some of this will be by working directly with a group (e.g. prisoners) and the work already mentioned in relation to asset-based community development will support the second aspect. The strategy recognises the links between ‘Good Work’ and health and the importance of supporting people into employment. However, this is part of the employability agenda which is being driven by a number of partner agencies, who are in a key position to promote the mental wellbeing of their clients and support them into work.

In terms of addressing stigma for people with mental health problems, that is highlighted as a priority area (Commitment 4) of the national strategy for mental health and that will be taken forward under its auspices.

Major strands of work flowing from this strategy may require to undergo an Equality Impact Assessment (EQIA) to identify any disproportionate impacts which may arise. This will allow reasonable adjustments to be made to mitigate the impact on those who may experience inequality, discrimination, social exclusion or disadvantage.

4.9 Increasing financial security and creating mentally healthy environments for working and learning: This is an important area of work for mental health and wellbeing, but this strategy intends to address financial inclusion in the same way as the work around healthy behaviours. Partners and NHS staff are increasingly recognising the importance of ensuring that everyone is able to access all the financial support that they are entitled to. Financial inclusion teams are working across Ayrshire and Arran, particularly with some of the more disadvantaged groups. Like the outcome on healthy behaviours, this strategy anticipates that this will continue and that contribution to wellbeing will continue to be made.

Conversely, healthy environments for working and learning will be a major focus of our attention. The education setting (nurseries, schools, special schools, colleges and universities) are all environments that can have a big impact – both positively and negatively – on people’s mental health and wellbeing. This strategy will ensure that there is continuing activity in these settings both at a (school/university) community level and also for children and young people as individuals.

The workplace too is an environment which can influence people’s wellbeing. It is recognised that there is a wide range of factors that can affect that:
workload, colleagues, managers, work location, inflexible systems and lack of support for caring responsibilities and so on. This strategy acknowledges that there is a raft of other players involved in this agenda and that many of the HR policies in a workplace can contribute to mental wellbeing. Instead, this strategy will focus solely on the mental health and wellbeing dimensions of the workplace, including the role of work itself. The Public Health Department Workplace Team offer a range of services to local employers including training on an array of mental health and wellbeing topics such as Mentally Healthy Workplaces Training for Line Managers, Resilience Workshops and Mental Health Toolbox Talk Facilitator Training. The team also support workplaces to promote a positive work life balance for their employees by advising and supporting the development of mental health and wellbeing policies and flexi working practices. Employers can access specific specialist advice in carrying out Stress Risk Assessment; the team can provide tools and resources to assist in this process.

4.10 Promoting a safe and supportive environment at home and in the community: People have a fundamental need to feel safe when out and about in the community or in one’s own home. If that does not exist, then mental wellbeing can be compromised and individuals may begin to experience mental health problems.

There are a number of reasons for people not feeling safe in their communities; fear of violence, physical layout of public spaces, poor lighting, and lack of public transport or public transport that is not adequately staffed. Other people feel unsafe at home because of abuse either within the home or from neighbours. There are a number of community safety partnerships across Ayrshire and Arran and it is our intention to acknowledge the considerable contribution that their work makes to mental health and wellbeing and then to assume that this will continue to be delivered. This strategy will therefore not make further mention of this dimension of mental wellbeing.

4.11 Acknowledging that there is much work underway elsewhere that contributes to mental health and wellbeing, this strategy will therefore focus on the following:

- Developing and sustaining inner resources, especially of marginalised groups
- Increasing social connectedness, relationships and trust in families and communities
- Creating mentally healthy environments for working and learning.

Each of these will be further developed to specify more precisely what should happen in relation to these, based on the best evidence that is currently available.
5. The Approach

5.1 In order to manage these three priority areas, above, each area will be addressed by taking a “life-course” perspective. There are four “categories” to help do this:

- Infants
- Children and young people (this may occasionally be sub-divided further)
- Working age adults
- Older people.

The tables below outline priority areas for activity over the next 12 years. It is recognised that, in some cases, the process of change and implementation may take some time and some resources but these areas for activity have been identified from the best available evidence. These are the areas for activity that will have the greatest chance of positively impacting on the mental health of people in Ayrshire and Arran.

6. Examples of Possible Activities

All of these areas for activity impact on mental health and wellbeing. Activities have been linked to the outcome that it most closely aligns with, but all of the activity contributes to mental wellbeing. For example, “parenting programmes” or “asset based approaches” could be mentioned several times but is recorded only once. Please note the activities listed below.

All of the above will be underpinned by:

- A focus on marginalised groups
- Training for staff working in universal services to promote infants, children’s and young people’s social, emotional and psychological wellbeing. This applies to all stages of staff experience i.e. in training (teachers, nurses) or when in post and is relevant to all categories and disciplines. This will include specific information portals, use of Intranet, LearnPro, online learning environments, face to face sessions, drop-in/advice sessions, seminars.
- Communication/media/social media plan.

Infants, children and young people

6.1 Priority area 1 – Developing and sustaining inner resources, especially of marginalised groups

<table>
<thead>
<tr>
<th>Desired Intermediate Outcome(s)</th>
<th>Activities based on evidence</th>
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<tbody>
<tr>
<td>Appreciation of own skills, attributes and environment</td>
<td>School-based programmes to promote mental health and wellbeing</td>
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<tr>
<td></td>
<td>Community based activities and volunteering opportunities</td>
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Ability to effect change including increasing control and mastery, self-efficacy, self determination | Responding to difficulties and challenges/problem solving teams and activities/play

Increased confidence, increased positive sense of self | Information for prospective mums and dads

Antenatal and perinatal support to promote bonding and attachment
Parenting approaches and programmes
Information for parents from early years to adolescence
Childcare and nursery settings

6.2 **Priority area 2 – Increasing social connectedness, relationships and trust in families and communities**

<table>
<thead>
<tr>
<th>Desired Intermediate Outcome(s)</th>
<th>Activities based on evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased participation, engagement and attendance for all</td>
<td>Children’s involvement in asset based community approaches</td>
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</table>
| Increased social interaction for all | Raising awareness of positive role of adults
Intergenerational activities
Awareness of benefits and risks of social media networking |
| Better parent/guardian child relationship
Parental relationship, peer relationship, friendship for all | Promoting attachment and bonding through play
Supporting breastfeeding |

6.3 **Priority area 3 – Creating mentally healthy environments for working and learning**

<table>
<thead>
<tr>
<th>Desired Intermediate Outcome(s)</th>
<th>Activities based on evidence</th>
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</table>
| Mentally Healthy Nurseries and Schools | Counselling and advice services for children and young people
Promoting mental health and wellbeing aspects of Curriculum for Excellence
Supporting Early Years Collaborative stretch aims
Mental health training
Supporting re-engagement with education for those who are marginalised from mainstream education |
All of these areas for activity impact on mental health and wellbeing. Activities have been linked to the outcome that it most closely aligns with, but all of the activity contributes to mental wellbeing. For example, “volunteering” could be mentioned several times but is recorded only once.

**Working aged adults/older people**

6.4 *Priority area 1 – Developing and sustaining inner resources, especially of marginalised groups*

<table>
<thead>
<tr>
<th>Desired Intermediate Outcome(s)</th>
<th>Activities based on evidence</th>
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</thead>
<tbody>
<tr>
<td>Increased meaning, purpose, optimism and hope</td>
<td>Activities that promote mental health and wellbeing</td>
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<td></td>
<td>Volunteering, ‘Good Work’ i.e. secure and adequately paid work.</td>
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<tr>
<td>Increased resilience</td>
<td>Tools specifically designed to help individuals improve and maintain their mental health and wellbeing</td>
</tr>
<tr>
<td></td>
<td>e.g. Steps for Stress, Mindfulness, 5 Ways to Wellbeing, Wellness Recovery Action Planning (WRAP®) etc</td>
</tr>
<tr>
<td></td>
<td>Creating organisational cultures in workplaces that support mental health and wellbeing</td>
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<tr>
<td>Increased individual mental health</td>
<td>Social prescribing</td>
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<td></td>
<td>Public information campaigns</td>
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<td></td>
<td>Training for professionals and volunteers to support people with mental health problems</td>
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</tbody>
</table>

6.5 *Priority area 2 – Increasing social connectedness, relationships and trust in families and communities*

<table>
<thead>
<tr>
<th>Desired Intermediate Outcome(s)</th>
<th>Activities based on evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased participation engagement and attendance for all</td>
<td>Asset-based community development</td>
</tr>
<tr>
<td></td>
<td>Environmental and green-space improvements</td>
</tr>
<tr>
<td>Better parent/guardian child relationship. Parental relationship. Peer relationship, friendship for all</td>
<td>Support healthy relationships</td>
</tr>
<tr>
<td></td>
<td>Activities referenced in the children and young people section</td>
</tr>
<tr>
<td>Increased trust in the community by all</td>
<td>Social support interventions</td>
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</table>
6.6  Priority area 3 – Creating mentally healthy environments for working and learning

<table>
<thead>
<tr>
<th>Desired Intermediate Outcome(s)</th>
<th>Activities based on evidence</th>
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</thead>
<tbody>
<tr>
<td>Increased learning and development for all</td>
<td>Encouraging a range of learning opportunities, both formal and informal</td>
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<tr>
<td>Increase mentally healthy workplaces</td>
<td>Workplace policies and procedures that support employees’ mental health and wellbeing</td>
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<td></td>
<td>Programmes to support employees</td>
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<td></td>
<td>Programmes to support employers</td>
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7. Monitoring and evaluation framework

The Mental Health Improvement Strategy for Ayrshire and Arran is an outcomes-focused strategy to promote positive mental wellbeing and reduce common mental health problems (and their associated harms) among the population of Ayrshire and Arran. To assess the impact of the strategy we will need to be able to monitor and evaluate:

- Population level changes in relation to key outcome areas for mental health improvement.
- Performance management of specific services or interventions.

This section details the different levels of data required to assess these factors and proposes a framework for monitoring and evaluating Ayrshire and Arran’s forthcoming Mental Health Improvement Strategy and its associated Action Plan. A flowchart for planning monitoring and evaluation activities is also presented in Figure 4.

7.1  Contribution analysis

The proposed framework is consistent with the use of logic modelling and contribution analysis as an approach to programme development, performance management and evaluation (Mayne 2001; Mayne 2008; Scottish Government 2011). The six key steps to contribution analysis are as follows:

1. **Set out the attribution problem to be addressed:** identify and build consensus around the key outcomes or targets.
2. **Develop a theory of change and risks to it:** this can be achieved through the development of one or more logic models which set out the expected short, intermediate and long term outcomes, and the activities which would deliver these outcomes. Logic models should also consider the level of control which agencies may have over specific outcomes. Three levels of control can be identified – direct control (e.g. the delivery of outputs such as the number of training sessions held); direct influence (e.g. short-term and intermediate outcomes, such as changes in participants knowledge and behaviour), and indirect influence (e.g. longer-term impacts on the population). The logic model
should also consider external factors which may influence whether an outcome is achieved or not achieved.

3. **Gather the existing evidence on the theory of change**: this may include demographic information, epidemiological data and existing evidence of effectiveness.

4. **Assemble and assess the contribution story, and challenges to it**: this will involve building consensus that the contribution story and associated theory of change is credible, and establishing robust baseline data to measure future progress against. It will also identify areas where evidence for effectiveness and/or current data collection activities are weak.

5. **Seek out additional evidence**: this may include the evaluation of specific components of the strategy, gather further expert opinion, or synthesising existing evidence.

6. **Revise and strengthen the contribution story**: as more evidence is gathered it is advisable to return to Step 4 to review the strengths and weaknesses of the contribution story and revise it accordingly.

**Proposed action**  Feedback will be sought from a range of partners with regard to the extent to which activities within Ayrshire and Arran are contributing to the strategy’s stated aims and objectives, and the extent to which the strategy’s theory of change has been found to be an accurate model for mental health improvement. The theory of change and related areas for activity will be revised on the basis of this feedback and other available evidence.

### 7.2 Intermediate and long-term outcomes

Intermediate and long-term outcomes are related to population level changes in mental health and wellbeing (for example, mental wellbeing as measured by the Warwick-Edinburgh Mental Wellbeing Scale) and are usually dependent on the achievement of a number of short-term outcomes. They are also subject to greater external effects (for example, UK-wide welfare reforms or global recession) and less amenable to rapid change than short-term outcomes. As a result it is difficult to attribute the achievements of a specific service or intervention to these outcomes. Instead they are better suited as indicators of whether an overall strategy is meeting its stated aims and objectives. The parameters for these outcomes are set out nationally the *Outcomes Framework for Scotland’s Mental Health Improvement* (NHS Health Scotland 2010), and relate to the national mental health indicators for adults (NHS Health Scotland 2007) and children & young people (NHS Health Scotland 2012).

### 7.3 Short-term-outcomes and outputs

Short-term-outcomes are related to changes in knowledge, attitudes and individual behaviours. They less broad and esoteric than intermediate and long-term outcomes, and thus they are usually easier to measure. They can be measured
within a 1-2 year time-frame, and are more easily demonstrated to be directly attributable to a specific service or intervention. The parameters for short-term outcomes are also set out in the Outcomes Framework for Scotland’s Mental Health Improvement but do not have national indicators as they will relate to a specific service or intervention.

Outputs describe the amount or volume of service or intervention delivered (for example, the number of Mental Health Directorate service users that have developed a Wellness Recovery Action Plan). Outputs are important for the performance management of work programmes but do not infer anything of the quality of the service delivered on their own. Where high quality processed evidence is available for a specific service or intervention outputs can, however, be used as a proxy indicator that outcomes are being achieved.

**Proposed action**  
For activities where high quality processed evidence is not available, evaluation should be considered to assess short-term outcomes. For activities where high quality processed evidence is available, outputs should be used in conjunction with the corresponding evidence base to estimate the impact of the activity. Key reporting mechanisms to be evaluation reports and Public Health Performs (Covalent). These findings will be used in the performance management of Action Plans and identify any areas of slippage in the overarching strategy.
Figure 4: Proposed flowchart for planning monitoring and evaluation activities

Mental Health & Wellbeing Strategy

Population Mental Health Indicators
- Children & Young People
- Adults

Volume 2
- Contribution stories
- Evidence-base

What activities did we predict would need to happen?
What have we learned from elsewhere?

Public Health controlled actions
- Have we done what we intended to do?
- What have we learned locally?

Follow-up population mental health reports

Covalent Evaluations

Review of contribution stories
- Has theory of change been implemented?
- Have expected results occurred?
- Have alternative explanations and other contextual factors been assessed and significant contributions
- Refine and adapt strategic direction

Action Plan
- Volume 2
Appendix 1: Glossary of Terms

**Health inequalities** - differences in health status between individuals or groups, as measured by - for example, life expectancy, death rates or disease. Health inequalities are preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Health inequalities are not only apparent between people of different socio-economic groups, they exist between different genders and different ethnic groups.

**Social connectedness** - involves the quality and number of connections a person has with other people in a social circle of family, friends and acquaintances.

**Social inclusion** - A socially inclusive society is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. Social exclusion is the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community (Cappo 2002).


**The Early Years Collaborative** - there is one in every NHS Board area in Scotland. It is a coalition of Community Planning Partners, including social services, health, education, Police and third sector professionals, who are working together to improve outcomes for children under the age of eight years.

**Social prescribing (sometimes called community referral)** - is a mechanism for linking patients with non-medical sources of support in the community. These might include opportunities for arts and creativity, physical activity, learning new skills, volunteering, mutual aid, befriending and self-help. It may also include support with, for example, employment, benefits, housing, debt, legal advice or parenting problems.

**Intergenerational work** - aims to bring people together through purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities. Intergenerational practice is inclusive, building on the positive resources that younger and older people have to offer to each other and those around them. Intergenerational work is not just about having contact between generations, it is about having a mechanism or an approach that enables both groups to learn from each other and share experiences for mutual benefit.
Social support - means having friends and other people, including family, to turn to in times of need or crisis to give you a broader focus and positive self image. Social support enhances quality of life and provides a buffer against adverse life events. Social support can take different forms:

- **Emotional (sometimes called non-tangible) support** refers to the actions people take to make someone else feel cared for.
- **Instrumental support** refers to the physical, such as money and housekeeping.
- **Informational support** means providing information to help someone.