intandem Quarterly Review Form

| | Save my progress and resume later Resume a previously saved form |
|--------------------------------------|---|
| Report Period | |
| Apr - Jun 2023 | |
| Jul - Sep 2023 | |
| Oct - Dec 2023 | |
| Jan - Mar 2024 | |
| Jul - Sep 2024 | |
| Oct - Dec 2024 | |
| Jan - Mar 2025 | |
| Organisation Name Inspiring Scotland | |
| Do you receive Rob No Yes | ertson Trust funding for Kinship? * |
| Section 1: Financ | |
| The budgets for Ro | ne SG intandem main programme is reported quarterly. obertson Trust funding for kinship work cover a 6 month 2024) so are only uploaded at these reporting times. |

| 1. Please upload your budget spreadsheet for the main intandem programme with the actual expenditure incurred for this past quarter/period. |
|---|
| * |
| Choose file No file chosen |
| 2. Please provide an explanation for any variances against planned expenditure for this past quarter/period for the intandem main (SG) programme. |
| We are only interested in variances leading to an under or over spend of 10% or more. |
| * |
| |
| |
| |
| |
| |
| |
| |

Section 2 - Monitoring Data: Mentors -

Volunteers

Recruited: means the volunteer has completed an application form, been interviewed and approved for training.

Trained: Means the volunteer has successfully completed training, is PVG checked, and is ready to be matched.

Volunteer Hours: Please provide the total number of volunteer hours this quarter (including travel & training)

11

| 1. Number of volunteer mentors recruited in the last quarter/period * | |
|---|--|
| 2. Number of volunteer mentors trained in the last quarter/period * | |
| 3. Number of volunteering hours | |
| Guidance: Please include a reasonable estimate of the total hours provided by volunteers for mentoring and volunteer training this quarter* | |
| Sources of new recruited volunteers — | |
| 1. Where have your new recruited volunt quarter? Enter the number for each source (even | |
| Recommended by colleague, friend etc * | |
| Familiar with partner charity already * | |
| Event * | |
| Online (your website) * | |
| Online (intandem website) * | |
| Advert in press * | |
| | |

| | , |
|---|--|
| | Poster or leaflet * |
| | Volunteer Centre or Third Sector Interface * |
| | Other* |
| l | |

| | | | | _ | • | |
|------|------|-----|--------|------|------|----|
| 100 | 1001 | h | \sim | rot | ~~~ | 10 |
| 1110 | uui | LJI | - | | erra | 15 |
| | | - | _ | . •. | | |

Tell us about children and young people referred who do not meet the criteria and are deemed ineligible. Enter the number of referrals (including 0 where applicable) or enquiries received for children not eligible for support under the reason and why.

Number of CYP ineligible at referral

YP is care experienced – in residential/secure/foster/adoption

YP lives outside referral area

YP under 8 years old

YP over 15 years old

Young Persons' needs too complex for intandem

Other reason

| List any 'other' ineligible reasons | | |
|---|------------------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 1. |
| | | |
| Engagement with Family – reason for | contact with family | |
| For your active matches please tell us th | ne number of families | you have |
| contact with across these categories ie | for one match/family y | ou may |
| interact across multiple categories. (Ent | er 0 where applicable |) |
| | | |
| Holm covey/parent identify many | | |
| Help carer/parent identify more income | | |
| licome | | |
| | | |
| Of the total above, how many are | | |
| Kinship families? | | |
| | | |
| Halo acres/cores to access at her | | |
| Help carer/parent to access other supports for themselves | | |
| supports for themselves | | |
| | | |
| Of the total above, how many are | | |
| Kinship families? | | |
| | | |
| Help carer/parent to access more | | |
| support for YP | | |
| | | |
| | | |
| Of the total above, how many are | | |
| Kinship families? | | |
| | | |
| | | |
| Provide group support for | | |

| Of the total above, how many are Kinship families? |
|---|
| Provide 1:1 support for carer/parent |
| Of the total above, how many are Kinship families? |
| Help parent/carer with managing family relationships |
| Of the total above, how many are Kinship families? |
| Support carer/parent to manage relationships with education |
| Of the total above, how many are Kinship families? |
| Other |
| Of the total above, how many are Kinship families? |

| Please provide details if you selected 'other' | | |
|---|--------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | // |
| | | |
| Household Characteristics — | | |
| We know the children in the following 6 group average to be in absolute poverty. For the child us how many children you support are in these more than one) | ren you supp | ort, please tell |
| Children in lone parent families | | |
| * | | |
| Of these children, how many live in kinship arrangements? | | |
| | | |
| * | | |
| | | |
| Children in minority ethnic families | | |
| * | | |
| | | |
| Of these children, how many live in kinship arrangements? | | |
| * | | |
| | | |

| Children in families with a disabled person * | | |
|---|---|--|
| Of these children, how many live in kinship arrangements? | | |
| Children in families with a young mother (under 25) | | |
| Of these children, how many live in kinship arrangements? | | |
| Children in families with a child under one * | | |
| Of these children, how many live in kinship arrangements? * | | |
| Children in families with 3 or more children * | | |
| Of these children, how many live in kinship arrangements? * | | |
| TOTAL * | 0 | |

Time spent supporting children, young people and their families -

We are aiming to collect additional data to provide Scottish Government with a more accurate picture of the wider impact of intandem mentoring to young people and their families.

We are therefore asking about the wider family/household who may also be benefiting in some way from the young person being mentored by intandem.

This period is for January to March 2025.

| 1 - Please tell us the number of people in the household of the young person we mentor who benefit from intandem support. | _ |
|---|------------|
| Parent/Carer/Adult | |
| Children (excluding the young person mentored) | |
| Other (e.g., grandparent, niece, aunt) | |
| 2. Of the intandem families you are working with, please provide the following information | , _ |
| How many families are you currently supporting? | |
| Of these families how many are kinship families? | |
| How many young people (under 18) in these families are at risk of having to live somewhere else? | |

| To help us describe the challenges faced by | families, please share |
|---|------------------------|
| any relevant details to support our reporting Government and other funders on the fragil | g to the Scottish |
| affecting young people and their families. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ,, |
| | |

| Service delivery challenges this quarter |
|---|
| 1. What service delivery challenges have you faced this reporting |
| period?* |
| Lack of Referrals |
| Attracting volunteers |
| Retaining and/or supporting volunteers |
| Communication with referring agencies |
| Other (please explain below) |

| 1. Organisational challenges * | |
|---|----|
| Funding | |
| Staff turnover or recruitment issues | |
| Organisational changes | |
| Staff mental health and wellbeing | |
| Technology concerns | |
| Governance | |
| Other | |
| 2. Other: Provide details * | |
| 3. Are there any challenges or opportunities specific to your local area(s) that you wish to highlight? | li |

| 1. Are there an | ny Successes you'd like to share with us | |
|---------------------------------|---|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 1. |
| | | 11 |
| | | |
| 2. Please share children and fa | e any collaborations you have with others who support | |
| children and to | amilies. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | li |
| | | h |
| | | h |
| SUBMIT | | h |
| SUBMIT | | <i>[,</i> |

Contact Information