

Aberdeen City Locality Plans 2017-2027



Community Planning
Aberdeen

Cummings Park, Heathryfold, Northfield, Mastrick and Middlefield

Appendix 1: **What Works?** Evidence of Effectiveness





Our People

1. Better access to services

Interventions were effective when:

- a. The voices of the hard to reach group are found and listened to by considering the health status, social, economic and cultural factors.
- b. There is an agreed system of planning, designing, delivering and evaluating of local accessible drug and alcohol misuse, smoking cessation and counselling services using community led and co-production approaches.
- c. Partners work together to engage the community more meaningfully, for example active participation of service users and other stakeholders.
- d. There is meaningful use of local community assets and local people to engage with targeted groups.
- e. Partners work together to develop and implement service user pathways and referral processes
- f. There is accessible walk in centres, outreach mobile services and telephonic consultations with clinicians or counsellors.
- g. There is early intervention e.g., classroom-based interventions for populations with a high proportion of children who are at risk of developing a conduct disorder or engaging in antisocial behaviour.

2. Community engagement and participation

Interventions were effective when:

- a. Local communities are leading the interventions especially:
 - In setting priorities for health and wellbeing initiatives.
 - Monitoring and evaluating health and wellbeing initiatives.
 - Identifying the skills, knowledge, networks, relationships and facilities available.
 - Actively recruited to take on peer and lay roles.
- b. Local authorities actively engage and take responsibility to promote and protect health, tackle the causes of ill health and address health inequalities, and engaging effectively with the local community can help achieve this.
- c. Engaging with the community through local professional groups and /or stakeholders can build trust in local authorities and their partners by improving accountability. It can also help develop a sense of community and encourage people to adopt more healthy attitudes and behaviours, address health inequalities and improve health and mutual trust, confidence, self-esteem, control and resilience.
- d. They are shorter and single component interventions which are more successful than longer and multi-layered interventions
- e. They are both universal (to whole population) and targeted; although universal interventions have greater effectiveness.



Our Place

3. Improve Housing

Interventions were effective when:

- a. Partners use the “Spaces and Places survey” to initiate discussions on housing with local community.
- b. Staff from public sectors agencies, third sector and energy suppliers understand the effect of poor housing and heating on health and wellbeing.
- c. Partners work together to:
 - Identify the populations that may be particularly vulnerable to poor housing, (e.g. hard-to-heat homes), for example those with chronic health conditions, older adults, households with young children and pregnant women.
 - Refer vulnerable people to services to improve housing and/or health.
- d. Partners work together to:
 - Improve heating in homes throughout the year not just in winter, for example by providing housing insulation.
 - Make heating affordable by offering grants and/or working with energy suppliers to reduce rates.
- e. Local authorities and building developers ensure that new houses are built to an acceptable standard assessment procedure (SAP) rating and meet ventilation and other building and trading standards.
- f. Local authorities ensure that existing homes, in particular in the private rented sector, meet ventilation and other building and trading standards.
- g. Local authorities should ensure that housing size is adequate to the number of people living in the house.

4. Travel and Transport

Interventions were effective when:

- a. Partners use the “Spaces and Places survey” to initiate discussions on local transport and roads with local community.
- b. When public sector agencies work together to make changes to the road environment to reduce speed following community engagement activities, and taking into account local context and all road users (not just car drivers) such as:
 - Engineering measures to reduce speeds such as speed bumps.
 - 20 miles per hour limits.
 - Traffic calming measures.
- c. There is a driver and public education on road safety and anti-speeding.
- d. Education and other relevant partners work together to provide safer routes to schools and other places children and young people visit, develop school travel plans and provide cycle proficiency training.
- e. There is infrastructure that encourages active travel, for example well-lit and pedestrian friendly footpaths, cycle lanes.
- f. There is an efficient and affordable bus network that meets the needs of the local community.
- g. There are places that people can carry out daily routines (e.g. school, supermarket, bank, gym etc) in the local area.

Our Place



5. Environment and Facilities

Interventions were effective when:

- a. Partners use the “Spaces and Places survey” to initiate discussions on the environment and local facilities with the community.
- b. Partners work with the local community to improve places (e.g. community clean ups) that are beneficial to health, wellbeing and quality of life by ensuring they are safe, well-maintained and easy to reach.
- c. There are good quality and well-maintained areas for children and young people to play and undertake physical activity.
- d. Vacant and derelict land is regenerated.
- e. Ensuring that community facilities are accessible to all (e.g. Changing Places Toilets that are designed to meet the needs of people with complex care needs).

Our Economy



6. Employability and Income

Interventions were effective when:

- a. Ensuring that families who find it challenging to fully participate in school life due to their income are supported, raising awareness and supporting access to free school meals, free school trips and uniform grants.
- b. There is a focused and sustained approach to engagement and communication with those who influence young people, including parents, carers, careers advisors, teachers and practitioners, as well as young people themselves.
- c. People are supported to transition into positive destinations and/or employment through apprenticeships, colleges and careers advice.
- d. Networking, mentor support and funding are available to address some of the barriers to individuals living in more deprived communities starting their own business.
- e. They take into account the quality of work and the work environment, which are determinants of health, and that improving health at work can boost the local economy.
- f. Physical and mental wellbeing at work are promoted to support those with long term health conditions.
- g. Childcare is reformed through assessing the demand for provision of childcare for atypical work patterns which can impact upon families’ employment opportunities, family incomes and children’s prospects.

Our Economy



7. Shopping

Interventions were effective when:

- a. Community Engagement methods are used to involve local business and social enterprises to encourage corporate responsibility for health and wellbeing.
- b. There is co-ordinated local action across communities, social enterprises and business encompassing training and communication.
- c. People are made aware of benefits to supplement family budgets and how to access to fruit/vitamin programmes (e.g. Healthy Start Scheme).
- d. Planning powers are used to control number of takeaways/fast food outlets in an area.
- e. Catering facilities in public buildings are commissioned that reflect a healthy, affordable choice.

Our Technology



8. Computers and Internet

Interventions to make technology more accessible and utilised in local communities work when:

- a. Partners work together to improve digital inclusion by:
 - Identifying digitally excluded groups, for example older adults, unemployed and those in social housing.
 - Providing high quality training on basic digital skills to everyone who wants it, in a way and a place that suits their needs (e.g. older adults may not want to be in a classroom environment but rather in their own home).
 - Providing physical network of places to use computers and the internet, such as libraries and community centres.
 - Providing affordable equipment and internet connectivity in existing social housing and sheltered accommodation.
 - Providing internet connectivity in new social housing subsidised through the Affordable Housing Supply Programme.
 - Providing remote health care to older adults (e.g. virtual consultations) that is simple and easy to use, and users are able to provide informed consent.
- b. Schools and other education providers:
 - Provide digital skills to all children in particular on safety when using the internet.
 - Provide Continuing Professional Development (CPD) to teachers on digital skills, technology and new trends.
 - Have internet safety policies within schools.
- c. Communities are given the opportunity and training to develop online content and digitise information that is relevant to the communities.
- d. Community websites are designed to be accessible and user friendly (e.g. larger size targets to click).

Our People



1. Better access to services

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Our Place

3. Improve Housing

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Our Economy



6. Employability and Income

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7. Shopping

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Our Technology



8. Computers and Internet

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