

Aberdeen City Locality Plans 2017-2027



Community Planning
Aberdeen

Woodside, Tillydrone and Seaton

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





Our People

1. Communities are stronger and include everyone

Interventions were effective when:

- a. Local communities were 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. Community based interventions when local authorities actively engage and take responsibility to promote and protect health, tackle the causes of ill health and address health inequalities – engaging effectively with the local community can help achieve this (2020 vision; Healthy lives, healthy people; Fair society).
- c. Engaging with the community through local professional 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 improve mutual trust, confidence, self-esteem, control and resilience.
- d. Shorter and single component interventions are designed and delivered than longer and multi-layered interventions.
- e. Both universal and targeted interventions were effective, although universal interventions have higher effect size.

2. Closing the Attainment Gap

Interventions were effective when:

- a. A 'life course perspective' was adopted by recognising that disadvantages before birth and in a child's early years can have life-long, negative effects on their health and wellbeing.
- b. Parents/carers have a discussion during each of the integrated reviews about factors that may pose a risk to their child's social and emotional wellbeing. The key contacts are
 - antenatal around 28 weeks into pregnancy
 - new baby, 10–14 days, after the baby's birth
 - 6–8 weeks
 - 9–12 months
 - developmental review 2–2½ year
- c. Children have their speech and language skills assessed at their 2–2½ year integrated review.
- d. There was focus on the social, cultural and emotional wellbeing of vulnerable children as the foundation for their healthy development and to offset the risks relating to disadvantage.
- e. It was ensured that all children have the best start in life. This is with the aim to ensure universal, and if required targeted services.
- f. There was additional support to all vulnerable children to ensure their mental and physical health and wellbeing.
- g. The key services include maternity, child health, social care, early education and family welfare.
- h. Physical health, cognition, language, and social and emotional development underpin school readiness. Publicly funded, center-based, comprehensive early childhood development programs are a community resource that promotes the well-being of young children. Programs such as Head Start are designed to close the gap in readiness to learn between poor children and their more economically advantaged peers. Systematic reviews of the scientific literature demonstrate effectiveness of these programs in preventing developmental delay, as assessed by reductions in retention in grade and placement in special education.

Our People



- i. Physical activity was part of the ongoing early years development, it improved measures of adiposity, motor skill development, and cognitive development, bone and skeletal health. It has strong positive relationship between increased or higher physical activity and improved measures of adiposity, motor skill development, psychosocial health, and cardiometabolic health indicators.
- j. The actions were agreed at three different levels including school, teacher and class level. The main actions could include: using teaching strategies and developing pedagogy, effective leadership especially when teachers are aware of pupils coming from areas of deprivation and the issues they face, a clear focus on improving learning and making it enjoyable. There should be agreed structures and processes in school and which informed to all partners, the importance of staff skills and professional development considered, the effective relationships for teaching and learning is embedded and developing partnerships around the school, effective parental/carers' involvement. The whole-school reforms, high-quality, evidence-informed, context-specific activities. Also academically focused after-school activities such as study support and peer-tutoring, wider training and one-to-one tutoring.

3. Safer Communities

Interventions were effective when:

- a. Considering the population characteristics of people who are not routinely accessing services and assess local need i.e. drug users, people with mental health conditions, older adults and so on.
- b. There is an agreed system of planning/ commissioning/design, delivery and evaluation, local accessible drug and alcohol misuse, tobacco control and counselling services using community led, co-production and empowerment health approaches.
- c. There is multiagency partnership working by actively engaging the community e.g service users and other stakeholders.
- d. There is meaningful use of local community assets and local people engaged and leading along the side of targeted groups.
- e. The programmes develop and implement service users' pathways and referral networks in partnership with the multi-agency stakeholders.
- f. There is accessible walk in centres, outreach mobile services, telephonic consultations with clinicians or counsellors.

Our People



Domestic violence and abuse services were effective when -

- a. They were planned based on an assessment of need and service mapping.
- b. Wider targeted communities participate and are engaged in local strategic multi-agency partnership to prevent domestic violence and abuse.
- c. There was integrated commissioning strategy developed and implemented in multi-agency environment.
- d. Integrated service pathways were created and an environment for disclosing domestic violence and abuse established.
- e. Staff were trained to ask people about domestic violence and abuse appropriately and sensitively and there was specific training for health and social care professionals in how to respond to domestic violence and abuse.
- f. There were clear protocols and methods for information sharing and communication adopted between all relevant stakeholders.
- g. Professionals identify and, where necessary, refer children and young people affected by domestic violence to the specialist for children and young people.

4. Wellbeing and Resilience

Interventions were effective when:

- a. Joint strategic needs assessments were carried out to develop children and young people's plans.
- b. Local development and planning frameworks were integrated.
- c. Sustainable community plans and strategies were developed in partnership with wider stakeholders.
- d. There was a coordinated local strategy to increase physical activity, food security among children and young people, their families and carers.
- e. Consultations were carried out with different groups of children and young people and their families on a regular basis to understand the factors that help or prevent them from being physically active.
- f. There was particular attention paid to those who are likely to be less physically active and who eat an unhealthy diet.
- g. It was ensured children and young people from different socioeconomic and ethnic minority groups are actively involved in the provision of activities. Ensure those with a disability (or who are living with a family member who has a disability) are actively involved.
- h. There was regular professional advice to encourage and support people to be active at every opportunity (such as active play, travel, sport or leisure activities). (See NHS Choices and children and young people in the NICE recommendations on physical activity.) Eat meals with children and young people. Help children and encourage young people to get enough sleep.
- i. Professional advice to parents and carers was given stating that lack of sleep may increase the risk of excess weight gain in children and young people. Provide parents and carers with information on age-specific recommendations on sleep (for more information, see NHS Choices).

Our Place



5. Public transport

Interventions were effective when:

- a. Future planning considered vehicle pollution, reduce the need for motorised travel and increase opportunity for walking and cycling. Ensure paths and cycle ways were maintained and of a high standard, they should be safe, welcoming and attractive. Promoted car free days.
- b. The workplaces were seen as a key setting, fuel efficient driving could be introduced through electronic feedback systems like telematics or a buddy system. e.g. bus drivers, delivery vehicles and taxis. EV charging points in workplaces should be increased coupled with procurement of low emission vehicles in workplaces.
- c. There was promotion and implementation of clean air zones by aiming to meet WHO air quality guidelines. Introduction of congestion charges and supporting 'no idling' zones where vulnerable groups congregate e.g. outside schools.
- d. Raised awareness on the impact of poor air quality by providing air quality index updates via local radio with weather forecast.
- e. The community health champions identified who can provide training and support to those of the same community or of similar background and it created volunteer health roles whereby community members get involved in organising and delivering activities.

6. Environment and Facilities

Interventions were effective when:

- a. There was involvement of those at risk of social isolation in designing and delivering solutions.
- b. Communities celebrate, support and develop existing volunteering capacity and include local evaluation and learning
- a. There was opportunity of asset transfer which empowers both individuals and communities The public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity. They should also be accessible by public transport
- b. Public open spaces and public paths were maintained to a high standard. They should be safe, attractive, welcoming to everyone - and accessible by public transport.

7. Housing

Interventions were effective when:

- a. Housing investment which improves thermal comfort improves health and well-being.
- b. Housing which is of an appropriate size for the household with affordable heat improves social relationships beyond the household
- c. Adequate affordable warmth reduces absenteeism, both from work and school.



Our Economy

8. Employment

Interventions were effective when:

- a. There was 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.
- b. People were supported to transition into positive destinations and/or employment through apprenticeships, colleges and careers advice.
- c. Reforming childcare 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.
- d. Giving access to high quality, flexible and affordable childcare to parents on low incomes, allowing them to work and improving children's preschool development.
- e. Place-based approaches that adapt and tailor policy mixes appropriate to address the needs of particular city economic circumstances.
- f. Economic and workforce development initiatives were better integrated from a demand-side perspective, focusing on target sectors that are priorities for city economic development.
- g. Private and public sector employer engagement and partnership was developed and working effectively.
- h. Programmes were legible and visible to target groups and communities.
- i. Improved the promotion of practical support and advice services available to small and medium-sized businesses covering disability, for example access to Work. These services can support retention of employees following disability, physical illness or mental health conditions.

Our Technology



9. Computer Skills and the Internet

Interventions were effective 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).
 - A physical network of places to use computers and the internet is provided, such as libraries and community centres.
 - Affordable equipment and internet connectivity in existing social housing and sheltered accommodation, is provided.
 - Internet connectivity in new social housing is subsidised through the Affordable Housing Supply Programme.
 - Remote health care to older adults (e.g. virtual consultations) that is simple and easy to use is provided, 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 were given the opportunity and training to develop online content and digitise information that is relevant to the communities.
- d. Community websites were designed to be accessible and user friendly (e.g. larger size).
- e. A multi-faceted approach was taken which recognises the dimensions of digital exclusion if they are to effectively reach the hard to reach, 'final 10%' and sustain their digital participation.
- f. The growing prevalence of mobile connectivity needs was built into the design and provision of services and skills development interventions if they are to be future-proofed.
- g. Digital inclusion was meaningful and consistent with users' overall needs and motivations.
- h. Facilitating peer support, home access and shared practice was crucial if digital skill gains are to be built upon and maintained across the age range, disability and socio-economic status.
- i. Ongoing funding and associated support in the early stages was available especially if activity is to be sustained beyond early successes.

Our People



1. Communities are stronger and include everyone

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Our People



3. Safer Communities

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Our Place

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Our Economy



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