



# Community Planning Aberdeen Board

---

Meeting on **MONDAY, 7 DECEMBER 2015** at 2.00 pm

\*\*Committee Room 5 - Town House, Aberdeen\*\*

## **B U S I N E S S**

- 1 Introductions and Apologies
- 2 Determination of Exempt Business
  - 2.1 Partners are requested to determine that any exempt business be considered with the press and public excluded.
- 3 Declarations of Interest
- 4 Minutes and Business Statement
  - 4.1 Minute of Previous Meeting of 26 October 2015 - for approval (Pages 3 - 18)
  - 4.2 Minute of the CPA Management Group of 16 November 2015 - for information (Pages 19 - 28)
  - 4.3 CPA Board Business Statement (Pages 29 - 38)
- 5 Group Infrastructure
  - 5.1 Proposal for a Multi-Agency Collaborative Approach to Prevent (Pages 39 - 42)
- 6 Horizon Scanning
  - 6.1 2016/2017 SOA and Priorities Refresh Update (Pages 43 - 66)
    - (a) 2016/17 SOA and Priorities Refresh Update
    - (b) Priority Setting Methodologies

7 Accountability

7.1 There are no reports under this heading.

8 Due Reports

8.1 Community Justice Redesign (Pages 67 - 104)

8.2 2016/17 Community Planning Budget Proposal - HMP and YOI Grampian Family Centre and Help Hub (Pages 105 - 130)

8.3 Responding to the Syrian Refugee Crisis (Pages 131 - 134)

8.4 Participatory Budgeting (Pages 135 - 138)

9 Deep Dive

**NOT FOR PUBLICATION**

9.1 Priority Families (Pages 139 - 154)

10 For Your Information

10.1 Early Years Collaborative (Pages 155 - 242)

11 Board Development

11.1 There are no reports under this heading.

12 Board Blether

13 Date of Next Meeting - 1 February 2016 at 2pm

Should you require any further information about this agenda, please contact Allison Swanson, tel. 01224 522822 or email [aswanson@aberdeencity.gov.uk](mailto:aswanson@aberdeencity.gov.uk)

# COMMUNITY PLANNING ABERDEEN BOARD

26 OCTOBER 2015

Present:-

Councillor Laing, Chair,  
 Adrian Watson, Vice Chair, Police Scotland,  
 Councillors Allan, Cameron and Graham,  
 Kelly Abel, Scottish Government (as a substitute for Joe Griffin),  
 Ken Eddie, Civic Forum,  
 Angela Scott, Aberdeen City Council,  
 Duncan Smith, Scottish Fire and Rescue Service,  
 Richard Sweetnam, ACSEF, and  
 Susan Webb, Public Health

Also Present:-

Tom Cowan (Older People) (for item 7), Paul Hannan (Aberdeen City Council), Lyndsay Johnstone (Aberdeen City Council), Sandy Kelman (Alcohol and Drugs Partnership) (for item 14), Joanne Larsen (Aberdeen City Council), Pete Leonard (Aberdeen City Council), Louise MacSween (Aberdeen City Council) (for item 20), Morag McLaughlin (Scottish Police Authority) (for item 10), Claire Robertson (Aberdeen City Council) (for item 9), Donald Urquhart (Aberdeen City Council), John Quinn (Aberdeen City Council) (for items 17 and 20), Sally Wilkins (Aberdeen City Council) (for items 13 and 18).

Apologies:-

Joe Griffin (Scottish Government), John Tomlinson (ACVO), and Malcolm Wright (NHS Grampian)

Topic	Discussion/Decision	Action By
1. Introductions and Apologies	The Chair welcomed members to the meeting, and advised that this was Councillor Cameron's first meeting of the Board.	
2. Agenda Order	Donald Urquhart advised that item 8.7 (Priority Families) on today's agenda, had been withdrawn as further consultation on the proposal had been requested. He envisaged that a report would be submitted to the Management Group on 16 November 2015 and thereafter to the next meeting of the Board on 7 December 2015.	
3. Declarations of Interest	No declarations were intimated.	

Topic	Discussion/Decision	Action By
4. Minute of Previous Meeting of 6 July 2015	<p>The Board had before it the minute of its previous meeting of 6 July 2015, for approval.</p> <p><b><u>The Board resolved:-</u></b> to approve the minute as a correct record.</p>	
5. Minutes of the CPA Management Group of 24 August and 5 October 2015	<p>The Board had before it the minutes of the CPA Management Group meetings of 24 August and 5 October 2015, for information.</p> <p><b><u>The Board resolved:-</u></b> to note the minutes.</p>	
6. CPA Board Business Statement	<p>The Board had before it a statement of pending and outstanding business.</p> <p>In relation to item 5 (Partnership Winter Readiness), the Board noted that consideration of this item had been deferred at the Management Group meeting on 5 October 2015 and therefore would be presented to the next meeting of the Board. Partners expressed disappointment in the delay and sought reassurance that all single systems had their respective winter plans in place. In response, Angela Scott assured Partners that single system winter plans were in place and explained that the Management Group had recently changed the lead officer and direction of the Partnership Plan and therefore Tom Cowan was now leading the development of the Plan and the focus was on ways to add value to single system plans which would result in the outcome of reduced delayed discharges.</p> <p>With regards item 6 (Participatory Budgets), the Board noted that separate to the participatory budgeting process being explored by the Partnership, Aberdeen City Council had allocated funding to participatory budgeting process for the disbursement of funding to support under 12s and youth work activity in regeneration areas. Joanne Larsen advised that a report on the Partnership's potential participatory budgeting programme would be submitted to the next meeting. The Chair explained that she was conscious that the Partnership had purchased training in respect of participatory budgeting and requested that officers clarify the timeline for utilising the training and suggested that should the Partnership not proceed with a separate participatory</p>	

Topic	Discussion/Decision	Action By
	<p>budgeting project that the training be offered to progress the aforementioned programme funded by Aberdeen City Council.</p> <p><b>The Board resolved:-</b></p> <p>(i) to remove items 4 (Alcohol and Drugs Partnership Delivery Plan), 9 (Smarter Places Review), 12 (2016/2017 SOA and Priorities Refresh Update), 15 (Community Justice Redesign action (i)), 16 (Community Empowerment Bill), 20 (Health and Wellbeing SOA 15/16 Metrics), 21 (Older People SOA 15/16 Metrics) and 22 (Audit Scotland Action Points from CPP Audit);</p> <p>(ii) in relation to item 6 (Participatory Budgets), to (a) note that Aberdeen City Council had committed funding towards participatory budget projects; (b) note that a report would be submitted to the next meeting in respect of a potential participatory budgeting for the Partnership; and (c) request Joanne Larsen to clarify the timeline for the Partnership utilising the participatory budget training purchased and to agree that should the Partnership not progress with a separate participatory budgeting project, or not be in a position to utilise the training, the training days would be allocated to progress the participatory budget projects being funded by Aberdeen City Council;</p> <p>(iii) in relation to item 16 (Community Empowerment Bill), to note that Dave Kilgour was now on secondment to the Scottish Government and therefore Paul Hannan would now be the lead for this piece of work; and</p> <p>(iv) to otherwise note the updates contained in the statement.</p>	<p>Allison Swanson</p> <p>Joanne Larsen</p> <p>Paul Hannan</p>
7. 2015/2016 SOA	<p>With reference to item 6 of the minute of the meeting of the Board of 6 July 2015, the Board had before it the refreshed metrics for the Older People and Health and Wellbeing Thematic Groups for inclusion in 2015/2016 Single Outcome Agreement (SOA) for approval.</p> <p>Speaking in furtherance of the Older People Thematic Group metrics, Tom Cowan explained the cross sector nature of the proposed metrics. Thereafter, Partners sought clarification if Aberdeen Sports Village data would be used for metric OP2, as well as Sport Aberdeen and Aberdeen City Council. Tom Cowan confirmed that information from Aberdeen Sports Village would be utilised and the metric would be updated to reflect that. In addition, Partners discussed ways to measure the outcome of older people feel safe in their homes. In this regard, it was noted that this outcome</p>	

Topic	Discussion/Decision	Action By
8. CPA Check	<p>would reflect the perceptions of older people and could be measured on perception based information, which could be collated by the Community Safety Partnership, City Voice and Purple Flag schemes. On this basis, it was agreed that an additional metric measuring older peoples' feeling of safety would be included in the 2015/2016 SOA.</p> <p><b><u>The Board resolved:-</u></b></p> <p>(i) to approve the refined outcomes and metrics for the Health and Wellbeing Thematic Group for inclusion in 2015/2016 SOA; and</p> <p>(ii) to approve the refined outcomes and metrics for the Older People Thematic Group for inclusion in 2015/2016 SOA, subject to the addition of a further metric measuring older peoples' feeling of safety.</p>	Linda Smith/Joanne Larsen Tom Cowan/Joanne Larsen
	<p>With reference to item 6 of the minute of the meeting of the Board of 6 July 2015, the Board had before it a report which reviewed the current structure of Thematic and Multi-lateral priority Groups and responded to the issues raised regarding these Groups at previous meetings of the Board and Management Group.</p> <p><b>The report recommended –</b></p> <p>that the Board -</p> <p>(a) encourage non Local Authority officers to take up the role of Chair in Thematic and Multi-lateral Priority Groups as required;</p> <p>(b) endorse the reintroduction of the progress report; and</p> <p>(c) endorse the addition of EHRIA reporting, where required, as part of the Community Planning reporting processes.</p> <p>Speaking in furtherance of the report, Joanne Larsen provided an overview of the current status of each of the Thematic and Multi-lateral Priority Groups in particular highlighting which Partner was chairing each of the respective Groups.</p> <p>The Board discussed the current membership of the Thematic and Multi-lateral Priority Groups, during which it emphasised the importance of all Partners fully participating in the Groups and that each Partner should Chair a Group. In this regard, Angela Scott explained that the report</p>	

Topic	Discussion/Decision	Action By
9. 2016/2017 SOA and Priorities Refresh Update	<p>presented a stock take on the current Thematic and Multi-lateral Priority Groups, however highlighted that this current structure did not include groups such as the Local Resilience Partnership, Contest, and the Alcohol and Drugs Partnership etc, all of which were Partnership Groups and led by different Partners. Therefore she advised that once the strategic assessment had been completed, the structure of the Partnership would be reviewed, but assured the Board that spread of work and responsibility for different Groups across Partners did exist.</p> <p><b><u>The Board resolved:-</u></b></p> <p>(i) to approve the recommendations; and  (ii) to note that the structure of the Partnership would be reviewed following completion of the strategic assessment.</p> <p>With reference to item 7 of the minute of the meeting of the Board of 6 July 2015, the Board had before it a report which provided an update on the development of the strategic assessment approach which would form the basis of the Partnership's 2016/2017 SOA metrics and would be the key document in evidence-led business model.</p> <p><b>The report recommended –</b>  that the Board -</p> <p>(a) endorse the proposed strategic assessment template;  (b) note and consider the timeline; and  (c) reiterate the importance and priority placed on the strategic assessment and that this was filtered down to staff.</p> <p>Speaking in furtherance of the report, Claire Robertson provided an overview of the current status of the strategic assessment during which she explained that the difficulty in gathering required data had been addressed by the Management Group. She also advised that they were looking at holding a priority setting day at which Partners would work through the evidence gathered.</p> <p>Partners discussed how the new Partnership priorities would be endorsed by single systems and included within their respective single system plans. The Board also sought reassurance that all data required had been received and that all Partners were engaging in the process. In response</p>	Joanne Larsen

Topic	Discussion/Decision	Action By
	<p>both Claire Robertson and Donald Urquhart advised that there had been good buy in from Partners to the process.</p> <p>In relation to the proposed priority setting day, Partners confirmed that a separate priority setting session would be welcome and agreed that it would be helpful to have people such as Nick Bland, What Works Scotland, present to act as a critical friend.</p> <p>Thereafter, Susan Webb advised that she would welcome a copy of the scoping document for the strategic assessment in advance of the session. In addition, she highlighted the importance of all Partners having a clear understanding of what the Partnership was trying to achieve and what methodology would be used to achieve that aim. She also raised concern that the current SOA focused on what could be measured rather than what the Partnership would want to measure and she hoped that this would be addressed for the 2016/2017 SOA. In response, Angela Scott advised that a report setting out potential methodologies would be presented to a future meeting of the Board and that it would be helpful if Susan Webb could assist the team in the development of the priority setting session.</p> <p><b><u>The Board resolved:-</u></b></p> <ul style="list-style-type: none"> <li>(i) to approve the recommendations;</li> <li>(ii) to request that the strategic assessment scoping document be issued to all Partners;</li> <li>(iii) to agree that a separate priority setting day be arranged for the Partnership and to request Susan Webb to assist the Community Planning Team in the development of the priority setting session and that Nick Bland, What Works Scotland, be invited to attend as a critical friend; and</li> <li>(iv) to note that a report presenting proposed methodologies for priority setting would be presented to a future meeting.</li> </ul>	<p>Claire Robertson/Paul Hannan Susan Webb</p>
10. Scottish Police Authority Presentation	<p>The Board welcomed Ms Morag McLaughlin, Scottish Police Authority (SPA) Board Member, to the meeting. Ms McLaughlin provided a presentation on the role of the Scottish Police Authority.</p> <p>During the course of the presentation, she advised of the SPA's: key pieces of work; governance arrangements; vision; engagement; achievements and challenges and next steps.</p>	

Topic	Discussion/Decision	Action By
	<p>Following the presentation, Partners asked a number of questions of Morag McLaughlin, in particular focusing on engagement with communities; allocation of budgets to Police Scotland; funding allocated to preventative spending; and performance data.</p> <p><b>The Board resolved:-</b> to thank Ms Morag McLaughlin for the informative presentation and to note that Partners could contact Ms McLaughlin directly should they wish to discuss any aspect further.</p>	
<p>11. Audit Scotland Action Points from CPP Audit</p>	<p>With reference to item 7 of the minute of the Board's meeting of 16 March 2015, the Board had before it a report which provided an update on the work undertaken to date by the Partnership to address the outstanding action points raised following the audit by Audit Scotland undertaken in September 2012 and the follow-up visit in June 2013.</p> <p><b>The report recommended –</b> that the Board – (a) note the progress made against the Audit Scotland findings; and (b) agree that the contents of the report be sent to Audit Scotland for its reference.</p> <p>Speaking in furtherance of the report, Paul Hannan advised that the deadline for submission had been extended to enable the report to be considered at today's meeting.</p> <p><b>The Board resolved:-</b> to approve the recommendations.</p>	<p>Joanne Larsen/Paul Hannan</p>
<p>12. Improvement Service Capacity Building Programme: Supported Self-Assessment</p>	<p>With reference to item 28(A) of the minute of the meeting of the CPA Management Group of 5 October 2015, the Board had before it an application form for participation in the Improvement Service's CPP Capacity Building Programme: Supported Self-Assessment. The initial deadline for applications was 23 October 2015.</p> <p>Speaking in furtherance of the application form, Paul Hannan advised that the Management Group had considered the application form and had indicated to the Improvement Service that the Partnership would like to be involved. The application was before the Board today for approval of</p>	

Topic	Discussion/Decision	Action By
	<p>involvement and for agreement as to what area within the Partnership the self-assessment should be undertaken.</p> <p>Angela Scott advised that the Management Group was currently doing a lot to review the effectiveness of the Partnership's governance arrangements and proposed that the Improvement Service's self-assessment would be useful in the following areas: (1) reliability of the strategic assessment process; (2) could Partners demonstrate that the SOA fed into all single system plans; and (3) reliability and availability of data. Thereafter, Susan Webb sought clarification as to whether there was a timescale on which the self-assessment had to be undertaken by. She explained that she felt that self-assessment into whether Partners could demonstrate that the SOA fed into all single system plans would be useful following the SOA refresh but would not be at present.</p> <p><b><u>The Board resolved:-</u></b> to agree that the application form be submitted with the three aforementioned aspects proposed on the caveat that the self-assessment required to fit the Partnership's timeline.</p>	Paul Hannan
13. Community Justice Redesign	<p>With reference to item 11 of the minute of the meeting of the Board of 6 July 2015, the Board the Board had before it a report which provided an update on progress made in relation to the redesign of community justice, and specifically, in relation to the Scottish Government requirement to submit a Plan setting out how arrangements would be taken forward in transitioning to the new model in January 2016.</p> <p><b>The report recommended –</b> that the Board note the current position with regards to community justice redesign and approve the actions and timescales outlined within the report with regards to the Transition Plan and the proposed Partnership event.</p> <p><b><u>The Board resolved:-</u></b> to approve the recommendation.</p>	Sally Wilkins/Val Vertigan

Topic	Discussion/Decision	Action By
<p>14. Aberdeen City and Alcohol Drugs Partnership Delivery Plan</p>	<p>With reference to item 4 of the minute of the meeting of the Board of 3 December 2014, the Board had before it a report which presented the Alcohol and Drugs Partnership (ADP) Delivery Plan 2015-2018 and advised that the ADP annual report 2014/2015 was currently being drafted.</p> <p><b>The report recommended –</b> that the Board –</p> <p>(a) note the ADP Delivery Plan 2015/2018; and</p> <p>(b) note that the ADP was trying to develop local metrics with partners which helped to demonstrate that there was joint work on the four priorities which aimed to improve outcomes around alcohol and drugs issues.</p> <p>Partners discussed the report, during which it was agreed that the Alcohol and Drugs Partnership performance reports should track performance against the improvement targets contained in appendix A of the Delivery Plan and demonstrate how it was going to achieve the targets. In response Sandy Kelman confirmed that the targets were to be achieved by 2017/2018.</p> <p>In addition, Partners discussed the setting of targets and articulating these in a more positive manner. In this regard, Sandy Kelman advised that some of the targets contain therein were national outcomes.</p> <p><b>The Board resolved:-</b></p> <p>(i) to approve the recommendations; and</p> <p>(ii) to agree that the Alcohol and Drugs Partnership performance reports should track performance against the improvement targets contained in appendix A of the Delivery Plan.</p>	Sandy Kelman
<p>15. Community Empowerment Bill</p>	<p>With reference to item 12 of the minute of the meeting of the Board of 6 July 2015, the Board had before it a report which provided a further update on the Community Empowerment Scotland Act which received Royal Assent on 24 July 2015.</p> <p><b>The report recommended –</b> that the Board –</p> <p>(a) note the considerations of the Management Group and ratify the proposal to re-establish</p>	

Topic	Discussion/Decision	Action By
	<p>(b) the Community Empowerment Working Group; and subject to the approval of recommendation (a) above, consider further reports from the Working Group in due course as the guidance and regulations in respect of the Community Empowerment Bill.</p> <p>Speaking in furtherance of the report, Paul Hannan provided an overview of the positive Community Empowerment workshop session which had been held with Partners and proposed that a Working Group be re-established and he advised that should the Working Group be re-established he would lead the Group.</p> <p>Partners commended the workshop session and agreed that given the complexity and varying aspects included within the Community Empowerment Scotland Act a Working Group was required in order to work through the various implications for the Partnership. The Board also discussed the importance of training and the dissemination of information regarding the Act to all Partners. In this regard, Paul Hannan advised that he would arrange for appropriate training and dissemination of information to all. In addition, he would be available to attend Partners senior management teams to discuss the Act and its requirements.</p> <p><b><u>The Board resolved:-</u></b></p> <p>(i) to approve the recommendations; and</p> <p>(ii) to note that Paul Hannan would lead the Working Group and would ensure that appropriate training and information on the requirements and implications of the Act for the Partnership was provided.</p>	Paul Hannan
16. 2016/2017 Community Planning Budget Proposal	<p>With reference to item 9 of the minute of the meeting of the CPA Management Group of 5 October 2015, the Board had before it a report which sought commitment from Partners for the continued funding support to the Partnership and outlined the additional funding requirements for consideration.</p> <p><b>The report recommended –</b> that the Board –</p> <p>(a) consider the requested financial commitment for the continued support of the Partnership</p>	

Topic	Discussion/Decision	Action By
	<p>in 2016/2017;</p> <p>(b) discuss and identify whether additional funding could be provided from the Partnership to support the HMP Grampian Family Centre and Health Hub; and</p> <p>(c) discuss and identify whether additional funding was required or could be provided from the Partnership to support the Participatory Budget event.</p> <p>Partners discussed the report, during which it was highlighted that the figures regarding income and expenditure for the Partnership conflicted and although appreciative of the explanation provided asked for this to be clarified by officers and reported to the next meeting.</p> <p>With regards funding, Partners were supportive of the continued financial support for the Partnership in 2016/2017 as detailed in the report, however in respect of the funding for the Family Centre, Partnerships highlighted that there was no funding within the budget for this and further information on the request and how the Centre fitted with the Partnership's priorities was required in order for a decision to be made, but at this time, on the basis of the Partnership's budget, funding could not be allocated. In addition, Duncan Smith confirmed that the Fire and Rescue Service would not be in a position to allocate additional funding and Susan Webb highlighted that NHS Grampian already allocated resources to HMP Grampian and highlighted that is she had further information on the service, she could discuss how it linked with the current service provided by NHS Grampian in the prison and therefore whether the existing resource allocation could assist the Family Centre.</p> <p><b><u>The Board resolved:-</u></b></p> <p>(i) to approve the recommendation (a);</p> <p>(ii) to request that a further budget report clarifying the income and expenditure of the Partnership be submitted to the next meeting on 7 December 2015;</p> <p>(iii) to note that a report on participatory budgeting would be submitted to the next meeting on 7 December 2015; and</p> <p>(iv) to note that there was no monies available within the Partnerships current budget to support HMP Grampian's Family Centre and Health Hub and to therefore request that the draft Memorandum of Understanding and information on the HMP Grampian Family Centre and Health Hub and its outcomes be presented to the next meeting at which time a</p>	<p>Paul Hannan/Joanne Larsen</p>

Topic	Discussion/Decision	Action By
17. Delivery of Affordable Housing	<p>decision on whether additional funding from Partners or another source could be provided would be taken.</p> <p>With reference to item 10 of the minute of the meeting of the CPA Management Group of 5 October 2015, the Board had before it a report which provided an update on progress on the delivery of affordable housing in the Aberdeen by Aberdeen City Council and Partners.</p> <p><b>The report recommended –</b> that the Management Group –</p> <ul style="list-style-type: none"> <li>(a) note progress in the development of the joint venture to deliver current and future affordable housing in the city; and</li> <li>(b) endorse continuous action within the North East Joint Property Group to co-ordinate housing demand and need for public sector key workers to match opportunities provided by these sites being developed and that this be reported to the CPA Board for approval.</li> </ul> <p>Speaking in furtherance of the report, John Quinn, Chair of the North East Joint Property Group provided an overview of the actions taken to date in by the Group in respect of the delivery of affordable housing. In particular, he advised of the methods being used in order to deliver housing within the city i.e. the Strategic Housing Improvement Plan and the SIP.</p> <p>Partners discussed the delivery of affordable housing extensively during which the following points were raised: the higher cost of building within Aberdeen City compared to other areas in Scotland; the requirement for mid market and affordable housing; and funding provided by the Scottish Government toward the building of affordable housing in the city.</p> <p><b>The Management Group resolved:</b></p> <ul style="list-style-type: none"> <li>(i) to approve the recommendations; and</li> <li>(ii) to request officers to write to the Scottish on the behalf of the Partnership advising of the (1) actions taken by the Partners collectively in respect of the delivery of housing in the city; (2) cost of building within the city in comparison to other areas in Scotland and (3) Partnership's desire to work collectively to provide housing; and (4) benefit of additional support from the Scottish Government to the Partner's goal of delivering housing within the city.</li> </ul>	John Quinn

Topic	Discussion/Decision	Action By
18. Responding to the Syrian Refugee Crisis	<p>The Board had before it a report which provided an update on the response to the Syrian refugee crisis by the UK and Scottish Governments together with an update on the actions taken to date by CPA Partners.</p> <p><b>The report recommended –</b>  that the Board –  (a) note the report;  (b) agree to continue to develop proposals to receive refugees;  (c) consider the request from the UK Government for receipt of refugees prior to Christmas; and  (d) agree to continue to delegate decisions to each of the lead officers on the reference groups for discussion with their parent organisations.</p> <p>Speaking in furtherance of the report, Donald Urquhart and Sally Wilkins advised of the extensive work being undertaken to ensure the city was ready to accept refugees prior to Christmas.</p> <p>Partners discussed the report extensively, in particular the three workstreams and the actions required prior to the receipt of refugees.</p> <p><b><u>The Board resolved:-</u></b>  to approve the recommendations.</p>	Donald Urquhart
19. Priority Families	In accordance with item 2 of this minute, this item was withdrawn.	
20. City Centre Masterplan and Delivery Programme	<p>With reference to item 11 of the minute of the meeting of the Board of 16 March 2015, the Board (1) had before it a report which advised of Aberdeen City Council's decision on the City Centre masterplan and Delivery programme; and (2) received a presentation from Louise MacSween on the City Centre Masterplan.</p> <p>Following the presentation, Partners asked a number of questions regarding the plan, in particular focusing on the financing of the plan and attracting investment; the involvement of the private sector; the potential implications for areas outwith the city centre; vision for the city centre;</p>	

Topic	Discussion/Decision	Action By
	<p>economic opportunities for the city; and the importance of consultation and the plan not working in isolation.</p> <p><b>The Board resolved:-</b> to thank Louise MacSween for her informative presentation.</p>	John Quinn/Louise MacSween
21. Board Blether	<p>(A) Save a Life for Scotland Campaign</p> <p>The Board heard from Duncan Smith, Scottish Fire and Rescue Service, who advised that the Scottish Fire and Rescue Service (SFRS) was working in partnership with the British Heart Foundation (BHF) to provide communities across Scotland with the opportunity to learn life-saving skills. All fire stations in Aberdeen now had a BHF-donated Call Push Rescue training kit and each station would now act as a base for local people to learn vital cardiopulmonary resuscitation (CPR) skills and potentially save someone's life if they go into cardiac arrest.</p> <p>He explained that it takes just 30 minutes to learn CPR using the Call Push Rescue kit and it's taught by DVD so there's no need to organise a trainer. He advised that Partners and community groups, such as the Civic Forum and Community Councils etc should contact him to arrange a time to go to a station, watch the DVD and practice with the kit.</p> <p><b>The Board resolved:-</b> to note the information and to encourage Partners to utilise the training for employees and to disseminate the information.</p>	All Partners
22. CPA Meeting Dates 2016	<p>The Board had before it the following proposed meeting dates and times for 2016:</p> <p>CPA Board – all meetings commence at 2pm  Monday 1 February 2016  Monday 9 May 2016  Monday 20 June 2016  Monday 22 August 2016  Monday 7 November 2016</p>	

Topic	Discussion/Decision	Action By
	<p>Monday 12 December 2016</p> <p>CPA Management Group – all meetings commence at 2pm</p> <p>Monday 18 January 2016</p> <p>Monday 29 February 2016</p> <p>Monday 18 April 2016</p> <p>Monday 30 May 2016</p> <p>Monday 25 July 2016</p> <p>Monday 12 September 2016</p> <p>Monday 24 October 2016</p> <p>Monday 28 November 2016</p> <p><b>The Board resolved:-</b> to approve the above meeting dates and times for 2016 and thereby to agree to increase the frequency of Board meetings to 6 times per year.</p>	Allison Swanson
23. Date of Next Meeting	The Board noted that its next meeting was scheduled to be held on 7 December 2015 at 2pm.	

This page is intentionally left blank

**COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP**

**16 NOVEMBER 2015**

Present:-

Angela Scott (Aberdeen City Council) (Chair – from item 4 onwards), Innes Walker (Police Scotland) (Vice Chair), Duncan Abernethy (as a substitute for Neil Cowie, Universities and College), Ally Birkett (Scottish Fire and Rescue Service), Godfrey Brown (Learning and Workforce), Neil Carnegie (Priority Families), Tom Cowan (Older People), Gordon MacDougall (Skills Development Scotland), Bernadette Oxley (Children and Young People), Judith Proctor (NHS Grampian), Kenneth Simpson (as a substitute for Joyce Duncan, ACVO), Rob Simpson (Community Safety Partnership), Linda Smith (Health and Wellbeing), and Lesley Thomson (as a substitute for Neil Bruce, Culture City).

Also Present:-

Paul Hannan, Lyndsay Johnstone, Joanne Larsen, Pete Leonard, Jo Mackie, James Martin, Elisabeth Skinner, Claire Robertson (for item 7), Val Vertigans and Gail Woodcock (Aberdeen City Council).

Apologies:-

Jamie Bell/David Rennie (Scottish Enterprise), Neil Bruce (Culture City), Joyce Duncan (ACVO), Sandy Kelman (Alcohol and Drugs Partnership), Richard Sweetnam (Economic Growth) and Donald Urquhart (Aberdeen City Council).

Topic	Discussion/Decision	Action By
1. Welcome and Agenda Order	The Vice Chair welcomed all to the meeting and advised that items 9.2 (CPA Management Group Business Statement) and 9.3 (CPA Board Business Statement) on the agenda would be considered as the first items of business.	
2. CPA Management Group Business Statement	<p>The Management Group had before it a statement of pending and outstanding business.</p> <p><b>The Management Group resolved:</b></p> <ul style="list-style-type: none"> <li>(i) to remove items 8 (Developing an Evidence Led Business Model), 11 (University Partner Representation), 12 (ESOL Funding), 14 (Partner Winter Readiness) and 15 (Children and Young People Targets and Data);</li> <li>(ii) to note that a report on item 3 (Prevention Pilot), would be submitted to its meeting on 29 February 2016;</li> <li>(iii) to note that a report on item 4 (Health and Social Care Integration – Relationship with CPP), would be submitted to its meeting on 18 April 2016; and</li> <li>(iv) to otherwise note the updates as detailed in the statement.</li> </ul>	<p>Allison Swanson</p> <p>Rob Simpson</p> <p>Kevin Toshney/Joanne Larsen</p>

Topic	Discussion/Decision	Action By
3. CPA Board Business Statement	<p>The Management Group had before it a statement of pending and outstanding business to be reported to the CPA Board.</p> <p><b><u>The Management Group resolved:</u></b> to note the statement and to request Partners to ensure that they submit the requested reports to the Board in accordance with the schedule.</p>	
4. Minute of Previous Meeting of 5 October 2015	<p>The Management Group had before it the minute of its previous meeting of 5 October 2015, for approval.</p> <p><b><u>The Management Group resolved:</u></b> to approve the minute as a correct record.</p>	Allison Swanson
5. Minute of Meeting of the CPA Board of 26 October 2015	<p>The Management Group had before it the minute of the meeting of the CPA Board of 26 October 2015, for information.</p> <p><b><u>The Management Group resolved:</u></b> to note the minute.</p>	
6. Priority Families	<p>With reference to item 4 of the minute of its meeting of 20 April 2015, the Management Group had before it a report which presented the annual SOA metric data report from the Priority Families Multi-lateral Priority Group.</p> <p>Speaking in furtherance of the report Neil Carnegie highlighted the positive trends reflected in the SOA metrics data.</p> <p><b><u>The Management Group resolved:</u></b> to note the metrics data.</p>	
7. Single Outcome Agreement 16/17 and Priorities Refresh	<p>(A) <u>Single Outcome Agreement (SOA) 16/17 and Priorities Refresh Progress Report</u></p> <p>With reference to item 12 of the minute of its meeting of 5 October 2015, the Management Group had before it a report which provided an update on the development of the Community Planning Aberdeen Strategic Assessment and presented a timetable</p>	

Topic	Discussion/Decision	Action By
	<p>for the setting of the Partnership's priorities and for drafting/approving the SOA/LOIP.</p> <p><b>The report recommended –</b> that the Management Group –</p> <ul style="list-style-type: none"> <li>(i) reiterate the importance and the priority placed on the Strategic Assessment, and ensure that it was filtered down to staff; and</li> <li>(ii) note the difficulties encountered at the data gathering and analysis phase, and to recognise that these would impact negatively on the quality and integrity of the completed draft.</li> </ul> <p>Partners discussed the report, in particular the difficulties encountered at the data gathering and analysis and reiterated the importance of all organisations providing the required data in a timely manner. At this point, the Vice Chair advised that he was chasing all outstanding data requirements from a police perspective. It was also noted that to date no data had been received in respect of environmental sustainability and Pete Leonard undertook to follow this up with the Council's Environmental Sustainability team.</p> <p>Thereafter, Partners discussed the proposed timetable for setting the Partnership's priorities and for drafting/approving the SOA/LOIP and sought clarification from the Community Planning Team as to whether this was still achievable in light of the difficulties gathering the required data. In response, officers advised that dates might require to change depending on the data received this week, however it was hoped that the first provisional date of 1 December 2015 for the Management Group to discuss the Strategic Assessment was achievable. Paul Hannan advised that he would confirm the respective dates as soon as possible.</p> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to approve the recommendations;</li> <li>(ii) to request all Partners to ensure that any data required from their perspective organisations was provided to the Community Planning Team in a timely manner; and</li> <li>(iii) to note the provisional timetable for setting the Partnership's priorities and for drafting/approving the SOA/LOIP and to agree that the Community Planning</li> </ul>	<p>Innes Walker</p> <p>Pete Leonard</p> <p>Claire Robertson/All Partners</p>

Topic	Discussion/Decision	Action By
	<p>Team confirm the timeline as soon as possible and that this be reported to the CPA Board.</p> <p><b><u>(B) Priority Setting Methodologies</u></b></p> <p>With reference to item 12 of the minute of its meeting of 5 October 2015, the Management Group had before it a report which presented four different priority-setting methodologies available for use with the Strategic Assessment and Single Outcome Agreement re-write for discussion.</p> <p><b>The report recommended –</b> that the Management Group –</p> <ul style="list-style-type: none"> <li>(a) discuss and offer comment on any additional known methodologies they wished to have included for future consideration; and</li> <li>(b) discuss resource across the Partnership of an individual(s) with the skill set to act as process facilitator(s) as described in the report.</li> </ul> <p>Partners discussed the four methodologies, during which the importance of the methodology being fit for purpose was emphasised. Thereafter, the Management Group agreed that given the importance of the methodology, this should be discussed again by the Group at its strategic assessment workshop day and thereafter make a recommendation in respect of a methodology to the Board.</p> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to agree that the methodologies contained in the report be further discussed at the Management Group's Strategic Assessment workshop and that a recommendation to the Board on which methodology the Partnership should utilise made thereafter; and</li> <li>(ii) to agree that a representative of NHS Grampian act as process facilitator as described in the report.</li> </ul>	<p>Joanne Larsen</p> <p>Linda Smith/Joanne Larsen</p>

Topic	Discussion/Decision	Action By
	<p data-bbox="252 1108 284 1814"><u>(C) Children and Young People Targets and Data</u></p> <p data-bbox="323 555 467 1814">With reference to item 5 of the minute of its meeting of 24 August 2015, the Management Group had before it a report which presents proposed stretch targets for children and young people which met the requirements of Single Outcome Agreement (SOA) refresh and Care Inspectorate inspection actions.</p> <p data-bbox="507 555 802 1814"><b>The report recommended –</b> that the Management Group –</p> <ul style="list-style-type: none"> <li data-bbox="587 1272 619 1814">(a) note the contents of this report;</li> <li data-bbox="627 555 730 1814">(b) agree the proposed stretch targets and instruct the Children and Young People Thematic Group to finalise and agree stretch targets for children and young people at their next meeting; and</li> <li data-bbox="738 555 802 1814">(c) instruct officers to report back with finalised stretch aims to its meeting in January 2016 for consideration.</li> </ul> <p data-bbox="842 555 1098 1814">Speaking in furtherance of the report, Bernadette Oxley, advised of the stretch targets already aligned with children and young people in Aberdeen through national and local initiatives, namely: the Early Years Collaborative and the Permanence and Care Excellence (PACE) pilot programme. Thereafter, she explained that in addition to the stretch targets set by the aforementioned programmes, the Integrated Children's Services performance Group also proposed the inclusion of the following additional stretch targets:</p> <ul style="list-style-type: none"> <li data-bbox="1106 667 1137 1765">• For looked after children to achieve and attain similar levels to their peers;</li> <li data-bbox="1145 555 1209 1765">• For the positive destinations of looked after children to be at a similar level to their peers;</li> <li data-bbox="1217 824 1249 1765">• A stretch target would also be developed for mental health; and</li> <li data-bbox="1257 891 1289 1765">• A stretch target may also be retained for youth reoffending.</li> </ul> <p data-bbox="1329 555 1441 1814">She advised that the proposed additional stretch targets would be discussed by the Integrated Children's Services board on 14 December 2015, and thereafter reported to the Management Group for consideration.</p>	

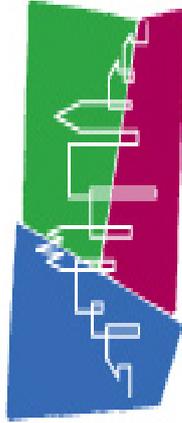
Topic	Discussion/Decision	Action By
	<p>Partners discussed the data sources for the stretch targets and sought clarification that the required data would be available for the proposed targets for inclusion in the 2016/2017 SOA.</p> <p><b>The Management Group resolved:</b></p> <ul style="list-style-type: none"> <li>(i) to approve recommendations (a) and (c); and</li> <li>(ii) to approve, in principle, the proposed stretch targets and instruct the Children and Young People Thematic Group to finalise and agree stretch targets for children and young people at their next meeting, and thereafter that these be reported to the next meeting of the Management Group for consideration.</li> </ul>	Bernadette Oxley/Louise Beaton
8. Winter Preparedness – Discussion paper	<p>With reference to items 1 and 10 of the minute of its meeting of 5 October 2015, the Management Group had before it a report which presented the initial examinations of the potential for whole system responses to winter preparedness, with particular emphasis on addressing the challenges faced by the most vulnerable within the community for discussion.</p> <p><b>The report recommended –</b> that the Management Group discuss the initial considerations as detailed in the report and provide the Working Group with a clear direction on each of the areas in order for a more comprehensive proposal to be considered by the CPA Board.</p> <p>Speaking in furtherance of the report, Tom Cowan advised of the steps undertaken by the Working Group to date and welcomed Partners' comments on the future direction of this piece of work.</p> <p>Partners appreciated the Working Group was at an early stage in the development of a whole system process, but was supportive of the direction taken so far. Partners also discussed the membership of the Working Group during which it was agreed that it would be useful for representation from the following organisations/groups to be involved: Scottish Government, Local Resilience Partnership, procurement team and PACE Group. The importance of meaningful metrics, such as the reduction in delayed discharges, and strong community resilience being developed was emphasised.</p>	

Topic	Discussion/Decision	Action By
	<p>Paul Hannan referred to correspondence received from the British Red Cross regarding emergency response and the future of their premises at Queen's Road and highlighting that they were keen to explore opportunities for partnership working. Judith Proctor undertook to liaise with the British Red Cross accordingly.</p> <p><b><u>The Management Group resolved:</u></b></p> <p>(i) to support the current direction of the Working Group, and to request that a comprehensive workplan, including final proposed metrics and data sources, be submitted to its meeting on 29 February 2016, for consideration and thereafter to the CPA Board; and</p> <p>(ii) to request Tom Cowan to ensure that all appropriate organisations/groups were involved in the development of the whole system winter preparedness workplan.</p>	Tom Cowan
9. Audit Scotland Improvement Plan 2016/2017	<p>With reference to item 28(B) of the minute of its meeting of 5 October 2015, the Management Group had before it a report which presented target dates and activities set to continue to monitor improvements that were set out in the Partnership's Community planning: turning ambition into action - progress in CPPs report by Audit Scotland.</p> <p><b>The report recommended –</b> that the Management Group note and agree the report.</p> <p><b><u>The Management Group resolved:</u></b> to approve the recommendation.</p>	
10. Community Justice Redesign Update	<p>With reference to item 19 of the minute of its meeting of 5 October 2015, the Management Group had before it a report which provided an update on progress in relation to community justice redesign, and, specifically, in relation to the Scottish Government requirement to submit a 'Transition Plan' for 2016-17 by the end of January 2016. Appended to the report were the draft Community Justice Redesign (1) Transition Plan 2016-2017; (2) Communications Strategy; and (3) risk register.</p> <p><b>The report recommended –</b> that the Management Group note the current position with regards to Community Justice Redesign, and approve the actions outlined in the report with regards to the</p>	

Topic	Discussion/Decision	Action By
	<p>development and approval of the Transition Plan.</p> <p>Speaking in furtherance of the report, Val Vertigans advised that the draft Transition Plan would be submitted to the CPA Board meeting on 7 December 2015 for approval and thereafter submitted to the Scottish Government by the deadline in January 2016.</p> <p>Partners welcomed the report, in particular the draft Transition Plan and discussed the setting of priorities and metrics moving forward. During the course of the discussion, it was noted that the consideration of the statutory partners required in respect of community justice would be considered as part of the full review of the Partnership's membership following the refresh of the SOA.</p> <p><b><u>The Management Group resolved:</u></b> to approve the recommendations and to agree that the draft Transition Plan be submitted to the CPA Board meeting on 7 December 2015 for approval.</p>	Val Vertigans
11. ESOL Update 2014-2016	<p>With reference to item 26 of the minute of its meeting of 5 October 2015, the Management Group had before it a report which provided an update on the Scottish Funding Council English for Speakers of Other Languages (ESOL) funding allocation to Aberdeen City and presented the ESOL 2014/2015 Year End report.</p> <p><b>The report recommended –</b> that the Management Group note the information and progress of the ESOL Providers Group, as well as the ESOL 2014/2015 Year End report.</p> <p><b><u>The Management Group resolved:</u></b> to approve the recommendation.</p>	
12. Total Place	<p>With reference to item 21 of the minute of its meeting of 5 October 2015, the Management Group had before it a report which provided an update on Northfield Total Place, focussing on some of the key associated programmes.</p> <p><b>The report recommended –</b> that the Management Group note the report and agree to support a scale up of the Total</p>	

Topic	Discussion/Decision	Action By
	<p>Place approach to other localities within the city.</p> <p>Partners discussed the current Total Place programme and agreed that further discussions with officers across partner organisations and evaluation were required before a decision on whether the programme should be scaled-up was taken. It was also highlighted that any proposal to scale up would link to locality planning and therefore it was important that both were connected from the outset and officers progressing locality planning involved in the discussions regarding the potential to scale-up Total Place.</p> <p><b><u>The Management Group resolved:</u></b></p> <p>(i) to note the report; and</p> <p>(ii) to request Gail Woodcock undertake the required evaluation on the current Total Place programme and liaise with Linda Smith, Health and Wellbeing, Richard Ellis, Interim Director of Corporate Governance, Pete Leonard, Director of Communities, Housing and Infrastructure and Donald Urquhart, Head of Communities and Housing on the evaluation data and proposal to scale-up and thereafter report to its next meeting with a comprehensive scale-up plan on the basis of the evaluation data.</p>	Gail Woodcock
13. Legislation Tracker	<p>With reference to item 25 of the minute of its meeting of 5 October 2015, the Management Group had before it the current legislation tracker which provided an update on the passage of legislation and included further proposed Bills which had been identified in the Scottish Government's 'Programme for Government'.</p> <p><b><u>The Management Group resolved:</u></b> to note the legislation tracker.</p>	
14. AOCB	<p>(A) <u>DFP TV</u></p> <p>The Management Group heard from Paul Hannan who advised that DFP TV had written to the Partnership to advise that it had promotional screens within the Bon Accord Centre on which the Partnership could utilise to promote its activities. Costings for this service were provided.</p>	

Topic	Discussion/Decision	Action By
	<p>Partners discussed the promotional opportunity, during which it was agreed that the Partnership required to consider its communication and engagement strategy before considering such an opportunity.</p> <p><b>The Management Group resolved:</b> to note the letter and to request that a report on the communication and engagement strategy for the Partnership be submitted to the next meeting for consideration.</p>	Paul Hannan/Joanne Larsen
15. Date of Next Meeting	The Management Group noted that its next meeting would be held on 18 January 2016 at 2pm.	



# Community Planning Aberdeen

## COMMUNITY PLANNING ABERDEEN BOARD BUSINESS STATEMENT

The following table tracks items which the Community Planning Aberdeen Board has requested be actioned, and the progress being made with these - overdue items are shaded in grey.

<u>No.</u>	<u>Minute Reference</u>	<u>Item</u>	<u>Decision/ Update</u>	<u>Date Report Due</u>	<u>Lead Partner</u>
1.	2/7/14 Item 6	<u>Communication and Engagement Group – Civic Forum representation</u>	<p>The Board resolved, amongst other things, to agree that, in the first instance, the Civic Forum be asked to demonstrate how they were, and if they were able to, represent service users, as well as communities on each of the Thematic and Multi-lateral Priority Groups.</p> <p><b>Work is ongoing by the Civic Forum and a report will be submitted to the next Board meeting on 1 February 2016.</b></p>	16/3/15	ACVO, Duncan  Joyce
2.	1/10/14 item 3	<u>Protecting Vulnerable Adults</u>	<p>At its meeting on 16 March 2015, the Board agreed:</p> <p>(i) to develop closer links with the Adult Protection Committee with a particular focus on expanding lines of communication to cascade information and further develop capacity through training; and</p>	26/10/15	Community Safety Partnership, Rob Simpson

<u>No.</u>	<u>Minute Reference</u>	<u>Item</u>	<u>Decision/ Update</u>	<u>Date Report Due</u>	<u>Lead Partner</u>
			<p>(ii) to recognise that the Adult Protection Committee is the most appropriate vehicle for managing adult protection activity in Aberdeen City and to request that the Board be updated on adult protection activity on an intermittent basis.</p> <p><b>Work is ongoing and a report will be submitted to the Board meeting 1 February 2016.</b></p>		Adult Services, Sally Wilkins
3.	3/12/14 item 3	<u>UK Government's Counter Terrorism Strategy</u>	<p>The Board noted that at present in relation to counter terrorism there was a partner wide local resilience (react) group and a local contest (prevent) group, however this was not linked to the Community Planning structure and as such Angela Scott and Adrian Watson would report to a future meeting with proposals on how this area would link to the Partnership moving forward.</p> <p>This item will be reported as part of the overall review of priorities and refresh of the SOA, which will be presented to the Partnership in due course.</p>	07/12/15	Housing and Communities, ACC, Donald Urquhart
4.	3/12/14 item 4	<u>Partnership Winter Readiness</u>	The Board heard from Angela Scott who provided an overview of the rationale for the partnership winter readiness approach which provided the Partnership with the opportunity to take a more holistic approach and include areas of concern that might not have been tackled under winter readiness previously and therefore would assist in improving the wellbeing and resilience of the city.	26/10/15	Aberdeen City Council, Tom Cowan  All Partners

<u>No.</u>	<u>Minute Reference</u>	<u>Item</u>	<u>Decision/ Update</u>	<u>Date Report Due</u>	<u>Lead Partner</u>
			<p>She also highlighted the findings of the British Red Cross Emergency Preparedness in Scotland 2014 survey. Partners were reminded to provide information to Joanne Larsen directly as soon as possible and noted that a report regarding this matter would be submitted to a future meeting.</p> <p>At its meeting on 24 August 2015, the Management Group agreed that Tom Cowan would take the lead for this item and report to the next meeting of the Management Group in the first instance and thereafter the CPA Board.</p> <p><b>A report was considered by the CPA Management Group on 16 November 2015. Further work on identifying specific work groups and a partnership approach is required prior to it being submitted to the CPA Board for consideration. It is anticipated that a report will be submitted to the Board on 1 February 2016.</b></p>		
5.	3/12/14 item 7	<u>Participatory Budgets</u>	<p>The Board agreed:</p> <p>(a) to request Joanne Larsen to indicate the Partnership's interest in introducing a Small Grants Participatory Budget model to the Scottish Government and that it would welcome any support should this be pursued;</p> <p>(b) to request Joanne Larsen to contact all partners regarding participatory budgets and to ask for feedback from each regarding their potential financial commitment to this model; and</p> <p>(c) to request Joanne Larsen to submit a further report with greater detail on participatory budgets and proposals on how this could be</p>	26/10/15	Aberdeen City Council, Joanne Larsen

<u>No.</u>	<u>Minute Reference</u>	<u>Item</u>	<u>Decision/ Update</u>	<u>Date Report Due</u>	<u>Lead Partner</u>
			<p>implemented by the Partnership in line with existing grants.</p> <p>At its meeting on 6 July 2015, the Board resolved to request Joanne Larsen to submit a report with proposals for a small scale pilot of participatory budgeting and that this include the possibility of using the Fairer Aberdeen Fund as a mechanism for this.</p> <p>At its meeting on 26 October 2015, the Board agreed to (a) note that Aberdeen City Council had committed funding towards participatory budget projects; (b) note that a report would be submitted to the next meeting in respect of a potential participatory budgeting for the Partnership; and (c) request Joanne Larsen to clarify the timeline for the Partnership utilising the participatory budget training purchased and to agree that should the Partnership not progress with a separate participatory budgeting project, or not be in a position to utilise the training, the training days would be allocated to progress the participatory budget projects being funded by Aberdeen City Council.</p> <p><b>A report is on the agenda.</b></p>		
6.	16/3/15 item 7	<u>Scottish Parliament Audit Committee – 21 January 2015 – Community Planning – Turning Ambition into Action</u>	<p>The Board agreed, amongst other things,</p> <p>(i) to request Joanne Larsen and Richard Sweetnam to develop a performance management framework to measure partnership impact and Gross Value Added; and</p> <p>(ii) to request CPP Partners to (a) define their</p>	26/10/15	Aberdeen City Council, Sweetnam, Larsen All partners

<u>No.</u>	<u>Minute Reference</u>	<u>Item</u>	<u>Decision/ Update</u>	<u>Date Report Due</u>	<u>Lead Partner</u>
			<p>needs and outline their resource commitment to support community planning to Donald Urquhart as soon as possible and (b) identify resource to support the development of the Senior Management Team to undertake the SOA 2016 refresh.</p> <p><b>Work is ongoing in respect of the development of a performance management framework and a report will be submitted to the Board meeting on 1 February 2016.</b></p>		
7.	16/3/15 item 9	<u>Third Sector Interface Community Planning Improvement Service Programme</u>	<p>The Board agreed to request that an action plan be submitted to the next Board meeting.</p> <p><b>Consideration of this item was deferred at the Management Group meeting on 5 October and therefore this item will now be considered by the Management Group on 18 January 2016 and will thereafter be reported to the Board meeting on 1 February 2016.</b></p>	6/7/15	ACVO, J Duncan
8.	1/6/15 CPA MG item 3	<u>Priority Families</u>	<p>The Management Group agreed to note the emerging service delivery model and to request Neil Carnegie to (a) ensure that all partner organisations had considered the proposal through their respective single systems, in particular the expectations on the organisations should the model be implemented; and (b) discuss the role of SDS and means of involvement in the proposed model, prior to the business case being presented to the CPA Board for consideration.</p> <p>At its meeting on 6 July 2015, the Board resolved</p>	26/10/15	Aberdeen City Council, N Carnegie

<u>No.</u>	<u>Minute Reference</u>	<u>Item</u>	<u>Decision/ Update</u>	<u>Date Report Due</u>	<u>Lead Partner</u>
			<p>to support the proposal, in principal, and to request the lead officer to prepare a comprehensive scale-up report, which should evidence resources, commitment from partners, metrics, collaboration, and respond to each of the scale-up process questions, and that this report should be reported to each of the respective partner organisations for consideration and thereafter to the Management Group and Board.</p> <p>At its meeting on 26 October 2015, a report was withdrawn from the agenda to allow for further consultation. It was envisaged that a report would be presented to the meeting on 7 December 2015.</p> <p><b>A report is on the agenda.</b></p>		
9.	6/7/15 item 6	<u>Health Check- Progress Report</u>	<p>The Board resolved, amongst other things, to request the Management Group to submit a health check, as part of the Management Group progress report, each cycle and to reinforce the importance of attendance and commitment to all groups.</p> <p><b>A report will be submitted to the CPA Board on 1 February 2016.</b></p>	7/12/15	Aberdeen City Council, Joanne Larsen
10.	6/7/15 item 8	<u>Early Years Preventative</u>	<p>The Board resolved, amongst other things, to request that the Early Years preventative evaluation report be submitted to a future meeting to enable the Board to consider whether any programmes could be scaled-up.</p> <p><b>A report is on the agenda for information.</b></p>	7/12/15	Public Health, Susan Webb

<u>No.</u>	<u>Minute Reference</u>	<u>Item</u>	<u>Decision/ Update</u>	<u>Date Report Due</u>	<u>Lead Partner</u>
11.	6/7/15 item 9	<u>Communication and Engagement Group</u>	The Board resolved to agree that communication and engagement become a standing item on the Management Group agenda and that this matter be taken forward by the Management Group and reported, by way of the Management Group progress report, to the Board at each meeting. <b>A Management Group progress report will be submitted to the next meeting on 1 February 2016.</b>	26/10/15	Aberdeen City Council, Joanne Larsen
12.	6/7/15 item 14	<u>Total Place</u>	The Board resolved: (i) to request Gail Woodcock to circulate an innovation narrative for the Total Place project to all Partners; (ii) to request Gail Woodcock to submit a further report on Total Place presenting the required evaluation information as well as the outcome of the scale-up process questions to enable the Board to consider future of the project; and (iii) to request the Community Planning team to amend the reporting template to ensure that reports presented the required level of information and evaluation to evidence the scaling-up challenge questions had been undertaken to enable the Board to make robust decisions; and (iv) to otherwise note the report. <b>A report will be submitted to the CPA Management Group on 18 January 2016 and thereafter to the Board at its meeting on 1 February 2016.</b>	26/10/15	ACC, Gail Woodcock
13.	6/7/15 item	<u>Social Prescribing Pilot</u>	The Board resolved to note that the evaluation	7/12/15	Public Health,

<u>No.</u>	<u>Minute Reference</u>	<u>Item</u>	<u>Decision/ Update</u>	<u>Date Report Due</u>	<u>Lead Partner</u>
	16		<p>data from the pilots undertaken by NHS Grampian would be considered by the Integrated Health and Social Care Joint Board and to request that its decision regarding the next steps for this approach be report to the Management Group in the first instance and thereafter the Board to enable the Partnership to consider how it could develop and support the approach.</p> <p><b>A report will be submitted to the meeting on 9 May 2016.</b></p>		<p>Susan Webb</p> <p>Judith Proctor</p>
14.	6/7/15 item 19	<u>Economic Outcomes Programme</u>	<p>The Board resolved to request "Richard Sweetnam to advise on Aberdeen City Council's participation in the Improvement Service's Economic Outcomes Programme to its next meeting, at which time the Board would consider whether it wished to participate in the programme.</p> <p><b>A report will be submitted to the next Board meeting on 1 February 2016.</b></p>	26/10/15	ACC, Richard Sweetnam
15.	26/10/15 item 16	<u>2016/2017 Community Planning Budget Proposal</u>	<p>The Board resolved -</p> <p>(i) to request that a further budget report clarifying the income and expenditure of the Partnership be submitted to the next meeting on 7 December 2015;</p> <p>(ii) to note that a report on participatory budgeting would be submitted to the next meeting on 7 December 2015; and</p> <p>(iii) to note that there was no monies available within the Partnerships current budget to support HMP Grampian's Family Centre and Health Hub and to therefore to request that the draft Memorandum of</p>	07/12/15	ACC, Joanne Larsen/Paul Hannan

<u>No.</u>	<u>Minute Reference</u>	<u>Item</u>	<u>Decision/ Update</u>	<u>Date Due</u>	<u>Report</u>	<u>Lead Partner</u>
			Understanding and information on the HMP Grampian Family Centre and Health Hub and its outcomes be presented to the next meeting at which time a decision on whether additional funding from Partners or another source could be provided would be taken. <b>A report is on the agenda.</b>			
<b>ACTIONS ARISING FROM THE CPA MANAGEMENT GROUP</b>						
<b>ANNUAL REPORTS</b>						
16.		<u>Community Planning Aberdeen Management Group Progress Report</u>	<b>A report will be submitted to the next Board meeting on 7 December 2015.</b>	26/10/15		Aberdeen City Council, Joanne Larsen
17.		<u>Partnership Budget</u>		Summer 2016		Aberdeen City Council, Joanne Larsen

This page is intentionally left blank

## BRIEFING PAPER

### Proposal for a Multi-agency Collaborative approach to *Prevent*

#### PURPOSE

This paper seeks the endorsement of the Community Planning Board and Grampian Local Resilience Partnership to fully support the UK **Prevent** Strategy objectives by supporting a Grampian wide multi-agency approach to empower and enable all specified authorities to have due regard to the need to work in collaboration to prevent people from being drawn into terrorism.

#### BACKGROUND

On 12th February, the Counter Terrorism and Security Act 2015 (CT&S Act 2015) was passed: this Act placed **Prevent** on a statutory footing for specified authorities:

*'General duty on specified authorities: A specified authority must, in the exercise of its functions, have due regard to the need to **Prevent** people from being drawn into terrorism.'* (Part 5, Chapter 1 – Preventing people being drawn into terrorism Counter-Terrorism and Security Act 2015).

The full **Prevent** duties under the CT&S Act 2015 came into force on 1<sup>st</sup> July 2015

This legislation and the various documents published by the Scottish Government since, provide each sector with guidance on how they are expected to engage **Prevent** and put in place appropriate leadership, governance and training arrangements.

NHS Scotland guidance for NHS Boards (*Playing Our Part – Implementing the **Prevent** Strategy – Guidance for Health Boards*) was published on 20<sup>th</sup> January 2015. NHS Grampian have since drafted a *Prevent* Implementation Plan based on the *Organisational Self-Assessment Checklist* contained in the NHS Scotland *Prevent* guidance document, and are actively progressing this work through a recently formed *Prevent* Steering Group.

#### WORKSTREAMS

##### 1. Staff Training / Awareness Raising and understanding

There is a clear obligation on all specified authorities to provide staff training to ensure all relevant staff are aware of their responsibilities in relation to *Prevent*. It is recognised that this is a huge task for most authorities and partners to undertake.

Locally a number of multi-agency partners have already proactively met to explore options on how we can raise awareness of **Prevent** together. A local multi agency Learning and Development group has been established to take forward the needs of all key partners (who wish to participate). A small number of trainers from NHS Grampian and Police Scotland have already begun rolling out the Home Office approved product “**W**orkshop to **R**aise **A**wareness of **P**revent” (WRAP) facilitator

training to various authorities and partners. This will create a bank of WRAP facilitators able to cascade train.

A short **Prevent** e.module, to raise staff awareness and understanding, is in the very final stages of development by NHS Grampian. It covers the key messages and has been shared with other partners both locally and nationally.

A number of local multi-agency partners have also proactively met to explore the options for collaborative working and sharing of resources specifically in relation to e-learning (independently of the group mentioned in the paragraph above).

Partners participating in these meetings have already recognised that a multi-agency approach strengthens their ability to deliver on this workstream however at present the groups are task specific and not co-ordinated in any way.

## **2. Multi-agency *Prevent* Policy, Procedure and Governance.**

It is proposed that a multi-agency approach to the development of a Grampian **Prevent** policy (with supporting procedures) has the potential to address each organisations own duties in addition to the multi-agency requirements.

This would ensure that multi agency working is embedded at the very heart of all local Prevent work, and would help ensure that prevent is implemented in a fair and consistent manner across all authorities and partners locally.

This would also be an efficient way of drafting and implementing policy in terms of time and resource, encouraging all participants to pool resources and share knowledge and best practise, rather than work in individual silos. This would be especially relevant in terms of the three Local Authorities who service the Grampian Regional Area and their partnership work with other pan Grampian Organisations eg. NHS Grampian; Aberdeen University; Robert Gordon University; North East Scotland College; Scottish Prison Service etc.

The Grampian Adult Protection Policy and Procedures is an example of how well the partners are currently able to work together with a common goal to protect adults at risk of harm across all of Grampian.

The **Prevent** work stream is another example of where it is essential we work together to recognise when someone may be vulnerable and offer support to help them make a decision not to carry on a path that may lead to a serious crime being committed.

A multi-agency approach would support many areas that partners will be required to consider. Examples include:

- Obtaining advice
- Raising concerns
- Information sharing
- Escalation processes and procedures
- Monitoring and recording referrals

- Preventing inappropriate canvassing/leafletting and providing guidance regarding material related to terrorism not being distributed in partner services
- Providing guidance on inappropriate use of or access to internet on premises
- Providing guidance on inappropriate use of premises for meetings
- Participation in the statutory Prevent Professional Concerns (PPC) process
- Provision of interventions

This list is not exhaustive.

## **SPECIFIED AUTHORITIES AND PARTNERS**

The Counter Terrorism and Security Act 2015 places legal obligations on the following Specified Authorities in relation to Prevent

- Local Authorities
- NHS
- Scottish Prison Service
- Higher Education
- Further Education
- Police

At a national level the following agencies additionally participate in the Prevent Sub-Group

- Armed Forces
- Office of the Scottish Charity Regulator
- Education Scotland
- Social Work
- Care Commission
- Office for Security & Counter Terrorism

This list is not exhaustive.

The Local CONTEST Multi Agency / Delivery groups involve the relevant local partners in the delivery of the CONTEST strategy locally and it is suggested that (if supported) then all relevant authorities and partners be afforded the opportunity to participate in any Prevent Sub Group created as a result of this report. It is suggested that the group be called the “Grampian Prevent Delivery Group” and that for governance purposes the group reports to the two CONTEST groups and that other groups such as the Learning and Development group should be sub groups of the Grampian Prevent Delivery Group.

## **KEY RISKS**

It is thought that there could be potential risks associated with not creating a prevent Sub Group -

- Specified Authorities and partners miss the opportunity to safeguard vulnerable individuals through not being match fit at the earliest possible opportunity.

- Specified Authorities and partners do not pool resources, and incur unnecessary expense in terms of duplication of work and implementation of strategies.
- Specified Authorities and partners work independently of each other and create processes and policies that are not efficient or compatible with each other.
- Task specific sub groups will continue be created on an ad hoc basis with no overarching co-ordination or accountability.
- Specified Authorities and partners may miss the opportunity to embed multi agency collaborative working at the very heart of all processes and build effective professional relationships at the point of service delivery.
- Local CONTEST groups may spend a disproportionate amount of time discussing and co-ordinating Prevent specific matters rather than overseeing and managing the delivery of the over-arching CONTEST strategy.

## CONCLUSION

The Counter Terrorism and Security Act 2015 places a responsibility on specified authorities to work in a multi-agency collaborative way to embed the principles of **Prevent** into their organisations.

This involves some very specific pieces of work to be undertaken and has significant resource implications.

It is suggested that the creation of a Local Prevent Sub Group would be of benefit to:

- Share and pool resources, best practise and expertise.
- Ensure consistency (not uniformity) of approach in terms of agreed and compatible policy and procedure respecting each partners contribution.
- Ensure a collaborative; multi agency working ethos is embedded in Prevent from the beginning of implementation.

## Recommendation

The Community Planning Board and Grampian Local Resilience Partnership are asked to give support to this proposal.

Susan Carr Prevent Lead & Associate Director of AHPs NHS Grampian	Roddy Scott Vice Principal - Finance North East Scotland College	LSO David Rout Local Senior Officer for Aberdeenshire and Moray Areas Scottish Fire and Rescue Service
Superintendent George MacDonald Aberdeenshire and Moray Division Police Scotland	Superintendent Innes Walker Aberdeen City Division Police Scotland	Inspector John Macfadyen Senior Police Officer Ministry of Defence Police
Ritchie Johnson Director of Business Services Aberdeenshire Council	Laurence Findlay Corporate Director Education and Social Care Moray Council	



## Community Planning Aberdeen

<b>Progress Report</b>	2016/17 SOA and Priorities refresh update
<b>Lead Officer</b>	Paul Hannan
<b>Report Author</b>	Claire Robertson
<b>Date of Report</b>	December 7 <sup>th</sup> 2015
<b>Governance Group</b>	Community Planning Aberdeen Board

<b>1:</b>	<b>Purpose of the Report</b>
<p>This report is being presented to the Board to update the board on the development of the Community Planning Aberdeen Strategic Assessment. The Strategic Assessment will form the basis of the new Single Outcome Agreement and will be the key document in this evidence-led business model.</p>	

<b>2:</b>	<b>Summary of Key Information</b>
<p>Throughout September, October and November significant work has been ongoing in the Wealthier &amp; Fairer, Smarter and Healthier themes.</p> <p>Recently, work has commenced on the Safer &amp; Stronger theme, and this work will be ongoing throughout November. We are still awaiting some data to enable this work to progress. There had been agreement with Police Scotland to tie in this work with the divisional Strategic Assessment to avoid duplication of effort, and data was anticipated by end of October however we have been informed of a delay in receiving some data. This delay will have an impact on the timeline. Perception data is also being considered in the Safer and Stronger theme, and social isolation will also be included in this section.</p> <p>Data has been received from Scottish Fire and Rescue, and analysis has been carried out and this data will be incorporated into the Safer &amp; Stronger theme, but will also cross over into the Healthier theme.</p> <p>A meeting with Director of Communities, Housing and Infrastructure has been held in order to progress data gathering and analysis for the 'Greener' theme. It is assessed that significant amounts of data will already be held having been compiled for other strategies / plans, and agreement has been reached that this data will be made available to incorporate into the Strategic Assessment.</p> <p>The draft Regional Economic Strategy has been received and will be taken into account, particularly in relation to the Wealthier &amp; Fairer section, though recognising the crossovers.</p>	

Where possible, data has been obtained and analysed at intermediate zone level, to enable and inform any future locality plans.

Once draft versions have been completed for all five themes, it is intended that an overarching section looking at the core issue of 'inequalities' will be drafted.

A timetable outlining a suggested priority setting / SOA approval plan has also been drafted and was presented to the board (appendix 1). Delays encountered in data gathering and analysis will impact on this timetable, and it has been suggested that this timeline should be amended (appendix 2). Due to the delays encountered, it is assessed that the first draft of the Strategic Assessment should be produced in February; this is a more realistic and achievable timescale, and one which would allow for greater analysis and a more robust strategic assessment on which to base the refreshed Single Outcome Agreement.

### **3: Recommendations for Action**

- To reiterate the importance and the priority placed on the Strategic Assessment, and ensure that it is filtered down to staff.
- To note the difficulties encountered at the data gathering and analysis phase, and to recognise that these will impact negatively on the quality and integrity of the completed draft.
- To note the request for extension of the first draft of the Strategic Assessment, and to endorse the amended timeline. (Appendix 2)

### **4: Opportunities and Risks**

A robust Strategic Assessment is an opportunity to build cohesive and strong strategies for all partners in Aberdeen City, and is a strong starting point for the re-write of the new Single Outcome Agreement. As with any evidence based model, its strength lies in the breadth and depth of the supporting data, and the quality of the analysis. It is therefore important to acknowledge that delays encountered at the data gathering and analysis stage will impact on the overall quality of the Strategic Assessment.

## Priority Setting and SOA/LOIP drafting/approval plan

Set out below is the timetable for drawing up our Priorities and for the drafting/approval of the SOA/LOIP.

16 November 2015	CPAMG meeting	Priority setting methodologies to CPAMG
w/c 30 November 2015	CPAMG	Management Group discussion on potential priorities from the Strategic Assessment
7 December 2015	CPA Board meeting	Consideration of Strategic assessment
w/c 11 January 2016	CPA Board + Nick Bland	Priority setting ½ day
18 January 2016	CPAMG meeting	Initial drafting of SOA/LOIP
w/c 25 January 2016	CPA Board + Nick Bland	Priority setting ½ day (if required)
1 February 2016	CPA Board meeting	Initial consideration of SOA/LOIP
29 February 2016	CPAMG meeting	Consideration of SOA/LOIP
w/c 14 March 2016	CPAMG/CPA Board	Additional meeting – Discussions on structures to deliver - consider which community bodies are likely to be able to contribute to community Planning, Community Justice transition, themed/sub-groups required
18 April 2016	CPAMG meeting	
March/April 2016	Individual Partners	Approval of SOA/LOIP, work with Improvement Service to ensure links to single system plans
March/April 2016	Individual Partners/joint work	Locality/neighbourhood planning from SOA/LOIP
w/c 25 April	CPAMG/CPA Board	Additional meeting – consideration of resources contribution by Partners
9 May 2016	CPA Board meeting	Final approval of SOA/LOIP, links to Partners Plans

This page is intentionally left blank



# Community Planning Aberdeen

## Priority Setting and SOA/LOIP drafting/approval plan

Set out below is the timetable for drawing up our Priorities and for the drafting/approval of the SOA/LOIP.

1 December 2015	CPAMG	Additional meeting. Scrutiny workshop of progress so far.
7 December 2015	CPA Board meeting	Consideration of extension to Strategic Assessment timeline
18 January 2016	CPAMG meeting	Update on Strategic Assessment progress
1 February 2016	CPA Board meeting	Update on Strategic Assessment progress
29 February 2016	CPAMG meeting	Consideration of Strategic Assessment.
w/c 7 March 2016	CPAMG	Additional meeting - Management Group discussion on potential priorities from the Strategic Assessment
w/c 14 March 2016	CPA Board + Nick Bland	Additional meeting – Priority setting ½ day
18 April 2016	CPAMG meeting	Initial drafting of SOA/LOIP
April / May 2016	Individual Partners	Approval of SOA/LOIP, work with Improvement Service to ensure links to single system plans
April / May / June 2016	Individual Partners/joint work	Locality/neighbourhood planning from SOA/LOIP
9 May 2016	CPA Board meeting	Consideration of SOA / LOIP – to include discussions on structures to deliver, resource allocation, thematic groups etc
30 May 2016	CPAMG meeting	
20 June 2016	CPA Board meeting	Final approval of SOA/LOIP, links to Partners Plans

This page is intentionally left blank



# Community Planning Aberdeen

<b>Progress Report</b>	Priority Setting Methodologies
<b>Lead Officer</b>	Paul Hannan
<b>Report Author</b>	Joanne Larsen
<b>Date of Report</b>	December 7 <sup>th</sup> 2015
<b>Governance Group</b>	Community Planning Aberdeen Board

<b>1:</b>	<b>Purpose of the Report</b>
<p>This paper has been developed to start a discussion with the Community Planning Partnership about the Priority Setting Methodologies available for use with the Strategic Assessment and Single Outcome Agreement re-write.</p>	

<b>2:</b>	<b>Summary of Key Information</b>
<p>With data obtained from the Strategic Assessment process and the public and sector consultation events we will face the challenge to turn that information into a Single Outcome Agreement that is evidence led, meaningful and actionable. Using one or more of the methodologies presented in this paper will allow the Partnership to achieve this in an open and transparent way, while helping the Partners and the Communities determine which issues should become priorities for action.</p> <p>A good priority setting process must have clearly defined:</p> <ul style="list-style-type: none"> <li>• criteria on which to compare options</li> <li>• processes to vote/score/rank</li> <li>• Roles and processes to make the final choice/s.</li> </ul> <p>This paper offers five different group priority-setting processes. They vary in time required, level of rigour, and appropriateness for different kinds and sizes of groups.</p> <p>Regardless of our process it is important that it is transparent across the communities and partners and it is therefore critical at the start to outline the roles and expectations of all involved.</p> <p>For example, particularly during the consultation process, it is important to be clear with all participants whether their 'votes' are binding, or simply 'recommendations'. Also whether certain individuals or groups have the power to make judgment calls (for example in 'tie-breaker' situations) and/or veto certain group decisions.</p> <p>Failing to clearly outline roles and expectations before beginning a priority setting process can result in conflict, reputational risk, distrust in the process and damaged relationships. In any priority-setting situation, the role of a process facilitator should be carefully considered. It is important to have a neutral facilitator who is very familiar with the process, and who is skilled in navigating differences of</p>	

opinions, drawing out those whose voice might at times be lost, and managing any conflict or issues that might arise during discussion. Being able to manage both the process and the people will help ensure that the priorities set are the right priorities and ones that will be endorsed by those involved.

These four techniques, with differing levels of complexity and rigour can help us be more strategic in our decision-making and used in the right situations, they can help make decisions faster, justify our choices to our funders and the public, and avoid conflict.

The Management Group have offered to work through the methodologies and suggest the one they feel may be most effective however, it would be beneficial for the Board members to have acquainted themselves with the methodologies included in the appendices.

### **3: Recommendations for Action**

We ask the CPAMB to

1. Discuss and offer comment on any additional known methodologies they wish to have included for consideration

### **4: Opportunities and Risks**

Reviewing and discussing these methodologies in advance of the process gives the Partnership the opportunity to make informed decisions about how the priority setting will be carried out. This will allow us to use resources in advance of the events to ensure that the participants understand the process, resulting in an informed audience and will increase the transparency of the process and also the level of buy in to the end result from all of those who participate.



# Priority Setting Process Checklist (PSPC)

When priorities must be set, decisions may relate to which risk factors to address, which audiences to focus on, which settings to work in and which approaches/strategies to implement

The PSPC can be used as we prepare for a priority-setting process, or as a reflection tool, after completing the process.

Evidence-informed decision-making is the purposeful and systematic use of the best available evidence to inform the assessment of various options and related decision making in practice, program development, and policy making. This process involves searching for, accessing, assessing the relevance and quality of evidence; interpreting this evidence and identifying associated implications for practice, program and policy decisions; adapting this evidence in light of the local context; implementing this evidence; and evaluating its impact.



# Priority Setting Process Checklist

	DEFINITELY YES	SOME WHAT	DEFINITELY NOT	DON'T KNOW	NOTES/AREAS for IMPROVEMENT
<b>1 DATA COLLECTION</b>					
<b>1. Evidence</b>					
<i>Do we have explicit criteria for acceptable evidence when setting priorities?</i>					
<i>Do we have a variety of types of evidence, collected using a variety of methods, from various sources, that will help us set priorities</i>					
<i>Have we identified and addressed gaps in data quality or quantity that could affect the priority setting process?</i>					
<i>Do we have a comprehensive, creative, compelling list of options to consider?</i>					
<b>2. STAKEHOLDER PARTICIPATION</b>					
<i>Do we understand how well each of the options complements (or doesn't) the stated mandate of the CPP</i>					
<i>Do we understand how well each of the options complements (or doesn't) the goals, priority populations and desired outcomes of the CPP</i>					
<i>Have we completed a thorough process to identify stakeholders who should be involved?</i>					
<i>Have we adequately engaged each of our stakeholders?</i>					
<i>Do our stakeholders understand the steps involved (thereby helping to ensure increased acceptance and support)</i>					
<i>Do our stakeholders understand the resources that will be required?</i>					



<b>3. RESOURCES</b>					
<i>Is the resource allocation sufficient to ensure a thorough process?</i>					
<i>Does the scheduling allow stakeholders to fully participate in the process?</i>					
<i>Have we allocated the right amount of staff/volunteer time to properly complete the priority setting process?</i>					
<b>4. DECISION MAKING</b>					
<i>Have we clearly identified, documented and shared, the roles and authority associated with the process?</i>					
<i>Do our stakeholders agree about the benefits of the priority- setting process that has been chosen?</i>					
<i>Is there a strong likelihood stakeholders will accept and be satisfied with the priorities selected using this process?</i>					
<i>Will this process result in improved priority setting processes for Community Planning</i>					

This page is intentionally left blank



## OVERVIEW OF PRIORITY SETTING METHODOLOGIES

Method	When to Use	Limitations	How it Works
<p><b>1 - Paired comparisons</b> - works well when there is one criterion (for example, overall 'importance') and participants are not very interested or able to engage in very rigorous, analytical ranking processes.</p>	<p>It is most appropriate for a small or mid-sized group (generally up to 10 – 15 people.) It is a great tool to use after a dotmocracy activity has narrowed options down to three or four choices that need to be further narrowed</p>	<p>Paired comparisons have a higher degree of rigour because it forces people to quantify comparisons and get past their initial 'gut reaction.' It is still however, a fairly subjective voting process.</p>	<p>Paired comparisons work similar to a round-robin sports tournament. Where each team plays the other teams in their pool and ends with an assigned score for each 'head to head' competition. In paired comparisons you do the same thing.  *See Detailed Information in Appendix 1</p>
<p><b>2 - Grid Analysis</b> (also known as Pugh Matrix, Decision Making Matrix and Multi-Attribute Theory) - is useful when you might have to defend your program decisions with ample evidence</p>	<p>This is a great process for when you have many different criteria.  As grid analysis takes more time and requires a more sophisticated and engaged audience with adequate time available to complete a detailed, thoughtful ranking process. An informed group of representatives with a mandate to do evidence-informed planning for a particular topic would find this process useful.</p>	<p>Grid analysis is only as good as the information put into it and it is possible to easily 'skew' the results when a particular result is desired, i.e., when the decision is already made and the decision maker is simply seeking to forward their agenda  It also it also keeps the thinking the cognitive-thinking vs rational domain, which may not be where the best decisions are made.</p>	<p>Grid analysis works by getting you to list your options as rows on a table, and the factors you need consider as columns. You then score each option/factor combination, weight this score by the relative importance of the factor, and add these scores up to give an overall score for each option.  *See Detailed Information in Appendix 1</p>
<p><b>3 – Basic Priority Rating</b></p>	<p>The PBRM combines the intuitive</p>	<p>BPRM can be only as good as the</p>	<p>BPRM uses measurements of the size</p>

## OVERVIEW OF PRIORITY SETTING METHODOLOGIES

<p><b>Method (BPRM)</b> - The method has three major objectives:</p> <ul style="list-style-type: none"> <li>to allow decision-makers to identify explicit factors to be considered in setting priorities</li> <li>to organize the factors into groups that are weighted relative to each other</li> <li>to allow the factors to be modified as needed and scored individually.</li> </ul>	<p>thinking of managers with the analytical process and therefore it is best utilized by professionals and those with a good understanding of the core business of the organizations involved.</p>	<p>prerequisite information used but like all analytical tools however, it should not dictate decisions but rather should be developed as input into the Partnerships final decision.</p>	<p>of the problem, Seriousness of the problem, the estimated effectiveness of the solution and also PEARL factors (propriety, economic feasibility, acceptability, resource availability, legality)</p> <p>These components translate into two formulas that provide a numerical score that gives highest priority to those priorities with the highest scores.</p> <p>*See Detailed Information in Appendix 1</p>
<p><b>4- Partnership Priority Setting Matrix (PPSM)</b> - This method was originally developed for use in the Community Safety Partnerships</p> <p>It is based on making informed strategic decision with the a priority on resource allocation</p>	<p>As above, this process was developed for use by senior management within the Partnership and is therefore unsuitable for mass utilization at a public consultation event</p>	<p>in its current form this process does not place greatest priority on the community decision aspect of priority setting</p>	<p>PPSM is based on completion of a matrix which summarises the evidence from the partnership's Strategic Assessment. The matrix provides a framework within which different Thematic concerns can be compared. The matrix will help partnerships focus strategies, service delivery requirements and action plans in the areas that will have the biggest impact on reducing harm caused by the subject areas examined.</p>



This page is intentionally left blank



## PRIORITY SETTING METHODOLOGIES – APPENDIX 1

### **1 - Paired Comparisons in Detail**

Paired Comparison Analysis is useful for weighing up the relative importance of different options. It's particularly helpful where priorities aren't clear, where the options are completely different, where evaluation criteria are subjective, or where they're competing in importance

The tool provides a framework for comparing each option against all others, and helps to show the Paired Comparison Analysis (also known as Pairwise Comparison) can help us work out the importance of a number of options relative to one another. This simplifies choosing the most important problem to solve, or picking the solution that will be most effective. It also helps set priorities where there are conflicting demands on our resources.

This tool is particularly useful when there is no objective data to use to make the decision, which when dealing with perception can sometimes be the case.

#### **Options**

Make a list of all of the options we want compared. Then each option is assigned a letter (A, B, C, D and so on). These are noted down as both the column and row headers on the grid (cells where you will compare an option against itself or where you would duplicate a comparison are blocked out. This ensures you only make each comparison once).

	A	B	C	D
A				
B				
C				
D				

#### **Comparison**

Within each of the blank cells, the participants compare the option in the row with the option in the column and decide which of the two options is most important. They then write down the letter of the most important option in the cell. Then, score the difference in importance between the options, running from zero (no difference/same importance) to, say, three (major difference/one much more important than the other.) The final step is to consolidate the results by adding up the values for each of the options. There is the option to then convert these values into a percentage of the total score

For Example, The CPP needs to choose between several different priorities requiring funding. To maximise impact, they can only contribute resource to a few of these, they have the following options:

- A - A recycling development initiative
- B - A local education project
- C - A Multi Faith Youth Centre
- D – An Arts society event

	A -recycle	B -Education	C - Youth	D - Arts
A -recycle				
B -Education				



C - Youth	
D - Arts	

As with dotmocracy, the CPP will decide on the critical factor/s used to compare options (for example, importance, urgency, reach, impact), and agree on how the final decision will be made. We would also decide how different scores among group members will be combined to reach a conclusion. After each person does their own scoring, the results would be discussed cell by cell. The final totals would be established either by taking an average of all individual scores, or by agreeing as a group (hopefully by consensus), on what the group 'score' should be.

	A -recycle	B -Education	C - Youth	D - Arts
A -recycle		A, 2	C, 1	A, 1
B -Education			C, 1	B, 1
C - Youth				C, 2
D - Arts				

We then add up the values and convert each to a percentage of the total

A = 3 (37.5%)

B = 1 (12.5%)

C = 4 (50%)

D=0

Therefore the decision is made to support the Multi faith (C) and also the Recycling Development (A)

## **2 - Grid Analysis in Detail**

### **Criteria.**

There are a wide range of criteria are possible, for example, cost, effort, reach, impact. Capacity, appropriateness, etc. The criteria can be broken down further. For example, appropriateness may include: fit with mandate, fit with desires of partnership, and fit with desires of stakeholders. Impact might include number reached and expected degree of change. Under capacity you could include both skills available and financial cost. The choices are limitless, so it is important to keep to a reasonable number and choose less than 10 criteria.

### **Identify scale.**

The CPP will need to identify how it will rate the options against the criteria. We might choose a 1 – 3 scale of low, medium or high or a 1 – 4 scale of excellent, very good, good or poor.

### **Choose Weights (this is optional)**



Weighting is an optional step that involves determining whether some criteria are more important than others. A criterion that is very low in importance gets a weight of 1. Something very important gets a 5.

## Example

We have 4 options to choose from

- A – Recycle
- B – Education
- C – Youth Centre
- D – Arts

We place the options on the rows, criteria in the columns and weights in the first row (if you choose to use weighting). Write your scale down across the top of the grid, then, ratings are assigned for each option against each criterion. Place the rating in the far left corner of each cell. For example:

	Scale – 1=poor, 2= ok, 3=good				
	Fit with CPP Mandate	Fit with leaders agenda	Cost/resource to implement	Expected degree of change	Total
Weight	5	2	3	4	
A	3	1	1	2	
B	2	1	2	1	
C	1	1	3	1	
D	1	3	1	3	

## Scoring

Finish the grid by multiplying the ratings by the weighting factor and totaling up the scores.

	Scale – 1=poor, 2= ok, 3=good				
	Fit with CPP Mandate	Fit with leaders agenda	Cost/resource to implement	Expected degree of change	Total
Weight	5	2	3	4	
A	3 x5=15	1x2=2	1x3=3	2x4=8	28
B	2x5=10	1x2=2	2x3=6	1x4=4	22
C	1x5=5	1x2=2	3x3=9	1x4=4	20
D	1x5=5	3x2=6	1x3=3	3x4=12	26

In this scenario, without the weighting option D would have come out on top. With the weighting you can see that the priority shifted to option A.



### 3 - BPRM (*Basic Priority Rating Formula*) in Detail

When identifying issues, a consistent pattern of criteria is apparent. This pattern is reflected in the components of this system.

Component A = Size of the problem

Component B = Seriousness of the problem

Component C = Estimated effectiveness of the solution

Component D = PEARL factors (propriety, economic feasibility, acceptability, resource availability, legality)

These components translate into two formulas that provide a numerical score that gives highest priority to those diseases/conditions with the highest scores.

*Basic Priority Rating (BPR)* >  $BPR = (A+B)C/3$

*Overall Priority Rating (OPR)* >  $OPR = [(A+B)C/3] \times D$

The difference in the two formulas will become apparent as Component D (PEARL) is described.

It is important to recognize and accept that, as with many such processes, a large amount of subjectivity will be present. The choice, definition, and relative weights assigned to the components are a group decision and flexible. Further, the ratings are the judgments of the individual participants. However, some scientific control can be achieved by using precise definitions of terms, and using appropriate and accurate statistical data.

#### **Components**

##### **Component A – Size of the Problem**

This component is one in which the factors are few in number. Choices usually are limited to a percentage of population directly affected by the problem, i.e. incidence, prevalence, numbers. Size can also be considered in more than one way. Both the entire population and potential target populations can be considered. The maximum value of this component is 10. The decision of how to define size is usually a group consensus.

##### **Component B – Seriousness**

The group should consider possible factors that define the seriousness of the problem; however, the number of factors should be kept reasonable. The group should be careful not to bring the issues of size or preventability into the discussion, as they fit elsewhere into the equation.

The maximum score in this component is 20. The factors must be weighted and carefully defined. By using this number (20), Seriousness is considered to be twice as important as Size.

Factors that could be used are:



- Urgency: emergent nature of the problem; trends in incidence, mortality, or risk factors; importance relative to the public; current access to a needed service.
- Severity: survival rates, disability, impact on premature mortality.
- Economic loss: to the community, to the individual, to the partner

Each of the factors must be weighted. As an example using four factors, the weights could be 0-5 or any combination that would equal a maximum of 20. It is usually helpful to establish what would be considered minimum and maximum in each factor. This will help to establish boundaries to keep some perspective in establishing a numerical rating. A way to consider this is to use as scale such as:

0 = none  
1 = some  
2 = more  
3 = most

### **Component C – Effectiveness of Intervention**

This component should be considered as "How well this problem can be solved, if at all." The factor is scored from 0 – 10. This may be the most subjective component of the formula. However data available from studies that document how successful an intervention has been should be referred to

The effectiveness rating is multiplied by the percent of the target population expected to be reached.

Example: Smoking cessation

Target population 45,000 smokers

Total attempting to stop 13,500

Effectiveness of smoking cessation classes 32% or 0.32

Target population x effectiveness  $0.30 \times 0.32 = 0.096$  or 0.1 or 1

An advantage in considering the target population and the number expected to be reached is getting a realistic feel for resources needed and expected ability to meet set objectives.

### **Component D – PEARL**

The PEARL is a group of factors that, although not directly related to a particular problem, have a high degree of influence in determining whether a problem can be addressed.

P – Propriety - Is the problem one that falls within the CPP's overall missions?

E – Economic Feasibility - Does it make economic sense to address the problem? Are there economic consequences if the problem is not addressed?

A – Acceptability - Will the community and/or target population accept the problem being addressed?

R – Resources - Are resources available to address the problem?

L – Legality - Do current laws allow the problem to be addressed?

Each of these qualifying factors is considered, and the scoring for each factor of the PEARL is 1 if the answer is "yes" and 0 if the answer is "no." When scoring is complete, all of the numbers are multiplied to obtain a final answer. Since together these factors represent a product and not a sum, if any of the five factors is "no", then D will equal 0. Because D is the final multiplier in the formula, if  $D=0$ , then the problem will not be addressed regardless of how high the problem ranks in BPR.

However, part of the total planning effort might include addressing the intermediate steps needed to address the PEARL positively in the future. For example, if the intervention is just not acceptable



to the population, steps might be taken gradually to educate the population as to the potential benefits of the intervention so that it can be considered in the future.

#### 4 - Partnership Priority Setting Matrix (PPSM) (CSP Developed)

This approach supports senior managers in making informed strategic decisions with regard to the prioritisation of resources. The priority setting approach is based on completion of a matrix which summarises the evidence from the partnership's Strategic Assessment. The matrix provides a framework within which different concerns can be compared and help focus strategies, service delivery requirements and action plans in the areas where it will have the biggest impact.

##### Priority Setting

The PPSM approach is designed to maximise the use of contextual information and expert knowledge whilst retaining focus on evidence produced during the Strategic Assessment process.

The matrix is based on Subject areas, which will be described within the completed strategic assessment and Assessment Factors which will be used to evaluate the subject areas and include Seriousness, Scale, Trend, Community Concern and Achieving Objectives.

Subject Area	EXAMPLE				
	Assessment Factors				
	Seriousness	Scale	Trend	Community Concern	Strategic objectives
Low carbon economy	Allows for a sustainable economy to develop.  Allows us to make some contribution to reducing climate change.	Reduction in the carbon produced in the area <sup>1</sup> . Levels of carbon per capita are higher than the Scottish total of 7.9 kt CO2 per capita for 2008  43% carbon from industry, 37% domestic and 20% roads.	Likely to increase due to a projected rise in housing and other developments.  Level of car-based transport unlikely to reduce drastically. Could be mitigated if changes are implemented within the various sectors	Concern from the Scottish Government.  Rising concern about the real and present risk of climate change by businesses, but still only 1/3 hold this view.  50% of community believe climate change is an urgent issue.	

Note: Steps 1 and 2 should be completed by the individual(s) responsible for compiling the Strategic Assessment. This should be done prior to partners coming together to discuss the actual prioritisation of subject areas i.e. at a Prioritisation Workshop. This will make discussion on the day more effective and less time-consuming.

##### Step 1 - Adding Subject Areas

The user should list all subject areas down the vertical axis, providing as much detail as possible. Subject areas may be a geographic location rather than issues, for example Youth Disorder within ward A

##### Step 2 - Assessment Factors: Completing the Matrix

The matrix should be populated by working through the assessment factors for each subject area in turn. Whilst the majority will require contextual evidence to be summarised from the Strategic Assessment others can be populated using figures. The information used to populate the matrix should be drawn exclusively from the evidence and analysis within the Strategic Assessment and not be possible worst-case scenarios. This will ensure the partnership makes robust, balanced and



evidence-based decisions. Each Assessment Factor should be considered although it may not be possible to complete every cell of the matrix as this will depend on what data and evidence was available when compiling the Strategic Assessment.

## Seriousness

- Impact on the Individual/Community
- Impact on the Partner /service
- Impact on Environment / Location

Contextual information and evidence from the Strategic Assessment should be documented and can be combined with expert knowledge and opinion at the Priority Setting Workshop as this area is about understanding the issue and links to underlying factors

## Scale

The following aspects should each be considered to describe and understand the scale of the problem

- Volume
- Under-Reporting
- Frequency

## Trend

Consideration should be given to whether the issue is predicted to get worse or better over the period of the Strategic Assessment - this is drawn from the analysis and comparison of 5-years worth of data and baselines / averages. By comparing the current situation against what has happened previously and considering Horizon Scanning, predictions can be made around what is likely to happen in the future. Remember, these predictions should be solely based on the analysis presented within the Strategic Assessment.

## Community Concern

Is the issue of concern to the community? Answers will be found through a variety of collection methods including surveys, community engagement meetings etc. Contextual information, both positive and negative should be drawn from the Strategic Assessment. Care should be taken when assessing community concerns as feedback will reflect both real and perceived issues. Whilst public perception can in some situations be considered to be valuable 'local intelligence' it may often be more closely aligned with effects of the media and should therefore be compared against other factors and the evidence within the Strategic Assessment.

## Achieving National Strategic Objectives

Partnerships should consider how tackling the subject area would demonstrate they are helping achieve the Scottish Government's 5 Strategic Objectives to make Scotland Wealthier : Fairer, Smarter, Healthier, Safer : Stronger and Greener. The assessment should use the Strategic Assessment to evidence the links to these wider agendas.

## Priority Setting

The completed matrix should be circulated around partners prior to the actual Priority Setting Workshop taking place and should form the basis for discussion around partnership priorities. The partners should review the matrix and - where relevant and agreed by the group - document any additional expert knowledge. When assessing priorities, partners should first consider the *Scale* and *Seriousness* factors. Together, these essentially describe the overall size of the problem and should be considered the key factors affecting priority. Partners can use techniques such as moving subject



## Community Planning Aberdeen

areas up and down in the table (by simply cutting and pasting the row) to reflect the assessment by the partnership. Information on *Trends* can also be used to differentiate priorities. Only once this initial ranking process is complete should partners consider the additional factors of *Community Concerns* and *Strategic Objectives*. The partners should use expert judgement to agree whether the evidence provided under these headings is sufficient to alter priorities. At the end of this process, partners should have a ranked list of priorities and be able to determine which of these they will focus on.



<b>Progress Report</b>	Community Justice Redesign
<b>Lead Officer</b>	Sally M Wilkins and Paul Hannan
<b>Report Author</b>	Val Vertigans, Policy Coordinator, CJ Redesign
<b>Date of Report</b>	25 <sup>th</sup> November 2015
<b>Governance Group</b>	Community Planning Aberdeen Board

<b>1:</b>	<b>Purpose of the Report</b>
<p>The purpose of this report is:</p> <ul style="list-style-type: none"> <li>i) to update the Community Planning Aberdeen Board about progress in relation to community justice redesign;</li> <li>ii) to request the Board to consider for approval the draft 'Transition Plan' for 2016-17, and accompanying Risk Register and Communications Strategy, (which are attached as Appendices 1 to 3 of this report), which is required to be submitted to Scottish Government by the end of January 2016; and</li> <li>iii) to request that the Board delegate authority to the Community Planning Management Group to approve any final material amendments, if necessary, at its meeting in January 2016.</li> </ul>	

<b>2:</b>	<b>Summary of Key Information</b>
<p><u>Background</u></p> <p>Community Justice is currently being 'redesigned' in Scotland. From 1<sup>st</sup> April 2017, Community Justice Authorities, which currently have responsibility under statute for functions including developing and publishing plans to reduce reoffending (in consultation with partners), promoting good practice, and allocating statutory funding to local authority Criminal Justice Social Work Services, will cease to exist. Responsibility for strategic planning and delivery of services will be transferred to 'community justice partners', as defined in the draft 'Community Justice (Scotland) Bill' which will underpin the Redesign, and which is currently passing through Parliament. These Partners will, in each local CPP area, have to develop and publish (and subsequently, report on), local 'community justice outcomes improvement plans' which best meet local need, and which also link in with a new national Community Justice Strategy and Community Justice Performance Framework which are being developed. A national body, Community Justice Scotland, is to be created to 'give assurance to Ministers' about progress towards meeting Community Justice outcomes.</p> <p>Scottish Government requires that each local area submits to them, by the end of January 2016, a plan for 2016-17 setting out how arrangements will be put in place to meet the new statutory requirements from 1<sup>st</sup> April 2017.</p>	

### Community Justice (Scotland) Bill

The Justice Committee of the Scottish Parliament has been receiving evidence on the draft Bill, and on 11<sup>th</sup> November 2015 published its Stage 1 Report setting out its conclusions thus far. A note of the key conclusions/recommendations can be found at Appendix 4 to this report. One of the key recommendations is that the Bill should clearly specify that Community Planning Partnerships have responsibility for Community Justice planning, with a view to making the new arrangements as clear and simple as possible (there is currently no specific reference to CPPs in the draft Bill).

On 19<sup>th</sup> November 2015 the Bill was considered by the Scottish Parliament. Members from across the House indicated broad support for the Bill, but to a greater or lesser extent concurred with the issues raised by the Justice Committee. The Minister for Community Safety and Legal Affairs, Paul Wheelhouse, sponsor of the Bill, advised that he would respond to the issues arising in January 2016.

### **Current Status and Proposed Actions in Aberdeen**

#### i) Transition Funding

Scottish Government funding of £50,000 has been used to create capacity, via the creation of a post, (Policy Coordinator, Community Justice Redesign), to support and progress the Community Justice agenda in Aberdeen City by co-ordinating Community Justice transition arrangements, including the development of the Plan for 2016-17. The post-holder took up the role on a secondment basis on 5<sup>th</sup> October 2015. Scottish Government has indicated its intention to renew the transition funding for a further two years, pending the outcome of the national budget-setting process, and confirmation of this is likely towards the end of the current financial year.

#### ii) Community Justice Partnership Event

A successful partnership event was held on 11<sup>th</sup> November 2015 at the Beach Ballroom in Aberdeen. The event, which was hosted by the Chair of Community Planning Aberdeen, was attended by approximately 54 people, including members of the Community Planning Aberdeen Board and Management Group and a wide range of partner and community representatives.

The event began with presentations on national and local issues with regards to Community Justice Redesign, and then attendees participated in three short workshops. These were aimed at exchanging and contributing ideas about a 'Vision' for community justice in Aberdeen, and consulting partners and stakeholders about how partners will work together, and engage with Victims, Communities, Individuals and Families, in developing plans for taking the 'Community Justice' agenda forward locally.

Feedback was very positive and demonstrated that the main aims of the event had been met: in engaging partners at an early stage in the Redesign and securing buy-in in moving forward with this agenda. Information gathered during the Workshops has been invaluable in informing the development of the transition plan for 2016-17.

**iii) Community Justice Redesign Transition Plan**

A draft of the Plan for 2016-17 is attached as Appendix 1 to this report. It is accompanied by the related Risk Register and Communications Strategy for the transitional year (Appendices 2 and 3).

The introductory section of the draft Plan includes the 'Vision for Community Justice in Aberdeen' which was derived from contributions from partners at the recent Partnership Event. The draft Plan also:

- Addresses the specific issues required by Scottish Government in the letter to CPP Chairs dated 31<sup>st</sup> July 2015 regarding how Community Justice Redesign will be taken forward in Aberdeen during 2016-17;
- Sets out how the development of a Community Justice Outcomes Improvement Plan for 2017 onwards, and related Performance Framework, will be approached in Aberdeen; and
- Covers the development of a Communication/Engagement Strategy for 2017 onwards.

**iv) Governance Arrangements for Community Justice in Aberdeen**

The governance arrangements for Community Justice in Aberdeen will be considered as part of the wider review of Community Planning governance and reporting structures, to follow the agreement of the new Local Outcomes Improvement Plan (Single Outcome Agreement).

**3: Recommendations for Action**

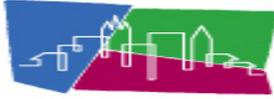
That the Community Planning Aberdeen Board:

- i) notes the progress being made in relation to community justice redesign;
- ii) considers for approval the draft 'Transition Plan' for 2016-17 and accompanying Risk Register and Communications Strategy, (which are attached as Appendices 1 to 3 of this report), which is required to be submitted to Scottish Government by the end of January 2016; and
- iii) delegates authority to the Community Planning Management Group to approve any final material amendments, if necessary, at its meeting in January 2016.

**4: Opportunities and Risks**

The transition from the CJA to local responsibility for strategic planning and delivery of Community Justice offers the opportunity for partners to work together to enhance the delivery of community justice locally. As with any process of change, there will be associated risks and these are captured in the Risk Register which accompanies the Transition Plan.

This page is intentionally left blank



Community Planning  
Aberdeen

# **ABERDEEN CITY**

## **Community Justice Redesign**

### **Transition Plan 2016-17**





## **Contents**

<u>SECTION</u>		<u>Page</u>
1	Introduction	3
2	Background	4
3	Vision for Community Justice in Aberdeen City	5
4	Local governance arrangements for Community Justice partnership	5
5	Transition Funding	5
6	Resourcing	5
7	Opportunities, Risks and Challenges	6
8	Communication	8
9	Plan Actions for 2016-17:	9
	A) Putting arrangements in place to take forward the Community Justice agenda in Aberdeen;	10
	B) Developing priority outcomes, an outcomes improvement plan, and related performance framework for community justice in Aberdeen for 2017 onwards;	14
	C) Developing a Communications/Engagement Strategy to accompany the Community Justice Outcomes Improvement Plan for 2017 onwards	17
<u>APPENDICES</u>		
1	Summary of specific information required to be included in this plan, as set out in letter dated 31st July 2015 from the Scottish Government's Deputy Director Community Justice to Community Planning Partnership Chairs	18
2	List of Partners, including 'community justice partners' as identified in the draft 'Community Justice (Scotland) Bill'	19
3	Glossary of Terms	20



# 1 Introduction

Community Justice has been defined by Scottish Government as:

“The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance.”

A national redesign of ‘community justice’ is taking place in Scotland. From 1<sup>st</sup> April 2017 responsibility for strategic planning and delivery of community justice will be taken forward by partners in each local authority area. In addition a national body – Community Justice Scotland - is to be formed to oversee the new arrangements, give assurance to Ministers and promote the benefits of ‘community justice’. The ‘Community Justice (Scotland) Bill’ (“the draft Bill”), which is currently making its way through Parliament, will underpin these changes.

The emphasis of the new model lies in a collaborative approach between partner organisations, communities, and the individuals who find themselves involved with the ‘Criminal Justice System’ and their families. It aims to encompass all those who may be able to contribute to improving outcomes for individuals, families and communities, including organisations/services which may not traditionally have been involved with community justice. Communities lie at the heart of this new model, and the local strategic planning and delivery of services through Community Planning Partnerships (“CPPs”) are central to the new arrangements.

The Scottish Government’s ‘Response to the Consultation on the Future Model for Community Justice in Scotland’ (December 2014) included the following milestones:

- January 2016 - CPPs share with Scottish Ministers their intentions for how they plan to take forward arrangements for the strategic planning and delivery of community justice;
- January 2016 – CPPs make their plans for 2016-17 available to the Scottish Government for comment in support of the transition process.

At the end of July 2015, the Scottish Government wrote to CPP Chairs setting out expectations with regards to these ‘transition plans’. This letter clarified that although the draft Bill puts a duty on partners to prepare a ‘community justice outcomes improvement plan’ and to report on this each year, the transition plan for 2016-17 is not intended to be a community justice outcomes improvement plan, and that the first of these would be required for 2017-18 onwards.

This Plan sets out how Aberdeen City’s partners will work towards moving to the new arrangements during 2016-17.



## 2 Background

**Community Justice Authorities:** Community Justice Authorities (“CJAs”) were created by the Management of Offenders Etc (Scotland) Act 2005 with the following key functions: preparing, in consultation with partners, plans to reduce reoffending; monitoring and reporting on performance; promoting good practice; and allocating Section 27 grant funding (under Sections 27a and 27b of the Social Work (Scotland) Act 1968) to local authority Criminal Justice Social Work Services. The Northern CJA has been fulfilling this role covering the seven local authority areas in the north of Scotland.

**Reviews and Recommendations:** As a result of recommendations made by Audit Scotland, the Public Audit Committee, and the ‘Commission on Women Offenders’, Scottish Government in December 2012 started a consultation process on the future design of ‘Community Justice’.

**Consultations – the Preferred Model:** The initial consultation on ‘Redesigning the Criminal Justice System’ (December 2012) offered three possible options, of which a local model was one. As a result of the findings of this consultation, a further consultation was launched (in April 2014) on the details of the proposed new model which would take the form of:

- Local strategic planning and delivery of Community Justice services through Community Planning Partnerships (CPPs); and
- The creation of a national body to provide assurance and recommendations to Scottish Ministers and Local Government elected members as well as professional strategic leadership for the sector.

**New Legislation:** In December 2014, the Scottish Government published its response to this consultation which set out the way forward, and in May 2015 the draft ‘Community Justice (Scotland) Bill’, which will form the key legislative backdrop to the Redesign, was published and is currently progressing through Parliament.

The draft Bill defines ‘community justice partners’ in each local area (see Appendix 2) – although it doesn’t make specific reference to Community Planning Partnerships - and sets out the duties of these partners:

- To prepare a community justice outcomes improvement plan and to engage with partners and communities;
- To review the plan;
- To report on the plan on an annual basis; and
- To publish plans and reports and make them available to Community Justice Scotland (the new national body envisaged under the draft Bill).

**New Strategy and Performance Framework:** A national Community Justice Strategy and Performance Framework are currently being developed, as required by the draft Bill, and community justice partners locally must have regard to these in preparing local plans.

**Taking this forward in Aberdeen:** The development of this transition plan for 2016-17 is a key step towards the transfer of responsibility to a local model, whereby local



partners, particularly working collaboratively, will be in the best position to take forward the agenda to reduce reoffending and improve outcomes for individuals, families and communities.

### 3 Vision

Our strategic vision for community justice in Aberdeen, developed from feedback from a Partnership Event held on 11<sup>th</sup> November 2015:

“Our Communities have a better understanding of, and are included and involved in, Community Justice, and are therefore more prepared to contribute to more positive outcomes for local people who have offended or are at risk of offending.

In working with people who have become involved with the Criminal Justice System, or are at risk of becoming involved in the Criminal Justice System, our Organisations and Services, both statutory and non-statutory:

- have a good understanding of each other’s roles, responsibilities and aims;
- work together efficiently, effectively and coherently;
- take collective responsibility for the achievement of shared outcomes;
- work together to manage risk at an appropriate level;
- have a common focus on prevention and early intervention in all activities;
- take a person-centred approach to helping people address their needs; and
- support and involve families where possible and appropriate.

Our Organisations and Services have regard to the interests of people harmed by crime/offending, taking into account where individuals who offend have themselves previously been harmed. Our organisations and services work with people who offend to understand the implications and impact of their offending.

**As a result of all the above, our Communities are safer.”**

In working to achieve our Vision, we will:

- Be bold, be smart, do things differently, as well as build on good practice where possible;
- Treat people with respect; and
- Take an open, honest, fair and professional approach.

### 4 Governance arrangements for Community Justice in Aberdeen

*Consideration is currently being given to the most effective way to implement governance arrangements for Community Justice partnership working in Aberdeen.*

*Issues to be taken into account include:*

- *Which organisations and individuals need to be involved across the statutory, non-statutory and community sectors;*



- *The remit of the group;*
- *Responsibility and accountability; and*
- *How links will be made into the CPP and with the broader Community Planning themes.*

*This section of the Plan will be updated once the way forward has been clarified.*

## **5 Transition Funding**

Each local authority area has been provided, by Scottish Government, with transition funding to enable the work to move to the new model of Community Justice to be taken forward. This includes the development and submission of this transition plan by the end of January 2016.

Scottish Government have indicated their intention to renew this funding for a further two years (to the end of March 2018), pending the outcome of the national budget setting process. In Aberdeen this funding has been used in the creation of a post, 'Policy Coordinator – Community Justice Redesign', and the postholder took up the position on a secondment basis on 5<sup>th</sup> October 2015.

## **6 Resourcing**

Responsibility and accountability for the ring-fenced 'Section 27' statutory funding for local authority Criminal Justice Social Work Services remains with the Northern Community Justice Authority ("Northern CJA") until 31<sup>st</sup> March 2017. After that time, when CJAs will be disbanded, the Section 27 funding will be allocated direct to local authorities by Scottish Government (and not via the new national body).

Reviews are currently being undertaken of the national funding formula, which establishes allocations for core statutory services, and of how the other elements of the Section 27 funding are allocated across the country. It is intended to implement any resulting changes alongside the introduction of the new model for Community Justice.

The intention of the new model is that contributions to 'Community Justice', and related resourcing, from other partners and services will also be recognised, taken into account, and additional resourcing leveraged as appropriate, to support change and innovation to augment the holistic approach which is needed to support many individuals and families to more positive outcomes.

## **7 Opportunities, Risks and Challenges**

### **i) Opportunities**

The redesign of Community Justice to a focus on local responsibility for strategic planning and delivery of services, with people and communities being central to this, provides a number of real opportunities which include:

- To establish collaboratively, and based on evidence, local priorities and realistic and achievable plans which meet local needs;



- To ensure services are evidence-based, to be in a position to measure their effectiveness in achieving desired outcomes, and to continuously strive for improvement, using innovative approaches where appropriate;
- For partners locally to work more closely and collaboratively and in a coordinated way:
  - sharing information appropriately and effectively;
  - reducing duplication; and
  - building on and developing community capacity, in order to achieve an improved targeted and holistic approach to supporting individuals and families as appropriate;
- To benefit from effective collaboration in terms of more efficient use of resources, and explore alternative avenues of funding;
- To benefit from increased involvement of Third Sector organisations which can offer specific expertise;
- To seek opportunities for increased contributions of organisations and services not traditionally involved, to enhance the holistic approach;
- To focus on early intervention and prevention, and on opportunities to divert individuals away from formal measures and to provide valid alternatives to custody;
- To improve engagement with people and communities:
  - in contributing to the development of more effective services;
  - in working to change stereotypes and reduce stigma; and
  - to improve opportunities for the integration of individuals who have offended into communities;
- To promote and share good practice locally.

## ii) Risks

As with any process of change, there will be associated risks. These are captured in a Risk Register which accompanies this Plan.

## iii) Challenges

There are a number of potential challenges relating to planning for the transition to the new model of Community Justice which include:

- The main supporting legislation - the 'Community Justice (Scotland) Bill' – which will form the backdrop to the Redesign, has not been finalised. The draft Bill was introduced on 7<sup>th</sup> May 2015 and is currently progressing through Parliament;
- The draft Bill defines offenders (ie those who will be managed and supported under the provisions of the Bil) as “persons who have at any time been convicted of an offence”. This definition is at odds with a CPP (and Christie Commission) focus on ‘prevention’, and raises questions as to how ‘Whole System Approach’, Youth Justice, and diversionary outcomes, and partners involved with prevention and early intervention, will fit in to ‘community justice partnership’ plans and arrangements under the new model;



- Balancing local and national priorities;
- Working towards the most effective ways of fitting in with, and involving, existing partnership arrangements, eg Safer Aberdeen, Health & Social Care Integrated Joint Board, Alcohol and Drugs Partnership, Adult Protection and Child Protection Committees, Violence Against Women, etc;
- Securing the involvement of ‘national’ partners who will have the challenge of linking in with 32 ‘community justice partnerships’;
- Raising the awareness of, and engaging, partners who have not traditionally been closely involved with community justice in this agenda.

## 8 Communication

Effective communication between partners and stakeholders, both nationally and locally, will be key to the success of the move to the new model, and will contribute substantially to overcoming some of the ‘Challenges’ mentioned above. Community Planning Aberdeen’s approach to this is captured in the ‘Communications Strategy’ which accompanies this plan, which documents how communication with and between partners and stakeholders will take place to facilitate meaningful partnership.

The actions in this Plan, and the accompanying Communications Strategy, will also contribute to ensuring improved engagement with individuals, families and communities, to increase the effectiveness of services as well as community awareness and understanding, which will aid inclusion and integration of people who offend into their communities.



## **9 Plan Actions for 2016-17**

The Aberdeen Community Justice Transition Action Plan for 2016-17 is made up of three sections:

- A) Putting arrangements in place to take forward the Community Justice agenda in Aberdeen (specific information required as set out in letter dated 31st July 2015 from the Scottish Government's Deputy Director Community Justice to Community Planning Partnership Chairs – see summary at Appendix 1); and
- B) Developing priority outcomes, an outcomes improvement plan, and related performance framework for community justice in Aberdeen for 2017 onwards.
- C) Developing a Communications/Engagement Strategy to accompany the Community Justice Outcomes Improvement Plan for 2017 onwards



<b>A) Putting arrangements in place to take forward the Community Justice agenda in Aberdeen (specific information required as set out in letter dated 31<sup>st</sup> July 2015 from the Scottish Government’s Deputy Director Community Justice to Community Planning Partnership Chairs – see summary at Appendix 1)</b>					
<b>No</b>	<b>Action</b>	<b>Who is Responsible/ Involved</b>	<b>Timescales</b>	<b>Desired Outcome/s</b>	<b>Resourcing</b>
1	<u>Building links with and between community justice partners</u>				
i)	Identify/review partners/partnerships/ contacts: - an iterative process; - local and national partners and partnerships (including statutory ‘community justice partners’ as identified in the draft Bill) - see Appendix 2	Policy Coordinator, CJ Redesign All Partners & Stakeholders	Ongoing	All relevant partners & stakeholders who are able to contribute to improving Community Justice outcomes are recognised and involved.	Transition funding, Partner resourcing
ii)	Undertake a ‘mapping exercise’ of ‘community justice’ provision to provide an initial base-line for taking forward the community justice agenda in Aberdeen, including: services/ partnership working currently in place & any gaps identified; resourcing; current involvement of individuals/communities in the development of services.	Policy Coordinator, CJ Redesign All Partners & Stakeholders	By end June 2016	A clear picture is available of Community Justice in Aberdeen	Transition funding, Partner resourcing



No	Action	Who is Responsible/ Involved	Timescales	Desired Outcome/s	Resourcing
iii)	Share information across organisations and services about partner roles and remits (eg in the form of partnership events, electronic circulations, etc), including around services/ interventions offered in custody	Policy Coordinator, CJ Redesign All Partners & Stakeholders	By end Dec 2016	Partners and services have a clearer understanding about each others' roles, which will enable more effective collaborative working	Transition funding, Partner resourcing
2	<u>Involving the Third Sector, service users, people with convictions, and communities in local arrangements, planning and delivery</u>				
i)	Third Sector partners to be identified/confirmed, (Action 1i) above), and their roles and involvement confirmed as part of the mapping exercise (Action 1ii) above).	Policy Coordinator CJ Redesign All partners ACVO	Ongoing	A clear picture is available of Third Sector involvement in Community Justice in Aberdeen	Transition funding, Partner resourcing
ii)	Existing engagement with and involvement of service users, people with convictions, and communities in the development of services to be established as part of mapping exercise (Action 1ii) above refers).	Policy Coordinator CJ Redesign All partners	By end June 2016	A clear picture is available of existing involvement of service users, people with convictions and communities in Community Justice in Aberdeen	Transition funding, Partner resourcing
iii)	Third Sector, service users, people with convictions and communities to be represented/involved as part of Aberdeen's	Community Justice Partners Representatives of	By 1 <sup>st</sup> April 2016	Third Sector, service clients, people with convictions, and	Partner resourcing



	Community Justice governance arrangements	Third Sector, service clients, people with convictions and communities		communities contribute to strategic planning of Community Justice in Aberdeen to improve outcomes	
<b>No</b>	<b>Action</b>	<b>Who is Responsible/ Involved</b>	<b>Timescales</b>	<b>Desired Outcome/s</b>	<b>Resourcing</b>
3	<u>Working with the Northern CJA to ensure that community justice issues are picked up where appropriate</u>				
i)	Continue to attend meetings/events facilitated by the Northern CJA with regards to the transition, and invite Northern CJA to partnership events organised in Aberdeen.	Community Justice Partners, Northern CJA	Ongoing throughout 2016-17	Continued transfer of knowledge and expertise from the CJA to Aberdeen Community Justice Partners.	Transition funding, Northern CJA resourcing
ii)	Continue to liaise with Northern CJA to exchange information, participate in consultation on plans etc.			Continued awareness of and contributions to regional and national developments via the CJA to ensure Aberdeen's issues are taken into account	
iii)	Aberdeen City Council Elected Members will continue to represent Aberdeen City on the Northern CJA.	Aberdeen City Elected Members on Northern CJA			
iv)	Liaise with Northern CJA as necessary regarding specific projects/areas of Section 27 funding relating to Aberdeen for which the CJA is currently responsible, and which will be transferred to Aberdeen City post March 2017.	Policy Coordinator CJ Redesign, Community Justice Partners, Northern CJA	By end March 2017	Smooth transfer of responsibility for funding/projects/ services from 1 <sup>st</sup> April 2017	Transition funding, Partner resourcing



No	Action	Who is Responsible/ Involved	Timescales	Desired Outcome/s	Resourcing
4	<p><u>Leveraging in Resourcing</u></p> <p>i) Identify what partners already contribute to community justice via the mapping exercise (Action 1ii) above refers)                      - will provide a clear picture of what is currently in place and how this is resourced, identify gaps in provision, and highlight where partners envisage improved partnership working could take place, and therefore resourcing 'leveraged in' to support change and innovation.</p> <p>a) Develop and b) implement a plan to take this forward</p>	<p>Policy Coordinator                      CJ Redesign                      All partners</p> <p>Policy Coordinator                      CJ Redesign,                      Community Justice                      Partners</p>	<p>By end June 2016</p> <p>a) By end Sept 2016                      b) By end Mar 2017</p>	<p>Contributions to and resourcing for Community Justice are recognised and built on across partners to improve outcomes for individuals, families and communities</p>	<p>Transition funding,                      Partner resourcing</p>



**B) Developing priority outcomes, an outcomes improvement plan, and related performance framework for community justice in Aberdeen for 2017 onwards**

No	Action	Who is Responsible/ Involved	Timescales	Desired Outcome/s	Resourcing
5	<p>Develop priority outcomes to achieve Aberdeen’s Vision for Community Justice and to tie in with Single Outcome Agreement timescales by means of the following actions:</p> <p>i) Keep abreast of and take cognisance of national strategies, policies and other developments, eg the national Community Justice Strategy and Performance Framework, and relevant guidance (as required by statute), etc, including assessing whether ‘nationally determined outcomes’ (as set out in the national Community Justice Performance Framework) are being achieved/require to be a priority locally.</p> <p>ii) Take into account and link in with broader community planning themes/priorities (via close working with colleagues from those areas, eg Community Planning, Community Safety, Health &amp; Social Care, Alcohol and Drugs Partnership) and Northern CJA priorities.</p> <p>iii) Develop local priorities in partnership with local stakeholders (eg via consultation event/s, electronic consultation, etc)</p>	<p>All Partners</p> <p>Policy Coordinator, CJ Redesign</p> <p>Policy Coordinator, CJ Redesign, colleagues from other ‘community planning’ areas, Northern CJA</p> <p>Policy Coordinator, CJ Redesign, all partners and</p>	<p>By end Sept 2016</p>	<p>Development of evidence-based, needs-led Community Justice Priority Outcomes for Aberdeen which link in with broader community planning themes, and take into account Northern CJA priorities and the national Community Justice Strategy and Outcomes Framework</p>	<p>Transition funding, partner resourcing</p>



iv)	Review local and national datasets, and evidence on “What Works” to reduce crime/ reoffending, to inform an evidence-based approach	stakeholders  Policy Coordinator, CJ Redesign			
<b>No</b>	<b>Action</b>	<b>Who is Responsible/ Involved</b>	<b>Timescales</b>	<b>Desired Outcome/s</b>	<b>Resourcing</b>
6	<p>Develop a Community Justice Outcomes Improvement Plan for 2017 onwards to set out how the Priority Outcomes for Aberdeen will be achieved, by means of the following actions:</p> <p>i) Collation of information through the mapping exercise, to identify services in place, any gaps in provision, how services envisage developing, resourcing, etc (Action 1ii) above refers);</p> <p>ii) Take into account any nationally-initiated activities as and when they arise.</p>	All Partners Policy Coordinator, CJ Redesign	Jan 2017	An action plan is in place to meet local need and improve outcomes in line with agreed evidence-based priorities	Transition Funding  Partner resources



No	Action	Who is Responsible/ Involved	Timescales	Desired Outcome/s	Resourcing
7	<p>Develop a local Performance Framework to link into the national Community Justice Performance Framework, by means of the following actions:</p> <p>i) Keep abreast of and take cognisance of national developments (eg the national Performance Framework, and relevant guidance (as required by statute)) and have regards to nationally available datasets;</p> <p>ii) By collation of information through the mapping exercise, establish what data/outcomes information is collected and measured locally and could form part of a local Performance Framework.</p> <p>iii) Identify gaps in provision of data, both quantitative and qualitative, which would be desirable in measuring achievement of actions/outcomes, and informing the development of services and delivery of Community Justice, and work to address this.</p>	All Partners Policy Coordinator, CJ Redesign	End Mar 2017	Community Justice partners are able to measure performance in achievement of Community Justice Priority Outcomes in Aberdeen	Transition Funding  Partner resources
8	Consultation on priority outcomes, actions and performance framework with community justice partners and the Northern CJA.	All Partners Policy Coordinator, CJ Redesign	Ongoing	All partners are aware of, have the opportunity to contribute to, and buy in to the new local model of Community	Transition Funding  Partner Resourcing



				Justice in Aberdeen City	
<b>C) Developing a Communications/Engagement Strategy to accompany the Community Justice Outcomes Improvement Plan for 2017 onwards</b>					
<b>No</b>	<b>Action</b>	<b>Who is Responsible/Involved</b>	<b>Timescales</b>	<b>Desired Outcome/s</b>	<b>Resourcing</b>
9	Develop a Communications/Stakeholder Engagement Strategy, including consideration of suitable media (eg website?), taking into account information gathered as part of the mapping exercise (Action 1ii) above refers).	All Partners and stakeholders Policy Coordinator, CJ Redesign	By end Mar 2017	Effective communication and engagement with and between partners, and stakeholders to enhance collaborative working	Transition Funding  Partner Resourcing



## APPENDIX 1

The letter dated 31<sup>st</sup> July 2015 from the Scottish Government to Community Planning Partnership Chairs contained the following extract:

“... it is vital that the **transition plans should contain detailed information under the following headings:-**

- How CPPs plan to build links with and between community justice partners
- How CPPs plan to involve the Third Sector, service users, people with convictions, and communities in their local arrangements, planning and delivery in 2016/17;
- How CPPs intend to work with CJAs to ensure that community justice issues that are led on by CJAs are picked up, where appropriate, by the relevant CPPs in 2016/17;
- Looking to 2016/17 and beyond, what the local governance arrangements will be for:
  - community justice, including accountability lines;
  - which organisations and individuals will be involved across the statutory, non-statutory and community sectors;
  - how community justice arrangements will link into the wider CPP; and
  - how links will be made from broader community planning themes to the community justice agenda and vice versa;
- How partner resources will be leveraged to support change and innovation locally, making the most effective use of transition funding.”



## APPENDIX 2

### Aberdeen City Community Justice Partners for consultation purposes (initial list) (# indicates statutory 'community justice partner' as set out in the draft Bill)

#### **Public Sector**

- #Local authority services, including Criminal Justice Social Work, Housing, Financial Inclusion, Substance Misuse/Mental Health, Learning Disabilities, Employability, Children & Families Social Work, Youth Justice, Community Learning & Development, etc
- #Police Scotland
- #Scottish Courts & Tribunals Service
- #NHS – Health Board, NHS Grampian
- #Skills Development Scotland
- #Scottish Fire and Rescue Service
- #Scottish Prison Service (HMP & YOI Grampian) (representing Scottish Ministers)
- Crown Office & Procurator Fiscal Service
- JobCentre Plus

#### **Third Sector**

- Victim Support Scotland
- ACVO
- Other Third Sector organisations

#### **Partnerships**

- #Health & Social Care Integration Joint Board
- Alcohol and Drugs Partnership
- Safer Aberdeen
- Violence Against Women Partnership
- Adult and Child Protection partnerships
- Local Criminal Justice Board
- Multi Agency Public Protection Arrangements

#### **Other**

- Community Councils/Civic Forum
- Other community groups/bodies
- Aberdeen Academic Institutions
- Employer representatives
- 'Service user' and family representatives (via local services, initially)



APPENDIX 3: Glossary of Terms

ACVO	Aberdeen Council of Voluntary Organisations - exists to develop, involve, represent and support the third sector in Aberdeen
Alcohol & Drugs Partnership	Partnership of public and Third Sector organisations working together to reduce harm from alcohol and drugs in each local authority area
Community Justice	“The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance.” (Scottish Government definition)
CJAs	Community Justice Authorities – eight CJAs were set up across Scotland by the Management of Offenders Etc (Scotland) Act 2005 to bring partners together to reduce reoffending. CJAs will cease to exist after 31 <sup>st</sup> March 2017
CPPs	Community Planning Partnerships. Community Planning is “a process which helps public agencies to work together with the community to plan and deliver better services which make a real difference to people's lives”
Health & Social Care Joint Board	An integration board established by the Public Bodies (Joint Working) (Scotland) Act 2014, whereby the integration of Health and Social Care services is lead by a board made up jointly of NHS and local authority representatives
HMP & YOI Grampian	Her Majesty's Prison and Young Offenders' Institute – Grampian – new 'community facing' prison at Peterhead which houses male and female prisoners from the seven local authority areas in the North of Scotland
NHS	National Health Service
Northern CJA	Community Justice Authority covering the seven local authority areas in the North of Scotland
Safer Aberdeen	Partnership working to make Aberdeen a safer place
Section 27 funding	Statutory funding under Sections 27 a and b of the Social Work (Scotland) Act 1968 - pays for local authority Criminal Justice Social Work Services
Whole System Approach	Partnership approach to working with young people who offend

**RISK LOG**

<b>Project Name:</b> Community Justice Redesign in Aberdeen: Transition 2016-17	
<b>Project Manager:</b> Val Veritans	

ID	Description	Type	Date Identified	Original Risk		Proximity	Mitigation (Counter Measures)	Residual Risk (after Mitigation)		Owner	Updates	Date Last Updated	Status	Close Reason
				Impact	Likelihood			Impact	Likelihood					
1	Legislation, national Community Justice Strategy and Performance Framework not finalised early enough to enable clear focus/direction in working towards CJ Redesign during 2016-17	Strategic	13th Nov 2015	3	3	By April/May 2016	These risks are beyond the control of Aberdeen City. However work would continue to transition to locally-lead strategic planning and delivery of the community justice agenda in Aberdeen		0					
2	Change of political landscape - potential implications	Strategic	13th Nov 2015	3	3	May-16	These risks are beyond the control of Aberdeen City. The implications would have to be taken into account as and if this situation arises.							
3	Aberdeen City not kept in the loop and up to date by COSLA-focussed group/s leading transition to new arrangements	Strategic	13th Nov 2015	3	3	Through 2016-17			0					
4	National Community Justice Partners are unable to meet the challenge of linking in with 32 local areas and so struggle to engage with the Community Justice agenda in Aberdeen	Strategic	13th Nov 2015	3	4	Through 2016-17	This risk is beyond the control of Aberdeen City. However best efforts would be made to engage with local representatives of national partners to involve them.		0					
5	Transition funding is not continued	Strategic	13th Nov 2015	3	2	By 31st Mar 2016	This risk is beyond the control of Aberdeen City. An alternative approach to taking forward the coordination of Community Justice Redesign would need to be identified if this situation arises.		0					
6	Appropriate governance arrangements, including accountabilities and responsibilities, are not agreed and clearly communicated to all partners and stakeholders early in the process.	Project	13th Nov 2015	3	3	By 31st Mar 2016	Proposals will be developed for consideration by the Community Planning Aberdeen Board early in 2016		0					
7	Policy Coordinator is incapacitated	Project	13th Nov 2015	3	2	Ongoing	Copies of all documents will be kept on a Shared Drive. Regular communication between Policy Coordinator and Manager.		0					
8	Community justice partners locally don't engage in the new model, for example don't provide information requested as part of the 'mapping exercise' envisaged in the Transition Plan 2016-17.	Project	13th Nov 2015	3	3	Through 2016-17	Best efforts will be made to engage with representatives of local and national partners to involve them, as identified in the Transition Plan and accompanying Communications Strategy.							
9	Potential impact on joint working initiatives with other local authority areas	Operational	26th Nov 2015	3	3	From Apr 2017	Communication with NCJA and partners involved in joint working throughout 2016-17 to plan for Apr 2017 onwards.							

Impact	
Catastrophic	4
Serious	3
Material	2
Negligible	1

Likelihood	
Very High	6
High	5
Significant	4
Low	3
Almost Impossible	1

Score	
Between 1-7	Green
Between 8-14	Amber
Between 15-24	Red

Type
Project
Operational
Strategic

Status
Open
Closed

Proximity
Timescales or specific date when risk may occur.

**ISSUES LOG**

<b>Project Name:</b>
<b>Project Manager:</b>

ID	Description	Action	Type	Priority	Owner	Author	Date Identified	Date Updated	Status	Close Reason
1										
2										
3										
4										
5										
6										

**KEY**

Type
Change Request
Query
Concern

Status
Open
Closed

Priority
High
Medium
Low

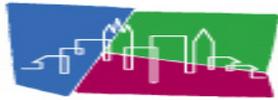
LESSONS LEARNED LOG	
<b>Project Name:</b>	
<b>Project Manager:</b>	

ID	Date Identified	Identified by	Subject	Situation	Recommendations & Comments	Type
1						
2						
3						
4						
5						
6						

**KEY**

Type
Went Well
Went Badly
Info Only

This page is intentionally left blank



Community Planning  
Aberdeen

# **ABERDEEN CITY**

## **Community Justice Redesign**

### **Transition Plan 2016-17 COMMUNICATIONS STRATEGY**





## **Contents**

<u>SECTION</u>		<u>Page</u>
1	Introduction	3
2	Background	3
3	Benefits of Community Justice Redesign	4
4	Aberdeen's Vision for Community Justice	4
5	Key Messages during the Transitional Year 2016-17	5
6	How Community Planning Aberdeen ("CPA") will 'communicate' in taking forward Community Justice Redesign	6
Appendix 1	Statutory Community Justice Partners	8
Appendix 2	Other Partners and Stakeholders	9



## **1 Introduction**

This Communications Strategy accompanies the Aberdeen City Community Justice Redesign Transition Plan for 2016-17 and will be essential to the achievement of the Plan's aims and actions. This Strategy will also be 'transitional', primarily covering the year 2016-17. It will require review when responsibility for strategic planning and delivery of community justice services passes to community justice partners locally from 1<sup>st</sup> April 2017, in accordance with the draft 'Community Justice (Scotland) Bill' which is currently passing through Parliament. A revised Strategy will be needed from that date to accompany the City's 'local community justice outcomes improvement plans' which will be required to be produced going forwards.

**Community Justice** has been defined by Scottish Government as:

"The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance."

## **2 Background**

A national redesign of 'community justice' is taking place in Scotland. From 1<sup>st</sup> April 2017 responsibility for strategic planning and delivery of community justice will be taken forward by partners in each local authority area. In addition a national body – Community Justice Scotland - is to be formed to oversee the new arrangements, give assurance to Ministers and promote the benefits of 'community justice'. The 'Community Justice (Scotland) Bill' ("the draft Bill"), which is currently making its way through Parliament, will underpin these changes.

The emphasis of the new model lies in a collaborative approach between partner organisations, communities, and the individuals who find themselves involved with the 'Criminal Justice System' and their families. It aims to encompass all those who may be able to contribute to improving outcomes for individuals, families and communities, including organisations/services which may not traditionally have been involved with community justice. Communities lie at the heart of this new model, and the local strategic planning and delivery of services through Community Planning Partnerships ("CPPs") are central to the new arrangements.

Each local area is required to develop a Transition Plan for 2016-17, setting out how arrangements will be taken forward. This Communications Strategy accompanies the Transition Plan for Aberdeen and captures where, how, and between whom, communication will take place between Community Planning Aberdeen, partners and stakeholders during the transitional year of 2016-17.



### **3 Benefits of Community Justice Redesign**

The redesign of Community Justice to a focus on local responsibility for strategic planning and delivery of services, with people and communities being central to this, provides a number of real opportunities which include:

- To establish collaboratively, and based on evidence, local priorities and plans which meet local needs;
- To ensure services are evidence-based, and to be in a position to measure their effectiveness in achieving desired outcomes, and to continuously strive for improvement, using innovative approaches where appropriate;
- For partners locally to work more closely and collaboratively and in a coordinated way:
  - sharing information appropriately and effectively where possible; and
  - reducing duplication,in order to achieve an improved targeted and holistic approach to supporting individuals and families as appropriate;
- To benefit from effective collaboration in terms of more efficient use of resources, and explore alternative avenues of funding;
- To benefit from increased involvement of 3<sup>rd</sup> Sector organisations which can offer specific expertise as appropriate;
- To seek opportunities for increased contributions of organisations and services not traditionally involved, to enhance the holistic approach;
- To focus on early intervention and prevention, and on opportunities to divert individuals away from custody;
- To improve engagement with people and communities:
  - in contributing to the development of more effective services;
  - in working to change stereotypes and reduce stigma; and
  - to improve opportunities for the integration of individuals who have offended into communities;
- To promote and share good practice locally.

### **4 Aberdeen's Vision for Community Justice**

Our strategic vision for community justice in Aberdeen, developed from feedback from a Partnership Event held on 11<sup>th</sup> November 2015:



“Our Communities have a better understanding of, and are included and involved in, Community Justice, and are therefore more prepared to contribute to more positive outcomes for local people who have offended or are at risk of offending.

In working with people who have become involved with the Criminal Justice System, or are at risk of becoming involved in the Criminal Justice System, our Organisations and Services, both statutory and non-statutory:

- have a good understanding of each other’s roles, responsibilities and aims;
- work together efficiently, effectively and coherently;
- take collective responsibility for the achievement of shared outcomes;
- work together to manage risk at an appropriate level;
- have a common focus on prevention and early intervention in all activities;
- take a person-centred approach to helping people address their needs; and
- support and involve families where possible and appropriate.

Our Organisations and Services have regard to the interests of people harmed by crime/offending, taking into account where individuals who offend have themselves previously been harmed. Our organisations and services work with people who offend to understand the implications and impact of their offending.

**As a result of all the above, our Communities are safer.”**

In working to achieve our Vision, we will:

- Be bold, be smart, do things differently, as well as build on good practice where possible;
- Treat people with respect; and
- Take an open, honest, fair and professional approach.

## **5 Key Messages during the Transitional Year 2016-17:**

- We will focus on the needs of our local communities and people;
- We will improve links between organisations and services;
- We will ‘think outside the box’ about how to put in place the most effective arrangements for planning and delivery of ‘Community Justice’;
- We will share what works well, and learn from each other.

-



**6 How Community Planning Aberdeen (“CPA”) will ‘communicate’ in taking forward Community Justice Redesign:**

Who will CPA communicate with:	Areas of Communication:	How Communication will take place:
Statutory ‘Community Justice Partners’ as listed in the Community Justice (Scotland) Bill (See Appendix 1) and other Partners and Stakeholders (See Appendix 2)	<ul style="list-style-type: none"> <li>• Establishment of governance arrangements;</li> <li>• Development of Community Justice Outcomes Improvement Plan for 2017-18 onwards, and linking in with wider Community Planning agenda/themes;</li> <li>• Development of local Community Justice Performance Framework;</li> <li>• Information-sharing about national and local developments</li> <li>• Sharing good practice, promoting Community Justice ‘good news’ stories</li> </ul>	<ul style="list-style-type: none"> <li>• Electronic circulations/bulletins;</li> <li>• Partnership meetings ;</li> <li>• Consultation events, etc.</li> </ul>
Northern CJA	<ul style="list-style-type: none"> <li>• Sharing of expertise about strategic planning and monitoring of, and reporting on, Community Justice agenda;</li> <li>• Transition of responsibility for specific Section 27-funded services.</li> </ul>	<ul style="list-style-type: none"> <li>• Updates to CPA and Northern CJA meetings;</li> <li>• ACC elected Members on Northern CJA;</li> <li>• Officer-level meetings.</li> </ul>
Scottish Government	<ul style="list-style-type: none"> <li>• Contributions to national developments relating to Community Justice Redesign;</li> </ul>	<ul style="list-style-type: none"> <li>• Representation at SG consultation events, on working groups, etc</li> </ul>
Media	<ul style="list-style-type: none"> <li>• Sharing good practice, promoting Community Justice ‘good news’ stories</li> <li>• Ad hoc issues as they arise</li> </ul>	<ul style="list-style-type: none"> <li>• Media releases, as cleared by Chair of CPA;</li> <li>• Other media contact as agreed by Chair of CPA.</li> </ul>



APPENDIX 1

**Statutory\* Community Justice Partners**

*\* Listed in the draft Community Justice (Scotland) Bill*

Local Authority

Police Scotland

Scottish Courts & Tribunals Service

NHS – Health Board, NHS Grampian

Skills Development Scotland

Scottish Fire and Rescue Service

Health and Social Care Joint Board

Scottish Prison Service (HMP & YOI Grampian) (representing Scottish Ministers)



## APPENDIX 2

### **Non-Statutory<sup>#</sup> Partners and Stakeholders**

*<sup>#</sup> not listed in the draft Community Justice (Scotland) Bill*

Crown Office and Procurator Fiscal Service  
Job Centre Plus

### **3<sup>rd</sup> Sector**

- Victim Support Scotland
- ACVO
- Other 3<sup>rd</sup> Sector organisations

### **Partnerships**

- Alcohol and Drugs Partnership
- Safer Aberdeen
- Violence Against Women Partnership
- Adult and Child Public Protection partnerships
- Local Criminal Justice Board
- Multi Agency Public Protection Arrangements

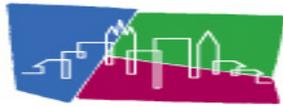
### **Other**

- Community Councils/Civic Forum
- Other community groups/bodies
- Aberdeen Academic Institutions
- Employer representatives
- 'Service user' and family representatives

## **Key Issues from the Justice Committee Stage 1 Report on the Community Justice (Scotland) Bill – 11<sup>th</sup> November 2015**

- The Committee recommends that the oversight functions of Community Justice Scotland (the new national body) are strengthened, as there is a danger otherwise that weaknesses in relation to accountability, leadership, and ability to measure outcomes, will persist;
- There are doubts as to whether the proposed measures will simplify the landscape (reference to “cluttered landscape” made by Audit Scotland and Women Offenders’ Commission”);
- More clarity is needed on the duties of the national and local bodies, and the balance of responsibilities between the two, to clear ambiguity over the new arrangements;
- Definition of ‘Community Justice’ to be reviewed, to give consideration to reference to ‘prevention and early intervention’ and also to victims’ interests;
- Definition of ‘offender’ to be reviewed – currently “persons who have at any time been convicted of an offence”;
- Scottish Government to reflect on whether the requirement in the Bill for statutory partners to only ‘consult’ with community bodies is strong enough to ensure effective collaboration and engagement with the Third Sector;
- Recommends that the Bill clearly specifies that CPPs have responsibility for Community Justice planning with a view to making the new arrangements as clear and simple as possible (there is currently no specific reference to CPPs in the draft Bill);
- The Committee expressed disappointment that the same concerns about (one year) funding persist, and particularly in relation to the implications for Third Sector organisations. The Scottish Government’s current review of the funding mechanism for Criminal Justice Social Work Services is due to report shortly, and the Committee requested early sight of this.
- The Committee noted the apparent imbalance in funding for the new arrangements, with Community Justice Scotland being allocated £615,000 in setup costs and £2.2 million annual running costs, and the 32 local authorities being given a share of £1.6 million transitional funding for each of the next three years. The Committee welcomed the commitment given by the Scottish Government to the Finance Committee that it will work with COSLA throughout the transition period to review its position on funding at the end of the three-year period.

This page is intentionally left blank



<b>Progress Report</b>	2016/17 Community Planning Budget Proposal – HMP and YOI Grampian Family Centre and Help Hub
<b>Lead Officer</b>	Paul Hannan
<b>Report Author</b>	Joanne Larsen
<b>Date of Report</b>	December 7 <sup>th</sup> 2015
<b>Governance Group</b>	Community Planning Aberdeen Management Board

<b>1:</b>	<b>Purpose of the Report</b>
	This report is to help identify whether funding from the Partners for years 2 and 3 of the HMP and YOI Grampian Family Centre and Help Hub can be committed.

<b>2:</b>	<b>Summary of Key Information</b>
	<p>In 2014, Valerie Watts as chair of the Community Planning Board committed Aberdeen City Community Planning Partnership to part funding the HMP and YOI Family Centre and Help Hub for its first 3 years. The funding started in 2015/16 and is for £36,000 per year. The first year's payment was made from Social Work in Aberdeen City Council as regrettably, there was insufficient time for the Partners to confirm how this would be funded in future.</p> <p>The purpose of the Hub is primarily to provide support and advice to those with family members or close friends at HMP and YOI Grampian. They work to identify where interventions can be offered while the families are on site removing the need for them to have seek additional support elsewhere or the barrier of not knowing what to do or who to ask for help.</p> <p>They offer direct contact with Prison Liaison Officers / Family Contact Development Officers and provide a range of support services developed by Action For Children and Families Outside support. They work to identify where they can tie in their work with the Single Outcome Agreements and priorities of the CPP's so that when planning events for the families they can measure their work to be added into metrics or outcomes.</p> <p>They have various work strands including talks with Transport Scotland on bus provision to and from the prison, looking at where people who require weekend or evening hours to complete Community Payback Orders can perhaps complete these in the centre and also developing opportunities where Early Years teams can provide group support.</p> <p>Action for Children at the Family Centre are currently funded by Aberdeen City (£32,000) and Aberdeenshire (£20,000) Community Planning Partnerships, Aberdeen City ADP (£10,000), the NCJA (£10,000) and</p>

Action for Children (£9,500). As the funding is based on the % of where the offenders are resident additional discussions are ongoing with Moray and Highland Partnerships to try and identify additional funding support. The Scottish Prison Service contribute to this initiative through the building and continued maintenance and utilities provision of the centre and also the provision of a liaison officer.

The Centre opened its doors to the public on September 8<sup>th</sup> 2015 and although it has been a soft opening with no publicity as such, the attached report from Action for Children outlines the work done so far. There are regular steering group meetings which are attended by representatives from the CPP's and we continue to work towards building the services and prevention initiatives available. It is anticipated that the Grand Opening will be planned for spring next year and will involve the press, ministers and guests etc.

### **3: Recommendations for Action**

The Board are asked to :

- Discuss and identify whether additional funding can be provided from the partnership to support the HMP Grampian Family Centre and Health Hub

### **4: Opportunities and Risks**

This is an opportunity for the Partnership to support an initiative that will help in meeting the preventative objectives of the SOA and that works with the Community Justice agenda identifying interventions that can help and support families and friends of offenders.



**The Family Centre and Help Hub**  
**HMP and YOI Grampian**  
**September 8<sup>th</sup> – 30<sup>th</sup> October 2015**



**Helping the children who need it the most**

## **The Family Centre and Help Hub**

**Action for children manage the Family Centre and Help Hub at HMP and YOI Grampian, supported by the SPS and in particular, two Family Contact Officers who are seconded to work in the Family Centre. The Family Centre's most basic function is to provide a safe place where visitors to HMP and YOI Grampian can relax and spend time before and after a visit to the prison. It is a one stop shop where visitors can access a wide variety of support advice and they can get up to date information about the prison.**

**Photo of Centre**



**We have a café which provides affordable, healthy meals and snacks to the visitors and staff of HMP and YOI Grampian.**

**The Family Centre has a large play room and outdoor covered play area where visiting children have been really excited to play, explore and discover new things.**

## Photos of playroom/Outdoor play area



**Feedback so far has been really positive;**

**Visitor – My daughter and I came to check out the Hub and the atmosphere was wonderful. Staff were very friendly and helpful. We ate at there too and the prices were fantastic value. We will definitely spread the word.**

**Visitor – Staff are excellent, very helpful and friendly. Lovely environment and amazing prices. One suggestion would be to get some flavoured water. (This was bought the next day for sale in the café)**

**Visitor – Staff are very helpful and the information booklet is a bonus.**

**Visitor – Just so glad to have this great place to make my wait better.**

## **Our Partners**

**Action for children are very lucky to be working closely with a number of partner agencies in the Family Centre and Help Hub and three of our main partners provide support and assistance to visitors on a weekly basis from the Centre. These are Families Outside, Shelter and Early Years Scotland.**

**Quote from Lindsay Jessiman, Families Outside – “The Family Centre and Help Hub provides a brilliant bridge for Families Outside to work with the prison and with both families and relevant organisations in the community. It is fantastic to be part of a multi-agency team with shared goals and vision but also a team that can support each other in their day to day work with some of the most excluded people in society.”**

**Quote from Ryan Flett, Shelter – “Working in the Family Centre is great. As a money and debt adviser who works with families of prisoners, being able to work at the centre lets me work with my clients when it’s convenient to them. When someone visits the centre and has money worries I can help them there and then. Having the centre has definitely improved my client engagement levels.”**

**Numerous other partner agencies are offering support to the Centre including;**

**Sacro**

**Apex**

**Job Centre plus**

**Aberdeenshire Libraries**

**Shine**

**New Routes**

**CFINE**

**Royal Bank of Scotland**

**In Care Survivors**

**Police Scotland**

**2Reuse Recycling**

### **Calendar of Events**

#### **July 31<sup>st</sup> 2015 – Painting party**

Prior to opening the Family Centre we held a painting party in the family visit so that we could introduce ourselves to the families and also ask the children to do some art with their families so that we could display it in the family centre. The children and families also did some art work that they could take home.

Feedback from the prisoners was really positive;

KL – We all enjoyed ourselves, it was great!

EY – It was really good, the kids loved it, and it was great to have something to do with the kids and for the kids to have stuff to take away.

MA – Good fun, a relaxed and interesting, a really happy visit.

SL – Very enjoyable session my family are fairly new into coming into the prison so it helped them relax, when is the next one?

GM – A fun session better than most visits a really good idea.

Photos





**On September 8<sup>th</sup> 2015 – We opened our doors to the public.**

**We spent the first few weeks just introducing ourselves to visitors and advertising the fact we were open and what we could do to support people.**

## October 2015

In October we have;

- Supported Robert Gordon University Occupational Therapy Students who are providing their 2<sup>nd</sup> Year students with a placement here and they have put on two teddy bears picnics for visitors. This is an ongoing piece of work and the links with the OT department within the University are of benefit to the Centre and the students.
- Hosted two ICM meetings for prisoners from Aberlour, the Community Integration Unit, this was a much more family friendly venue for the meetings.
- Hosted a children and families community social work team meeting and introduced them to the centre.
- Introduced the Centre to the Northfield Total Place Coordinator and the school nurses from Northfield, an area of high deprivation and a regeneration area in Aberdeen City.
- Met with the Community payback Team and made plans to link the Centre and people on Orders, either providing a placement for them or offering support and guidance.

And we had a Halloween Party on Friday 30/10/2015. We had spooky stories and face painting in the Family Centre followed by a Halloween Party in the Family Visit.





**Feedback from the prisoners about the Halloween party;**

**CM – It was really good there was a lot more effort put into it than I was expecting. My kids enjoyed it.**

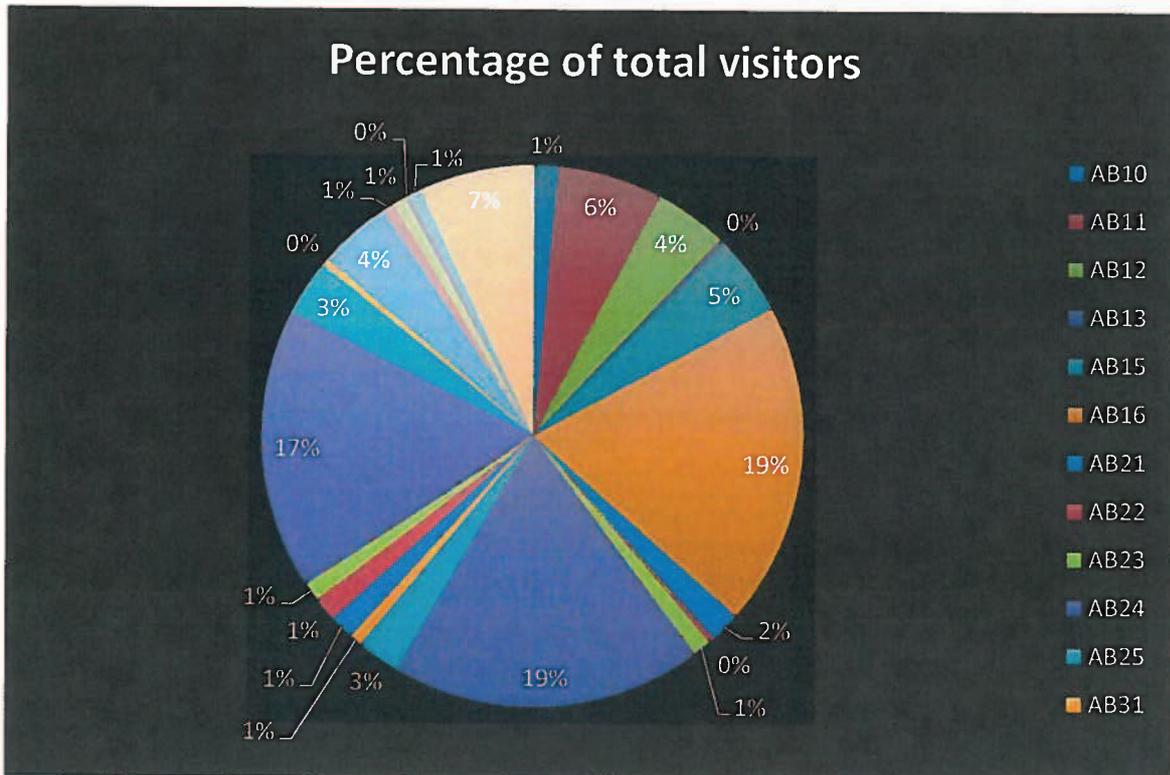
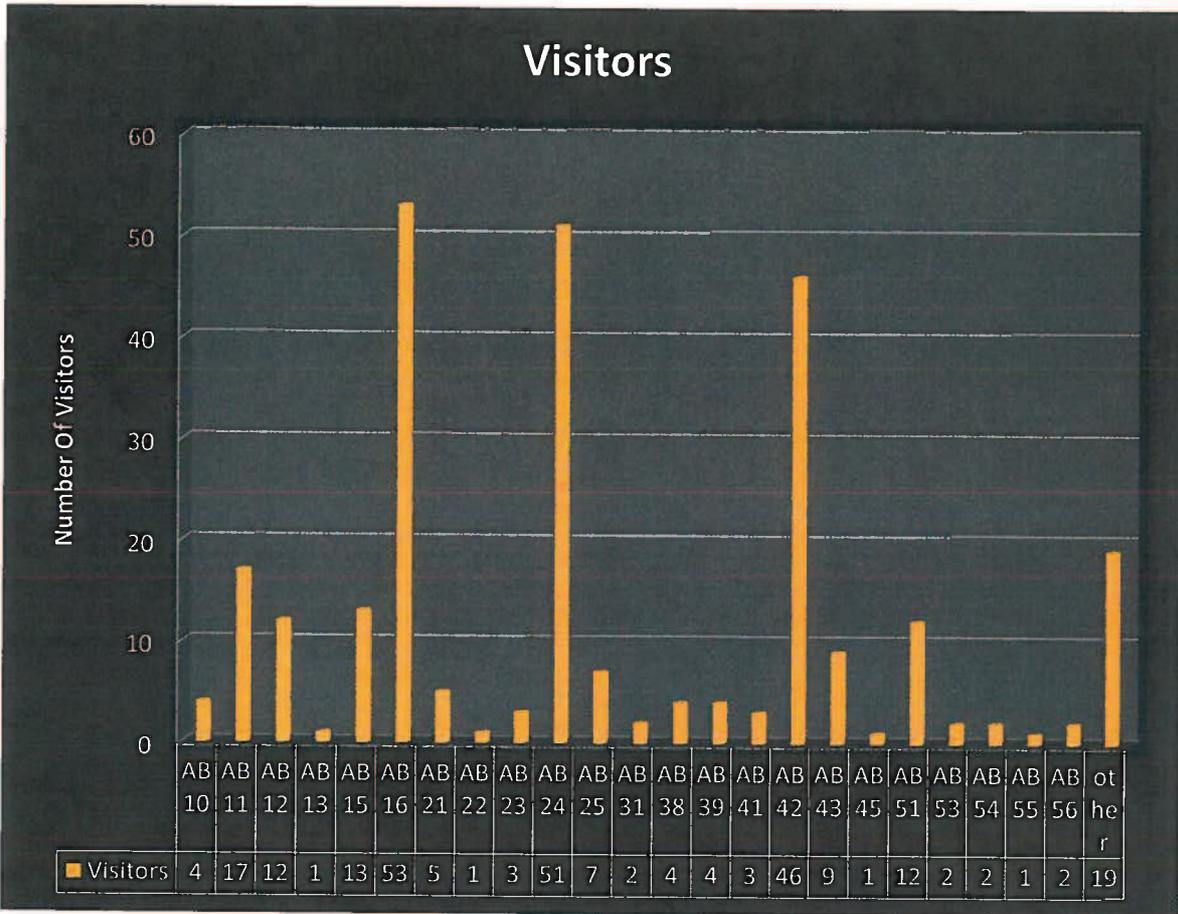
**JB – It was a really decent night.**

**CB – It was a really good night, it was good for my son, and we both enjoyed it.**

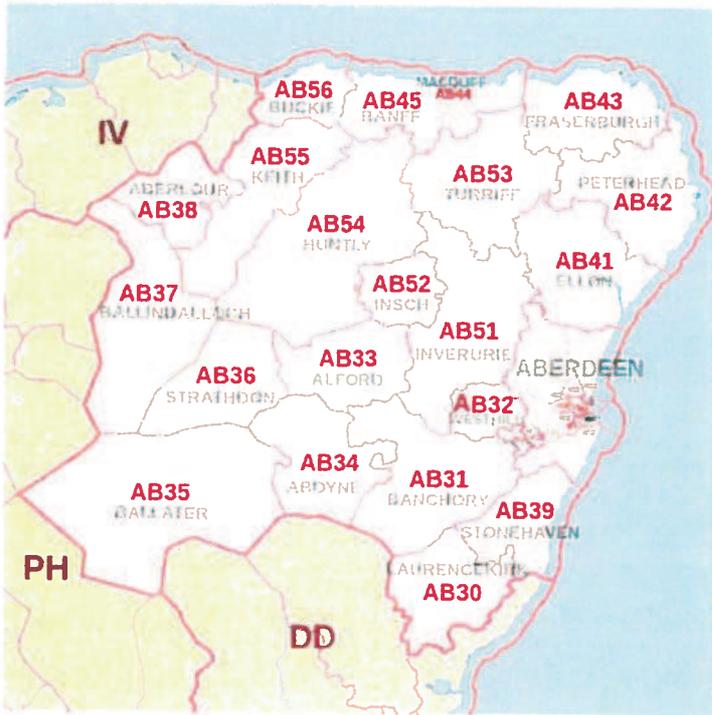
**RW – When RW saw staff coming, he made a point of walking over and shaking staff's hands to say thank you and commented that the party was excellent.**

**Feedback from a family member LA – On Friday night the Halloween party was amazing. I have never experienced anything like that in a visit.**

**Where people are coming from:**



Postcode	Post Town	Coverage	Local Authority Area
AB10	ABERDEEN	Aberdeen city centre, <a href="#">Bridge of Dee</a> , <a href="#">Mannofield</a>	Aberdeen
AB11	ABERDEEN	Aberdeen city centre, <a href="#">Torry</a>	Aberdeen
AB12	ABERDEEN	Aberdeen, <a href="#">Altens</a> , <a href="#">Ardoe</a> , <a href="#">Banchory Devenick</a> , <a href="#">Blairs</a> , <a href="#">Bridge of Dee</a> , <a href="#">Cove Bay</a> , <a href="#">Maryculter</a> , <a href="#">Nigg</a> , <a href="#">Portlethen</a>	Aberdeen, Aberdeenshire
AB13	MILLTIMBER	<a href="#">Milltimber</a>	Aberdeen
AB15	ABERDEEN	Aberdeen, <a href="#">Bieldside</a> , <a href="#">Craigiebuckler</a> , <a href="#">Cults</a> , <a href="#">Hazlehead</a> , <a href="#">Kingswells</a> , <a href="#">Mannofield</a> , <a href="#">Milltimber</a> , <a href="#">Summerhill</a>	Aberdeen
AB16	ABERDEEN	Aberdeen, <a href="#">Mastrick</a> , <a href="#">Northfield</a> , <a href="#">Middlefield</a> , <a href="#">Cornhill</a> , <a href="#">Sheddocksley</a>	Aberdeen
AB21	ABERDEEN	Aberdeen, <a href="#">Blackburn</a> , <a href="#">Bucksburn</a> , <a href="#">Dyce</a> , <a href="#">Fintray</a> , <a href="#">Kinellar</a> , <a href="#">Newmachar</a> , <a href="#">Whiterashes</a>	Aberdeen, Aberdeenshire
AB22	ABERDEEN	Aberdeen, <a href="#">Bridge of Don</a> , <a href="#">Danestone</a> , <a href="#">Grandholm</a> , <a href="#">Persley</a>	Aberdeen
AB23	ABERDEEN	Aberdeen, <a href="#">Balmedie</a> , <a href="#">Belhelvie</a> , <a href="#">Bridge of Don</a> , <a href="#">Potterton</a> , <a href="#">Whitecairns</a>	Aberdeen, Aberdeenshire
AB24	ABERDEEN	Aberdeen, <a href="#">Old Aberdeen</a> , <a href="#">Woodside</a> , <a href="#">Tillydrone</a> , <a href="#">Seaton</a> , <a href="#">Bedford</a>	Aberdeen
AB25	ABERDEEN	Aberdeen city centre, <a href="#">Kittybrewster</a> , <a href="#">Foresterhill</a> , <a href="#">Rosemount</a> , <a href="#">George Street</a>	Aberdeen
AB31	BANCHORY		Aberdeenshire
AB38	ABERLOUR		Moray
AB39	STONEHAVEN	<a href="#">Stonehaven</a> , <a href="#">Newtonhill</a>	Aberdeenshire
AB41	ELLON	<a href="#">Ellon</a> , <a href="#">Tarves</a> , <a href="#">Pitmedden</a> , <a href="#">Udny</a>	Aberdeenshire
AB42	PETERHEAD	Hatton, St. Fergus	Aberdeenshire
AB43	FRASERBURGH	Crimond	Aberdeenshire
AB45	BANFF		Aberdeenshire
AB51	INVERURIE	<a href="#">Inverurie</a> , <a href="#">Kemnay</a> , <a href="#">Kintore</a> , <a href="#">Oldmeldrum</a>	Aberdeenshire
AB53	TURRIFF		Aberdeenshire
AB54	HUNTLY	Aberchirder, Cabrach, Cairnie, Forgue, Gartly, <a href="#">Glass</a> , Kennethmont, Lumsden, Rhynie, Rothiemay	Aberdeenshire, Moray
AB55	KEITH		<a href="#">Moray</a>
AB56	BUCKIE		Moray



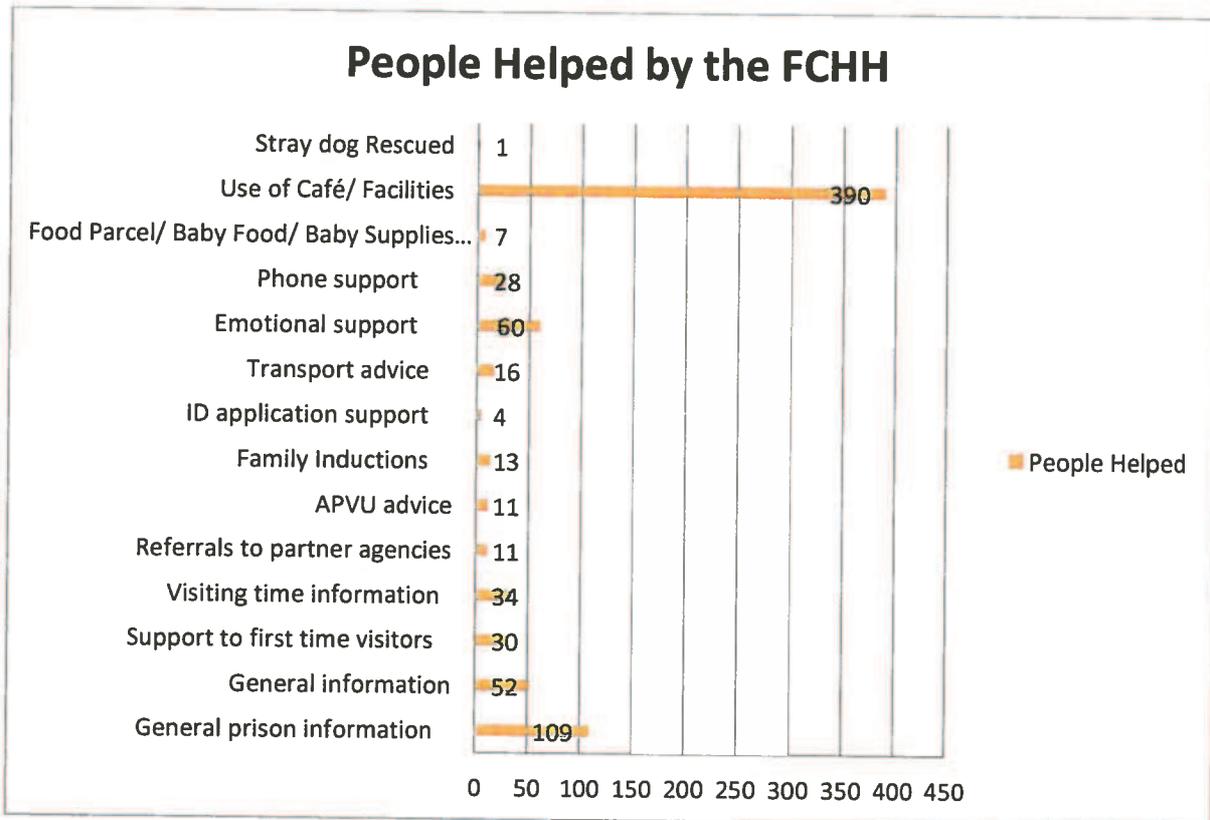
**There have been numerous people who we haven't managed to get to sign in however we have had visitors from Shetland, Dundee, Perth, London, Derby, Manchester and Liverpool.**

Lindsay -  
3 week wait  
on referrals

- CPO support (Community Payback orders)
- Early Years team starting who will provide Group support

## People Helped by the Family Centre and Help Hub;

Since opening on the 8<sup>th</sup> September until 1<sup>st</sup> November 2015



### Case Studies (names have been changed)

#### Lisa and Kevin

Lisa is 19 and her partner is serving a 27 month sentence. It is his first time in custody; he went into prison weeks before she was due to give birth to their first child,

Lisa lives in Aberdeen, so bringing her baby on the bus is difficult. Having previously worked with Families Outside, Lisa had then not engaged with anyone for help for several months. As soon as the Family Centre opened, she started to use the centre as she is visiting regularly by public transport.

She doesn't have many friends and doesn't have any contact with other young Mum's and children. She has gradually started to engage with staff and has asked for practical advice around parenting, information around her partner getting out on an electronic tag and has been able to open up about her worries.

It was noticed that her buggy had fallen to bits so the Family Centre have helped her source a new one from a local recycling centre.

Through talking to Lisa and her partner in a visit they have concerns over benefits and seeking employment when he is released so they have been referred to the Tackling Money Worries project worker based in the family centre to talk this through.

She attended the family Hallowe'en event and loved meeting with other families first in the help hub then over in the visit room. She now recognises the benefit of arriving early and staying on after a visit to get some support.

### **Louise and Michael**

Michael is a long term prisoner from Aberdeenshire who is in custody for the first time and his first offence. He has been in several years already and they have received no help or support from anyone.

He has worked hard to progress through the prison system and is now in the community integration unit at HMP Grampian. This means that he has access to the community for work and for family contact.

After several visits to the help hub to use the café both Louise and Michael started to talk to staff. They are very private but had lots of questions about how Michael could progress and how they could approach the prison staff about the questions that they had. They were worried about the impact of the situation on their little girl who is 8 and they were worried about what would happen at Christmas as this was the first Christmas for several years where he could possibly be on overnight home leave from the prison.

The Family Support Worker met with the Head of Offender Outcomes to discuss their concerns and was then able to feed this back to them offering some pointers and advice. The prison agreed to review access to overnight home leave earlier than originally planned and the family now fully understand the reasons and rules behind the decisions that have been taken.

They continue to use the centre regularly to chat to the staff who can support them.

**Finally a Quote from Audrey Mooney Depute Governor for the community at HMP and YOI Grampian;**

**I must congratulate Pamela and her team on the extremely positive start that they have provided for all, in the Family Centre and Help Hub here at HMP Grampian. The challenges they faced while preparing to open were huge, but they simply rolled up their sleeves and overcame all the difficulties that setting up a new enterprise inevitably produces.**

**Already the benefits of the service they are providing are evident. Families and children are obtaining support and advice about all aspects of visiting arrangements, sign posting to various support agencies is available and fun events that allow parents and children to participate and play in a constructive way have been a huge success. But it is not only the Families and Children of prisoners that are seeing the benefit, there is already evidence that the prisoners themselves realise that value of the service provided by the Centre and are encouraged and motivated by the opportunity to strengthen family ties.**

**Staff also are extremely complimentary about the way in which the Centre is operating.**

**It is a friendly, positive environment which I believe will greatly enhance the relationships for all who work, stay and visit HMP Grampian.**

**Well done!**



**HMP & YOI GRAMPIAN FAMILY CENTRE AND HELP HUB**

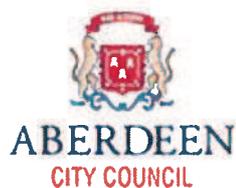
**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**NORTHERN COMMUNITY JUSTICE AUTHORITY  
SCOTTISH PRISON SERVICE  
ABERDEENSHIRE COUNCIL  
ABERDEEN CITY COUNCIL**

**AND**

**ACTION FOR CHILDREN**



## 1. INTRODUCTION

The Scottish Prison Service (SPS) own and operate the prison known as HMP & YOI Grampian at Peterhead, Aberdeenshire. As part of the development they (SPS) have built a Family Centre and Help Hub (Family Centre) which they will maintain, provide the utilities for and also provide a liaison officer. The development of the Family Centre was carried out in close cooperation with the Northern Community Justice Authority (Northern CJA), Aberdeenshire Council and Aberdeen City Council. It was agreed that the Northern CJA would coordinate the provision of the day to day management and operation of the Family Centre. To this end it was agreed that 3<sup>rd</sup> Sector organisations nationally would be asked to submit proposals/bids to manage and operate the facility.

Following on from a selection process Action for Children were offered the opportunity to manage and operate the Family Centre which was accepted.

## 2. PURPOSE

HMP & YOI Grampian will be the first prison in Scotland to house all regimes, adult males, adult females, young males, young females, 16 and 17 year olds and both males and females on remand. It is intended that (with few exceptions) that all prisoners from Aberdeen City, Aberdeenshire and Shetland and a proportion of those from Moray will be the main population base. It is also intended that all women prisoners and young offenders in custody from across the Northern CJA will be housed at HMP & YOI Grampian. Therefore women and young people in custody from Highland, Eilean Siar and the Orkney islands will be within HMP & YOI Grampian. Many of the visitors to HMP and YOI Grampian, including children visiting their relatives in prison, will have travelled lengthy journeys by car or public transport. Some will also have used air or sea if coming from the Western Isles, Orkney or Shetland.

The purpose of the Family Centre is primarily to provide:-

- Information and advice about prison procedures;
- Support and advice to those who have family members or close friends at HMP and YOI Grampian;
- A refreshment bar;
- Toilets and baby changing facilities;
- A children's play area;
- Information to take home;
- Direct contact with a Prison Liaison Officer/FCDO (Family Contact Development Officer);
- The provision of a range of support services to be developed by Action for Children with agreement from the Governance Group.

It is intended that these services will be available to visitors before and after all visit sessions at HMP and YOI Grampian

### **3. AUTHORITY OR LEGAL STATUS**

There is no formal legal status or reference in legislation regarding the operation of the Family Centre. This Memorandum of Understanding details the roles and responsibilities of the participating organisations and general terms and conditions. There will be a formal contract put in place between the Scottish Prison Service and Action for Children in respect of their (Action for Children) occupancy and management of the Family Centre and the responsibilities of the Scottish Prison Services as owners of the property.

### **4. ROLES AND RESPONSIBILITIES**

#### **Northern Community Justice Authority**

The Northern Community Justice Authority will lead the community input to the Family Centre, will coordinate the provision of a service provider in respect of delivering the day to day coordination and management of the Family Centre, the administration of the Family Centre and ongoing service provision. The Northern CJA will coordinate the establishment and running of a Management Group that will meet regularly provide oversight of the management, administration and service delivery within the Family Centre.

#### **Action for Children**

Action for Children will provide staff to coordinate/manage the day to day operation of the Family Centre, to provide an administrative resource within the Family Centre, develop and provide a catering service within the Family Centre, coordinate the recruitment and deployment of volunteers within the Family Centre, work closely with the Scottish Prison Service in the delivery of services within the Family Centre and HMP & YOI Grampian. Participate in the Management Group coordinated by the Northern CJA.

Action for Children will develop and deliver the range of services, administration and operation of the Family Centre as detailed in the Service Specification below.

#### **Scottish Prison Service**

The Scottish Prison Service (SPS) will contract with Action for Children in respect of the tenancy of the Family Centre, the day to day provision of utility services, maintenance, security and other day to day service provision necessary to allow the Family Centre to function as agreed.

SPS will provide a full time Family Contact and Development Officer to provide a link between the prison and Family Centre. Cover for this post will also be provided in respect of annual leave, sickness or other unplanned absences.

## **Aberdeenshire Council**

HMP & YOI Grampian is situated within the Aberdeenshire Council area at Peterhead. Aberdeenshire Council are contracted by the SPS to provide the Prison Based Social Work Service, they also provide a library service within the prison. Aberdeenshire Council contribute financially towards the community element of the Family Centre provided by Action for Children and, as such, will be represented on the Family Centre Management Group.

## **Aberdeen City Council**

Aberdeen City Council is the local authority within the Northern CJA area who will have the largest share of the population of HMP & YOI Grampian (70% or 202 of 292 as at 1 March 2015). They are the largest contributor of funding towards the community element of the Family Centre. Aberdeen City Council will be represented on the Family Centre Management Group.

## **5. SERVICE SPECIFICATION**

### **Term**

The initial contract will be for one year from 1 April 2015 with an option for a further two years subject to agreement by all parties. The contract will be reviewed annually thereafter.

### **Premises**

The Family Centre is a detached building adjacent to HMP & YOI Grampian, South Road, Peterhead. The building is owned by the SPS, for the duration of any contract the building will continue to be owned and maintained by the SPS. Utilities and other overheads will be provided for by the SPS.

Action for Children and the SPS will negotiate a separate contract in respect of the operation of the Family Centre in terms of all aspects relative to the building and its day to day running.

### **Family Centre staff**

Action for children will recruit and employ appropriate Family Centre paid staff and volunteers as appropriate. As per the Action for Children proposal there will be three full time equivalent paid staff with one at a senior level who will have overall responsibility for the facility. Volunteers will be recruited as necessary to ensure the day to day operation of the centre.

### **Opening Times**

The Family Centre opening times will be agreed by Action for Children and the Scottish Prison Service.

## **Outcomes**

During early discussions, Action for Children, the SPS and the Northern CJA will agree a range of desired outcomes in respect of the coordination and service delivery within the Family Centre. It is anticipated these would include amongst others;

- Visitors feel comfortable coming in to the centre.
- Visitors are informed about prison-visiting.
- Visitors feel more confident/positive about visiting.
- Families are motivated to access/engage with additional 'services':
  - at the centre;
  - via signposting from the centre.
- Families continue to visit/increase their visits/are more positive about visits (which assists in building positive relations with prisoners).
- Families have improved life stabilisation in relation to negative impacts of imprisonment of family member, eg i) financial situation (appropriate access to benefits) ii) health iii) emotional wellbeing iv) parenting (The negative impact/s of imprisonment on families who use the centre is/are reduced which impacts on their consequent ability to give positive support to the prisoner.)
- Prisoners are supported via family/friends to integrate better into their communities on release.
- This will lead to reduced reoffending and associated outcomes (safer communities; reduced spending on criminal justice; more positive futures for children of prisoners as part of their families and communities).

## **General Service Provision**

The Family Centre will be a warm, welcoming and friendly environment for those visiting the prison. Service provision (to be developed over time) will include;

- To provide a family and particularly child centred approach to the operation of the Family Centre.
- To maintain a welcoming and safe environment.
- The provision of information and advice and sign posting to specialist services...
- The provision of a form of induction to families of prisoners and other visitors e.g. to explain the visit process, the security measures available support etc.
- The offering of confidential support, guidance and information to families and other visitors to the prison.
- The promotion of dignity and respect and the maintenance of confidentiality.
- Promoting the use of the facility to families and others visiting the prison through engaging with families, other visitors, SPS staff and prisoners.
- Assisting in the maintenance of family ties in order to reduce reoffending.
- Establish and maintain links with appropriate community services to offer support to families and others visiting the prison.
- The provision of affordable/healthy food/snacks/drinks to visitors and SPS staff.

- The provision of opportunities for serving prisoners to participate in the running and provision of catering services.

### **Specialist Service Provision**

- Coordinate family events.
- Promote the community use of the Family Centre facilities.
- Engage with other organisations who could enhance the service provision within the Family Centre e.g. Health services, housing services, Social Services, financial management advice, DWP, employment advice, Families Outside, Scottish Families, Span, Shelter etc.,
- Work with SPS to assist the families of prisoners become positively engaged in the prisoner's journey whilst in custody.
- To act as a bridge between the prison and the community and to assist in strengthening public relations.
- Contribute to the development of national standards for the operation of Family Centres throughout Scotland.

### **Catering Provision**

Key to the awarding of this contract to provide the operational running of the Family Centre was the Action for Children commitment to manage the catering/café facility within their own organisational structure or in partnership with another organisation. It is anticipated that the catering facility will be developed over time however, it is expected that from the date of opening the Family Centre will have the facility and ability to provide a basic catering service to those visiting the prison and a take-out service for SPS staff. The catering service will be developed over time to provide a range of healthy food and beverage options (both hot and cold).

### **Health and Safety**

Action for Children recognises its responsibilities for the effective management of health, safety and welfare. They are committed to ensuring the effective management of the services and facilities we managing and operate from. The Health, Safety and Wellbeing policy as required by section 2(3) of the Health & Safety at Work Act 1974 applies to all Action for Children workplaces and workers, offices, employees, volunteers, contractors, visitors, service users, pupils and partner organisations.

Action for Children takes steps to ensure that it provides, so far as is reasonably practicable, a safe working environment, safe work equipment and safe methods of work. This is achieved by the implementation and continual improvement of its Health, Safety and management system ensuring alignment with the requirements of the British Standard Occupational Health and Safety Assessment Series (BS OHSAS 18001). The policy is reviewed annually, and the Action for Children Health, safety and Welfare Policy Manual sets out the standards and expectations that apply to everyone who acts on behalf of Action for Children.

## Funding

It has been agreed that £72,000 will be provided to Action for Children for year one (2015-16) funding. This comprises £32,000 from Aberdeen City Council and £20,000 from Aberdeenshire Council as agreed by their respective Community Planning Partnerships. A further £10,000 has been provide by Aberdeen City ADP along with £10,000 from the Northern CJA. Action for Children intimated in their proposal that they will contribute a further £9,500 funding. Years 2 and 3 funding has still to be negotiated.

The Northern CJA does not control these funds. The Northern CJA will participate in negotiations in respect of funding but does not have direct access to, or control over funding that can be allocated to the running of the Family Centre.

## Fund Raising

Action for Children recognises that additional fund raising will be required to finance the day to day operation of the Family Centre. The level of income that may be generated from catering cannot be estimated at this time. Action for Children has a proven track record of fund raising and leveraging in voluntary income and resource. This will be a critical element of the Family Centre provision.

## Measuring Outcomes

A range of measurable outcomes will be agreed between the Governance Group, Action for Children and the SPS. Action for Children will use their Outcomes Framework to capture data. In respect of family work and family support they will use their E-Aspire case management system.

Action for Children agree to apply principles underpinning the National Care Standards (dignity, privacy, choice, safety, realising potential and equality and diversity) to provide the quality assurance framework for provision. The approach includes:

- **Performance Management** – Action for Children will set internal team targets/key performance indicators for provision and targets
- **Quarterly Report Cards** – summarising achievements against KPIs and providing quantitative and qualitative data on how much is done, how well it was done and whether Action for children made a difference, with case studies and analysis of service user feedback. Senior managers analyse data on a quarterly basis, providing input/oversight.
- **Service Healthcheck** – capturing data about a service's performance including supervision, safeguarding, quality, staffing and risk on a quarterly basis.
- **Business Planning/Self Evaluation** - annual self-assessment/business planning is undertaken to review overall service effectiveness, performance and quality.
- **Contract Monitoring** – adhering to arrangements to monitor the service with the SPS.

- **Service User Involvement** – Action for Children will involve service users in evaluation through Forums, Focus Groups, Evaluation Surveys and Complaints/Compliments.

## **6. GOVERNANCE**

As part of the development around the HMP & YOI Grampian Family Centre a proposal had been previously agreed by the Implementation Group the Workstream Leads Group and the Northern CJA for the creation of a Management Group to oversee the development of the Family Centre and its related service provision, to develop opportunities around funding and to provide the oversight in terms of the employment and management of staff and service delivery.

It has been agreed that, initially, a Steering Group will be brought together comprising representatives from the Northern CJA, Action for Children, Scottish Prison Service, Aberdeen City Council, Aberdeenshire Council, Aberdeen City CPP and Aberdeenshire CPP.

The purpose of the Steering Group will be to define the principles and functions for the establishment of a Management Group which will oversee the governance of the Family Centre.

The Steering Group will meet in May 2015 and will agree the structure of the Management Group which will meet quarterly from August 2015.

### **Management Group Functions**

Key functions of the Management Group will be to:

- Lead and direct the establishment of the Family Centre at HMP & YOI Grampian;
- Ensure the Centre operates effectively in providing support and advice to the family members and close friends of prisoners at HMP & YOI Grampian;
- Ensure appropriate management and support is provided to the Family Centre and Family Centre Coordinator, other staff and volunteers;
- Ensure appropriate financial oversight of the Centre;
- Ensure appropriate facilities management of the Centre.

### **Confidentiality**

Action for Children respects children and families' right to privacy and confidentiality. However, Action for Children fully recognises that sharing information between professionals is key to providing effective and efficient services for children, young people and their families, and protecting them from harm. Action for Children will therefore share information with partners and statutory agencies to both help to provide services for children and young people and to keep them safe. Action for Children's staff, are all trained and aware of the duty of care for young people and families ensuring disclosure of information when someone is believed to be at risk of harm.

Project staff will ensure that wherever personal information is gathered or reviewed, all service users are aware of this position and that the leaflet Keeping Your Information Safe & Secure is available to them. Action for Children is committed to sharing information with appropriate consent and respect for confidentiality where this will improve services for children, young people and their families. Action for Children is also the only major children's charity to have signed the Information Commissioner's Office's Personal Information Promise, underlining our commitment to protect personal data. With regards to Information Technology, Action for Children has secure comprehensive security measures in place. These include the use of secure laptops, configured to allow secure use both on and off our network, encrypted hard drives, full web filtering antivirus protection and an e-mail encryption provided by an agentless system, enabling secure communication with all our partners. Finally we have in place Data Security, Confidentiality, Record Keeping and Archiving Policies which promote good practices, coupled with a procedure in place for the reporting and handling of security incidents, and provide staff training on the issue.

In particular Action for Children will ensure

- The Family Centre will provide a confidential service for all its visitors.
- Ensure that all staff and volunteers are trained and understand confidentiality
- All, staff and volunteers to receive a copy of the confidentiality policy
- Notices about the Centre's confidentiality policy are clearly displayed in visitors' areas
- There are systems in place to ensure the implementation of the confidentiality policy and the law on data protection in relation to telephone calls, email, and other correspondence.
- Information about visitors is not passed on to prison staff without prior permission unless it endangers the safety of other visitors and staff.

## **7. DISPUTE RESOLUTION**

The primary objective of the Family Centre is to provide a service to families and friends of prisoners within HMP & YOI Grampian. There will be occasions when one or more of the key partners cannot reach agreement. Resolution of disputes/mediation will fall to the Northern CJA Members.

## **8. ANNUAL REPORT**

Action for Children will provide an Annual Report to the Management Group on the operation of the Family Centre. The agencies party to this Memorandum agree to co-operate with Action for Children in the preparation of the annual report.

## **9. MEDIA HANDLING STRATEGY**

All media enquiries, press releases and related information provision for the public will be managed by the Corporate Communications Departments of Action for

Children and the Scottish Prison Service. Prior to the release of information to the public concerning the operation of, or other activities taking place within the Family Centre the organisation producing the release will inform the other and copy the content of any release to the other for prior agreement whenever possible. This will similarly apply to other partners e.g. the Northern CJA, Aberdeenshire Council or Aberdeen City Council.

Every opportunity to promote the Family Centre, its work and service provision, should be maximised by all partners.

## **10. STATUS OF THE MEMORANDUM OF UNDERSTANDING**

This Memorandum is a working document and subject to review and may be altered at any time to reflect changing circumstances. Such changes will be subject to the agreement of all parties.

The review of this document will take place on 1 April, 2016.

## **SIGNATURES**

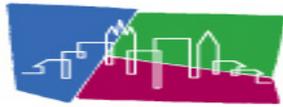
.....  
Chief Officer  
Northern CJA

.....  
Action for Children

.....  
Deputy Governor - Communities,  
Scottish Prison Service

.....  
Aberdeenshire Council

.....  
Aberdeen City Council



<b>Progress Report</b>	Responding to the Syrian Refugee Crisis
<b>Lead Officer</b>	Rob Simpson
<b>Report Author</b>	Rob Simpson
<b>Date of Report</b>	27 November 2015
<b>Governance Group</b>	Community Planning Board

<b>1:</b>	<b>Purpose of the Report</b>
<p>This report provides an update for Board members on the response to the Syrian Refugee Crisis by the UK and Scottish Governments together with an update on the actions taken to date by CPA members.</p>	

<b>2:</b>	<b>Summary of Key Information</b>
<p>As the Syrian crisis has worsened and concerns grow about the many Syrian refugees in neighbouring countries, there is pressure for the UK to accept more Syrian refugees. Over 12.2 million Syrians need help in the country, of whom 7.6 million are internally displaced. 4.1 million Syrians have fled abroad, mostly to neighbouring countries in the region.</p> <p>Up until January 2015, the Government's policy was to respond with humanitarian aid to Syria's neighbours rather than to accept recognised Syrian refugees for resettlement in the UK. However in January 2015 the UK Government established a "vulnerable persons relocation scheme", in order to provide a route for selected Syrian refugees to come to the UK. The scheme prioritises victims of sexual violence and torture, and the elderly and disabled. The Government initially expected that several hundred refugees would arrive in the UK through the scheme over three years, although there was no fixed quota. The resettled refugees are given five years' Humanitarian Protection status, with permission to work and access public funds. 216 people have been resettled in the UK under the scheme (as at the end of June 2015).</p> <p>On 7 September 2015, the Prime Minister announced a significant extension of the Vulnerable Persons Relocation Scheme, in recognition of the worsening crisis. The Government intends to resettle up to 20,000 refugees from Syria's neighbouring countries over the next five years. However, the Government does not intend to offer resettlement to refugees already in Europe. It is anticipated that Scotland will welcome 10% of the total. The selection will be made based on need and not a quota. Prior to being 'selected' for the UK an assessment will be made of the following:</p>	

- They will be screened against certain criteria (this will include links with terrorist organisations etc.)
- An assessment will be made against their care and medical requirements to help with early preparation for onward transit and resettlement.

As noted in the Board update of 26 October 2015 there have been a number of meetings between the Scottish Government, CoSLA and Local Authorities. CoSLA have now taken a lead with these meetings and continue to hold them regularly (2/4 week intervals). The purpose of these meetings is to share experiences and learning, encourage joint working and co-operation on a national scale and ensure effective resettlement.

In addition to the meetings led by CoSLA, Aberdeen's Refugee response has initiated links with a variety of partners on a national level to explore efficiencies of practice and learn from experience. An example of this practice is Glasgow City Council's Education Directorate sharing experience of dealing with school age Syrian children. Further examples are demonstrated through the development of links with both Angus Council and Aberdeenshire Council to look at best practice and ensure we provide effective resettlement and integration.

As noted in earlier updates it remains paramount that the Community Planning Partnership address a number of issues including:

- Employment/Benefits: - DWP
- Health: - Health board
- Housing: - Local Authority/ RSLs/private sector landlords
- Education/Language: - Schools, colleges, voluntary sector
- Safety & Stability: - Police
- Social connections: - Community trusts, voluntary sector, schools

Joint working with partners is essential to success in this area, drawing on existing experience and knowledge. This is particularly true of Glasgow, North Ayrshire and other central belt councils.

Early indications have been that numbers will accelerate rapidly over the first two years of the 5 year resettlement programme. Approximately 350 refugees will arrive in Scotland prior to Christmas and while Aberdeen will not receive any we will work closely with Local Authorities who are to ensure we continue to develop our processes.

The reference group and working groups detailed in the above mentioned report (26/10/15) continue to sit and develop plans. In order to co-ordinate the approach and ensure consistency and best practice, Alana Nabulsi has been appointed Syrian Refugee Project Manager on a 1 year fixed term contract. The post will be funded through funding available from the Home Office.

In addition it must be noted that the Home Office funding will continue beyond year 1 of the refugee's resettlement with a tapering approach being taken. The tapering will be from £5,000 per person in year two to £1,000 in year five (from approx. £8,000 per person in year one).

## Press and Communications

The ACC press and communications team continue to provide support across the reference group and each of the working groups as required and are liaising with the press team at NHS Grampian. Given the potential for negative coverage it is important that a consistent message is given that as a Community Planning Partnership we have received a positive response from members of communities and community organisations who wish to help and we are working with them as we develop further our offer to the refugees likely to come to Aberdeen.

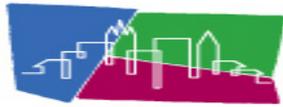
### 3: Recommendations for Action

- Members are invited to note this report
- Agree to continue to develop proposals to receive refugees
- Agree to continue to delegate decisions to each of the lead officers on the reference groups for discussion with their parent body.

### 4: Opportunities and Risks

This is a high profile and politically sensitive issue fraught with risks including financial, political and reputational. Equally there are risks primarily political and reputational of not participating fully in the scheme. There is however the opportunity to indicate and show that Aberdeen Community Planning Partnership can function well in meeting this crisis.

This page is intentionally left blank



<b>Progress Report</b>	Community Planning Participatory Budgeting
<b>Lead Officer</b>	Paul Hannan
<b>Report Author</b>	Joanne Larsen
<b>Date of Report</b>	7 <sup>th</sup> December 2015
<b>Governance Group</b>	Community Planning Aberdeen Board

<b>1:</b>	<b>Purpose of the Report</b>
<p>This report is in response to the Boards request for further details on utilising the Participatory Budgeting Support Package provided by Scottish Government and to offer proposals for a small scale community planning pilot event or introducing the methodology to the Fairer Aberdeen Fund Board for their consideration.</p>	

<b>2:</b>	<b>Summary of Key Information</b>
<p>The CPP secured a 10 day support package through Scottish Government to help deliver a PB event locally. The support is provided by PB Partners who are an Independent social enterprise that work to support new ways of doing PB and are Community engagement specialists. They have confirmed that the timescale for using the support is quite flexible and is not restricted to this financial year</p> <p>The Board have previously been advised of the Council funded PB events that will utilise the identified underspend of £100,000 for PB aimed at youth work and under-12's clubs across the city's regeneration areas. This process is now being managed by the new Communities and Partnership Manager, Joanna Mackie.</p> <p>After the Boards discussion in October, The team managing the Council initiative were advised that, as it is Scottish Governments nominated support for any new PB event they should use the package to support their work in order to test the methodology and report on their progress back through the Community Planning structure. For PB events that have already been progressed it is suggested that we use the PB partners support to cast a critical eye over the processes used and identify good practices and any improvements. This would allow the Partnership to take advantage of the support available and assess the success criteria and methodology through its practical application. The result of this should allow the Board to make a considered decision on whether they feel they would wish to proceed down a Partnership funded event to support the new SOA at a later date.</p> <p>There was also previous discussion about the possibility of using some of the support package to introduce the practice of PB into the Fairer Aberdeen Fund</p>	

process. Although the FAF Board has representation from Communities this is not true participatory budgeting with the idea of one person, one vote. PB is based on power being more equally balanced between communities, individuals and professionals and seeing people as citizens, neighbours and co-producers

speaking with the Chair of the Fairer Aberdeen Board , we would like to seek the Boards approval to consult with FAF Board in developing an event which would use a proportion of their allocated funds to create a true PB event, based around a Stronger Communities theme. Working under a theme like “Stronger Communities” would allow scope to work within some of the budget restrictions that can determine what monies can be used for. This would also give the communities a wide range of ways to participate and tie it into a key theme of the Single Outcome Agreement.

Work with stakeholder groups and partners would be done to determine where the event would have the greatest impact; however It is envisioned that it would be in one of the existing regeneration areas, in line with the partnerships priorities.

Measures of a successful PB event include:

**INCREASED INVOLVEMENT** – as events progress and communities see that they have the decision making power, the numbers of those who become involved generally increases. These communities tend to then become more active in other community events and more involved in the democratic process.

**INCREASED LOCAL CAPACITY** – groups that are supported to participate in the PB process can then be assisted in developing funding opportunities that are not dependent on the Local Authority or Partnership.

**INCREASED TRUST AND INFLUENCE** – communities who have been involved in this type of event feel a greater trust in the organisations funding the event because their voice was heard and that they influenced the final outcomes.

### **3: Recommendations for Action**

The Board is requested to:  
Discuss whether they are content for the PB support package to be used by the existing LA event planning team and/or Fairer Aberdeen Fund Board and use the progress reports to assess the success of the methodology for possible future use.

### **4: Opportunities and Risks**

This is an opportunity for the Partnership to move forward with supporting an event that encourages citizen participation and engagement. The ability to assess the support we have secured through Scottish Government will allow us to build a

secure framework through which a small scale model can be built on in future,

This page is intentionally left blank

Exempt information as described in paragraph(s) 6 of Schedule 7A of the Local Government (Scotland) Act 1973.

Document is Restricted

This page is intentionally left blank



## **The Early Years Collaborative (EYC) Stock Take Review of Years 1 and 2**

**Children and Families Analysis (2014)  
Scottish Government**

## Table of Contents

---

	<b>Page</b>
Introduction	3
List of Acronyms and Abbreviations	5
Background to The Early Years Collaborative (EYC)	6
<b>EYC Stock Take Review of Years 1 and 2 - Key Findings:</b>	
Key Findings: Early Years Collaborative Stock Take Review of Years 1 and 2: Summary Findings	8
Key Findings: Early Years Collaborative: Progress Reports	10
The story so far: What has been achieved in the first 2 years?	
Early Years Collaborative: What Next? Moving into a New Phase	20
<b>EYC Stock Take Review of Years 1 and 2 – Main Report:</b>	<b>21</b>
1. Engagement Of The Workforce	23
2. Knowledge And Support To Adopt the IHI Model For Improvement	25
3. Experiences And Learning Of Applying Improvement Methodology In Practice And Spread the 7 Key Change Areas	27
4. Challenges And Barriers To Implementing the IHI Model For Improvement	29
5. Improving Outcomes For Young Children And Families	32
6. Conclusion	34
<b>Annexes:</b>	
Annex A: EYC Ambition, Stretch Aims, Key Change Areas and Workstream Driver Diagrams	37
Annex B: EYC Timeline	41
Annex C: EYC National Learning Framework: Theory of Change and Evaluation Questions	43
Annex D: Summary of EYC Implementation Team, Roles and Responsibilities	45
Annex E: Overview of Role of Quality Improvement Unit (EYC Policy Team)	47
Annex F: Overview of Role of Practice Development Team (PDT) in engaging the workforce	49
Annex G: Feedback from Learning Sessions	51
Annex H: EYC Baseline and current position on workstreams	53
Annex I: Data underpinning EYC baseline data	54
Annex J – Topline Findings from Practitioner and Programme Manager Survey	57
Annex K: Key Change Evidence Base	65

## Introduction

---

This report was commissioned by Early Years Quality Improvement Unit within the Children and Families Directorate as part of the Early Years Collaborative National Learning Framework, monitoring performance and progress (stock take) of the Early Years Collaborative (EYC) initiative after the first year of implementation. The findings of this review will feed into wider thinking and planning for the next phase of the EYC implementation.

**Aim of overall EYC National Learning Framework evaluation programme:** Explore the extent to which the EYC has made a difference to children's and families lives through the application of the IHI Model for Improvement.

**Objective of Stock Take Review:** To capture the extent to which the EYC is progressing through the EYC implementation programme and on the EYC Theory of Change towards meeting its aims; to identify successes of the programme; and to identify priorities for work going forward.

### Stock Take Review Methodology

The review consisted of the following elements and was conducted by Children and Families Analysis in July and August 2014:

- Interviews with Policy Team members (past and present)
- Interviews with Practice Development Team (PDT) members
- Interviews with Scottish Government Senior Civil Servants
- Survey of Early Years practitioners and programme managers

The findings of the interviews and survey have been used to provide:

1. A review of progress made in EYC Implementation Programme phases 1 & 2 against the EYC theory of change, with comment on the key challenges faced and considerations for moving into EYC implementation programme phase 3.

2. An overview of the EYC implementation programme, descriptions of key roles, tasks, inputs and outputs:

- EYC Ambition, Stretch Aims, Key Change Areas and Workstream Driver Diagrams in Annex A
- EYC timeline in Annex B
- EYC Learning Framework: Theory of Change and Evaluation Questions in Annex C
- A summary of roles and responsibilities for phases 1&2 and draft plans for phase 3 is included in Annex D

3. In addition to the review of progress, summaries of the findings from the interviews with the EYC team have been included in the Annexes to enable sharing of learning.

- An overview of the roles, experiences and reflections of the policy team and the PDT in in Annex E and Annex F
- Summary findings from the feedback from the Learning Sessions is in Annex G
- EYC Baseline and current position on workstreams in Annex H
- Data underpinning EYC baseline data in Annex I
- Topline findings from the Practitioners Survey in Annex J
- Key Changes Evidence Paper in Annex K

## List of Acronyms and Abbreviations

---

CPP	Community Planning Partnership
CYP	Children and Young People
DG	Director General
EPPE	Effective Provision of Pre-school Education Study
EYC	Early Years Collaborative
GIRFEC	Getting it Right for Every Child
GROS	General Registrar Office Scotland
GUS	Growing Up in Scotland Study
IA	Improvement Advisor
IHI	Institute for Healthcare Improvement
IRISS	The Institute for Research and Innovation in Social Services
ISD	Information Services Division, NHS Scotland
LA	Local Authority
LAC	Looked After Children
LG	Local Government
LS	Learning Session
MRC	Medical Research Council
NHS	National Health Service
PDSA	Plan, Do, Study, Act
PDT	Practice Development Team
PM	Programme Manager
PSR	Public Service Reform
QIU	Quality Improvement Unit
SCS	Senior Civil Servants
SG	Scottish Government
SHANARRI	Safe, Healthy, Active, Nurtured, Achieving, Responsible, Respected, Included
SIMD	Scottish Index of Multiple Deprivation
SOA	Single Outcome Agreement
SPSP	Scottish Patient Safety Programme
UK	United Kingdom
UNICEF	United Nations International Children's Emergency Fund
WS	Work Stream

## Background to The Early Years Collaborative (EYC)

---

### The Early Years Collaborative

The Early Years Collaborative<sup>1</sup> is a programme of work that aims to improve outcomes for children and their families in Scotland through supporting the use of improvement methodology in children's service planning, service delivery and effective interventions. The programme of early years practitioner support consists of:

- Training and support in using the IHI Model for Improvement<sup>2</sup> to improve the effectiveness of delivering children and families services and interventions
- Support and advice for CPPs in their children's service planning, resource planning and children's outcomes reporting

Further information on the aims and objectives of the EYC is in Annex A: EYC Ambition, Stretch Aims, Key Change Areas and Workstream Driver Diagrams and a timeline of the EYC implementation programme is in Annex B: EYC timeline.

### The Policy Landscape: The Scottish Approach

For the previous seven years, the Scottish Government has been working towards a single purpose (The Government's Purpose) underpinned by an outcomes approach to performance. This National Performance Framework sets out Strategic objectives and National Outcomes with a set of national indicators to monitor performance. **Going forward, the Scottish Government seeks to work more closely with partners to embed an outcomes approach to service planning, delivery and evaluation.**

Sir John Elvidge (SG Permanent Secretary 2003-2010) discusses how the Scottish Government actively changed its approach of working with public services in 2007<sup>3</sup>. He described the change as a move from a managerialist approach to an adaptive learning (enabling) approach which aimed to build on the assets and resilience of communities to better deliver outcomes.

The 'Scottish Approach' to Government and working with public services was further defined by Sir Peter Housden (SG Permanent Secretary) in his speech at the Frank Stacey Memorial Lecture (September 2013)

*"[The Scottish Approach] is concerned with matters of resilience and control. What can we do to make it more likely that individuals and families in poverty and in communities under pressure can, by drawing on and strengthening their own assets, experience well-being and exercise control in their lives?"*

---

<sup>1</sup> <http://www.scotland.gov.uk/Topics/People/Young-People/early-years/early-years-collaborative>

<sup>2</sup> The Model for Improvement was developed by Associates in Process Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. Institute for Healthcare Improvement: The Improvement Guide: A Practical Approach to Enhancing Organisational Performance <http://www.ihl.org/about/Pages/ScienceofImprovement.aspx>

<sup>3</sup> Elvidge, J. 2012 *The Enabling State: A discussion Paper*. Carnegie UK Trust

Sir Peter also reiterated the aims of this new approach are to:

- Embed the outcomes approach throughout all public services – the outcome is more important than the input or target number of hours or who provides a service
- Bring a more reliable approach to delivering effective public services which were integrated and joined up in service planning, design and resourcing
- Provide high quality service provision – an outcome cannot be achieved if the service is poor quality and not effective
- Invest in co-production, with services designed and delivered with service users and organisations
- Build on and strengthen the assets and resilience of individuals, families and communities

These aims also build on the recommendations from the Christie Commission on Future Delivery of Public Services which recommend:

- public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience;
- public service organisations work together effectively to achieve outcomes - specifically, by delivering integrated services which help to secure improvements in the quality of life, and the social and economic wellbeing, of the people and communities of Scotland;
- public service organisations prioritise prevention, reduce inequalities and promote equality; and
- all public services constantly seek to improve performance and reduce costs, and are open, transparent and accountable.<sup>4</sup>

The Children and Young People (Scotland) Act 2014 (CYP Act) defines children and young people's wellbeing through 8 domains: Safe, Healthy, Achieving, Nurtured, Active, Responsible, Respected and Included (SHANARRI). For more information please go to: <http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>

There is also a provision in the CYP Act for Community Planning Partnerships (CPPs) to report annually on progress to improving children's outcomes through the SHANARRI framework. It is envisaged that this reporting will be done through CPPs Integrated Children's Service Plans which is an integral part of a LA's strategic children's service planning and commissioning process.

The experiences of children and young people in early life, and even before birth, have a crucial impact on their life chances. High quality service provision, including clinical service provision, needs to be designed to meet the needs of children for health care, social care and education.

---

<sup>4</sup> <http://www.scotland.gov.uk/About/Review/publicservicescommission>

## Key Findings: Early Years Collaborative Stock Take Review of Years 1 and 2: Summary Findings

---

- A **high level of engagement** with the workforce has been achieved in the initial implementation phase. The learning sessions have been key to enabling this engagement with Community Planning Partnership (CPP) members and practitioners. There has also been a high level of engagement with senior staff and leaders in the Scottish Government (SG) Local Authorities (LA), Health Boards and Education sector to support the engagement of staff and practitioners in their areas, which has been aided by SG Senior Civil Servants face to face meetings with Health Board and LA chief executives, the Early Years Taskforce members (multi disciplinary) engagement and leadership as well as having Ministerial and cross-party buy-in.
- A **high proportion of practitioners** who are engaged with the EYC have taken on the learning of the IHI Model for Improvement and **implemented tests of change and around half have started to scale up.**
- There is now a **'spectrum' of practitioner knowledge and expertise** in using the IHI Model for Improvement ranging from 'early adopters' to those who have just started to engage. Going forward, a range of different support plans should to be identified for practitioners who are at different stages.
- Key challenges that practitioners have encountered when implementing the IHI Model for Improvement include:
  - *People and resources*: being able to resource and recruit staff to implement the model
  - *Skills and training*: having the people with the right skills to implement the model (i.e. planning skills, data and analysis skills )
  - *Sharing the learning*: training and supporting others to implement the model along with effectively reporting on the results of tests and scale ups and getting the data used as part of planning and resourcing decisions.
  - *Working across traditional boundaries (multi-agency working)*: Building the networks and being able to agree on how to work together.
- For the 'early adopters', moving into phase 3 of the EYC implementation programme, a key challenge is to identify **how best to support the spread of the IHI Model for Improvement and innovations and embed the approach – moving towards sustainability.**
- With the development of the pioneer sites, key change areas and data and reporting requirements (via Improvement Advisors' and Programme Managers) it is anticipated that progress and learning can be monitored more closely so as to better understand:
  1. how the IHI Model for Improvement can be embedded into existing practice and culture,
  2. when we reach the 'tipping point' of adoption of the IHI Model for Improvement

3. how the IHI Model for Improvement contributes to influencing spending decisions (preventative spend), resourcing and planning
4. and improving outcomes for young children and families.

#### **EYC Key Resource, People and Skills Challenges going forward:**

1. *People and resources* – embed IHI Model for Improvement into existing roles and processes
2. *Skills and training* – train the trainer approach, embed into people development/training structures
3. Build culture around *sharing learning and sharing data*
4. Continue to *work across traditional professional boundaries*

#### **EYC Key Sustainability Challenges going forward:**

1. *Engaging Leaders* – focus on organisational change, impact of using tests of change data to inform decisions around prioritising spend, shifting resources and service planning – shift to preventative spend. Consideration of role of EY Task Force in supporting this work.
2. *Continued support for implementing IHI Model for Improvement*– support for scaling up and data sharing and learning – better understanding of roles of Improvement Advisors, Programme Managers and Data managers.
3. Continued support on feeding in and *sharing expertise on what works – evidence base for Early Years*
4. *Capturing progress and evidence of impact* on improving children’s outcomes

#### **EYC Key Monitoring Implementation and Performance Challenges going forward:**

There is an opportunity to integrate the EYC data and outcomes data with the Children and Young People (Scotland) Act 2014 provision on reporting annually on children’s wellbeing outcomes.

In addition, data to monitor the EYC implementation progress should include:

- evidence base used to underpin test of change hypothesis
- driver diagrams and a general report on progress for each test site
- information on how far a scale up and spread has progressed and what learning can be shared
- information on how success is achieved
- information on tests that have failed and why
- information on new tests being developed
- information on how a new innovation or improved service delivery has impacted on children and families outcomes

## **Key Findings: Early Years Collaborative: Progress Reports**

### **The story so far: What has been achieved in the first 2 years?**

---

#### **EYC Some current facts and figures**

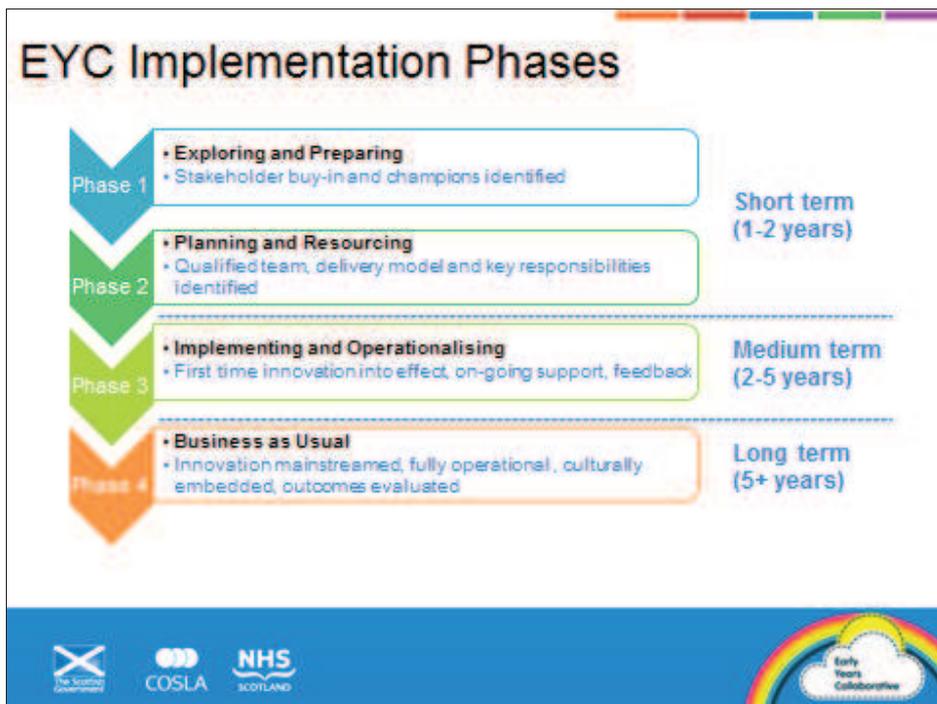
- Launched October 2012 – ambition and stretch aims at Annex A
- 4 age related workstreams and a leadership strand.
- 5 Learning Sessions so far, with LS6 in October (key theme of which is “Keep going, it’s working”).
- Approx 700 attendees at each Learning Session (the ‘away teams’). These are expected to share their learning with their colleagues in the CPP (the ‘home team’)
- Involvement of all 32 CPPs in taking forward tests of change and attendance at Learning Sessions.
- 7 Key Changes identified October 2013, based on research and stakeholders’ expertise – interventions that if taken forward for every child, every time would bring about the transformational change we want to see. These are also listed at Annex A. This has helped to bring added focus and direction to the EYC.
- 35 (plus Glasgow) Pioneer Sites identified, all linked to Key Changes. These will receive focussed support and quality improvement coaching from Improvement Advisers, with a view to developing and spreading the learning from these sites. However, it should be noted that there are also a large number of ongoing tests of change (in key change areas) within CPPs not labelled Pioneer Sites.

#### **EYC Implementation Programme Outline**

The EYC implementation programme consists of 4 phases, as illustrated in the model on the next page. The phases in this model reflect the timescales of implementation and can be used describe the inputs, outputs and outcomes of each phase. Since the EYC is in its second year of implementation, the findings in this report mainly reflect progress made in phases 1 and 2 of the model, and current work is in place progressing towards phase 3. The findings of this report will be used to inform the implementation programme of phase 3 and the move towards phase 4.

#### **Assessment of Progress Against the EYC Implementation Programme**

Two years into delivery we are entering phase 3 of the EYC implementation programme. From the stock take review, we know that we are on track to move into phase 3 for a proportion of the workforce, those who have engaged with the EYC, attended Learning Sessions, adopted the IHI Model for Improvement, conducted tests of change and are scaling up and spreading. However, there is still a significant proportion of the workforce still in the early stages of engagement and consideration and planning as to how best to support practitioners at the different stages of implementation is required going forward.



### Phase 1 – Exploring and Preparing:

- Stakeholder buy-in, training in the IHI Model for Improvement
- Champions identified to support and drive innovation
- Raising the profile of Early Years - interventions having biggest impact on children's outcomes (early intervention and preventative spend)

### Phase 2 – Planning and Resourcing:

- Team of qualified individuals – responsible for guiding process
- Establishing the Delivery model (inputs, outputs and outcomes)
- Responsibilities assigned, preparatory activities begin – necessary structural changes are in place (e.g. securing funding, hiring and training staff, arranging necessary resources)

### Phase 3 – Implementing and Operationalising:

- First time innovation is put into effect
- On-going support – coaching, assistance to staff, monitoring on-going implementation, changing systems and culture as necessary, explaining and communicating why innovation is necessary and what it will look like when implemented
- Creating feedback mechanisms to inform future success

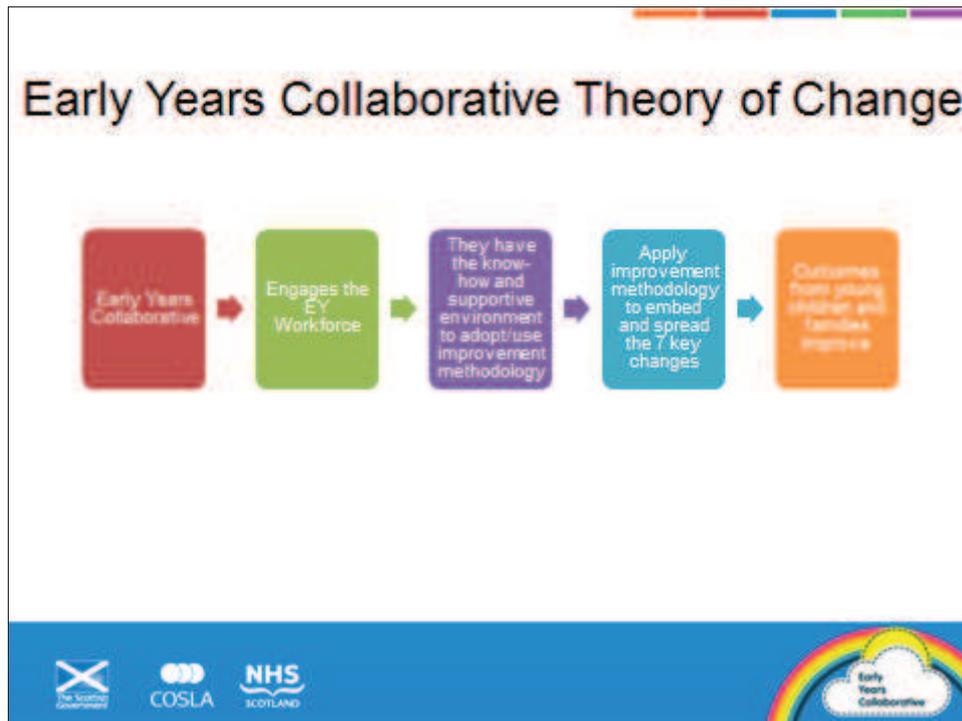
### Phase 4 – Business as Usual:

- Innovation is mainstreamed and fully operational
- Culturally embedded and outcomes ready to be evaluated
- Opportunity to reflect upon overall process and learn from the experience so as to inform future organisational and policy decisions

## The Early Years Collaborative National Learning Framework: Theory of Change

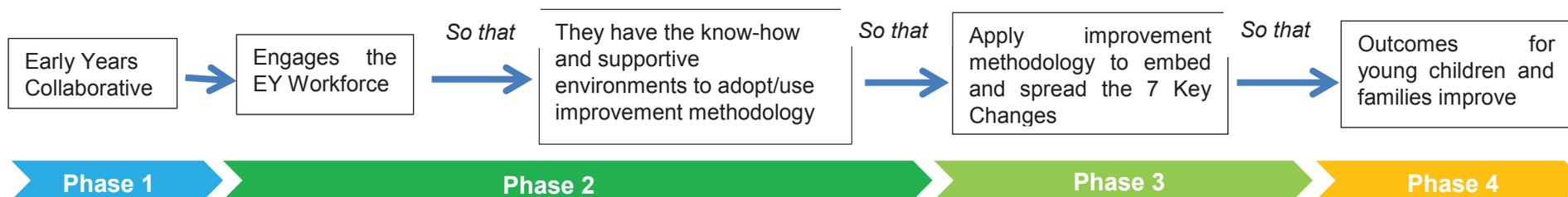
The EYC National Learning Framework was established to monitor progress towards achieving the EYC long term outcomes.

The EYC Theory of Change illustrates how the EYC is expected to contribute to improving outcomes for children and families and details how, at a national level, we are monitoring the progress of EYC in achieving its long term outcomes for children and families in Scotland. It is based on 5 key steps which are also mapped against the EYC implementation programme phases.



In order to assess and monitor progress towards achieving EYC outcomes, an evaluation question matrix was designed underneath the theory of change implementation steps which identifies key evaluation questions that can be used for monitoring progress. This stock take report follows the theory of change evaluation question structure.

## Early Years Collaborative: National Learning Framework: Theory of Change:



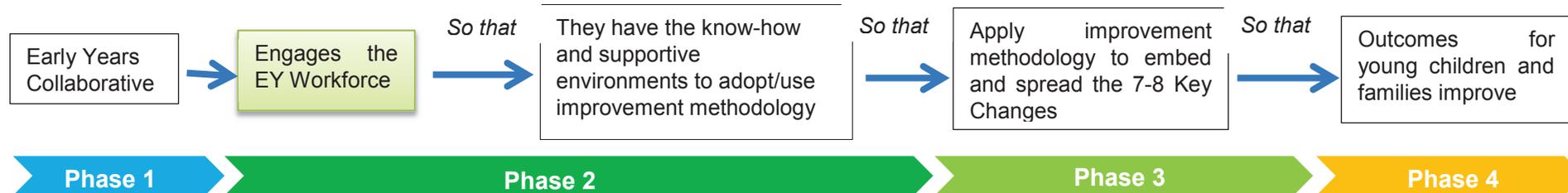
## Evaluation Question Matrix:

EYC Theory of Change	Implementation phase	Practitioner level	Partnership (Programme Manager) level	Organisational (Leadership) level	National level
<p>EYC Engages the Workforce</p> <p><i>So that</i></p> <p>They have knowhow and supportive environments to adopt/use improvement methodology</p>	<p>Phases <b>1</b> &amp; <b>2</b></p> <p>Short term (first 1-2yrs)</p>	<p>To what extent have practitioners engaged with improvement methodology?</p> <p>How have small tests of changes been applied?</p> <p>How has data been produced and used to inform decisions for both successes and failures?</p> <p>What barriers or issues have been identified (e.g. regulatory issues)? What evidence has informed practice?</p>	<p>To what extent do Programme Managers understand and support improvement methods?</p> <p>What do they see as their main role in supporting the improvement method approach?</p> <p>What level of support have they had from their leaders?</p> <p>How has data been produced and used to inform decisions for both successes and failures?</p>	<p>How are practitioners supported to engage with improvement methods?</p> <p>Leadership – To what extent do senior leaders understand and support improvement methods?</p> <p>How much capacity do you think the organisation has to make changes in this way?</p> <p>How has data been produced and used to inform decisions for both successes and failures?</p>	<p>Which sectors have engaged with EYC and to what extent (all of Scotland)?</p> <p>How has data been produced and used to inform decisions for both successes and failures?</p>
<p>Apply</p>	<p>Phase <b>3</b></p>	<p>Is there evidence of scaling</p>	<p>What structures/process</p>	<p>Has improvement</p>	<p>To what extent</p>

Improvement methodology to embed and spread the 7 key changes	Medium term (2-5yrs)	up? What is being scaled up, why (including evidence used to inform) and how?	are in place to influence decision making? Role of Leadership – in identifying and addressing local and strategic barriers and prioritising prevention/early intervention action?	methodology been integrated into organisational structures and processes? Have organisations made new connections/adopted new practices with other organisations and interventions?	has EYC contributed to Public Service Reform (Prevention, Performance, Place, Partnership)?
Outcomes for young children and families improve	Phase 4 Long term (5yrs +)	To what extent is improvement thinking part of everyday practice?	To what extent have resources (including spend) shifted to support changes made through improvement methods?	To what extent have changes been adopted within the organisation and where might this be seen?	What difference has this made to outcomes for children and families?
<b>Research method/ tool used for data gathering for stock take review</b>		<ul style="list-style-type: none"> <li>• Survey of practitioners</li> <li>• Desk based research: Review of flash reports and feedback surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Survey of Programme Managers</li> <li>• Interviews with PDT team members</li> </ul>	<ul style="list-style-type: none"> <li>• Survey of Practitioners and Programme Managers</li> <li>• Interviews with policy team members</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews with policy team</li> <li>• Desk based research: overview of progress against stretch aims and links with GIRFEC and PSR agendas</li> </ul>

## Assessment of Progress against EYC Theory of Change – EYC Engages the Workforce – rated **COMPLETE**

### Early Years Collaborative Core Theory of Change



This step is rated ‘complete’ because all LA’s and CPP’s have engaged with the EYC.

- 5 Learning Sessions so far, with LS6 in October (key theme of which is “Keep going, it’s working”).
- Approx 700 attendees at each LS (the ‘away teams’). These are expected to share their learning with their colleagues in the CPP (the ‘home team’)
- Involvement of all 32 CPPs in taking forward tests of change and attendance at Learning Sessions.
- 7 Key Changes identified October 2013, based on research and stakeholders’ expertise – interventions that if taken forward for every child, every time would bring about the transformational change we want to see. This has helped to bring added focus and direction to the EYC.
- 35 (plus Glasgow) Pioneer Sites identified, all linked to Key Changes. These will receive focussed support and quality improvement coaching from Improvement Advisers, with a view to developing and spreading the learning from these sites. However, it should be noted that there are also a large number of on-going tests of change (in key change areas) within CPPs not labelled Pioneer Sites.

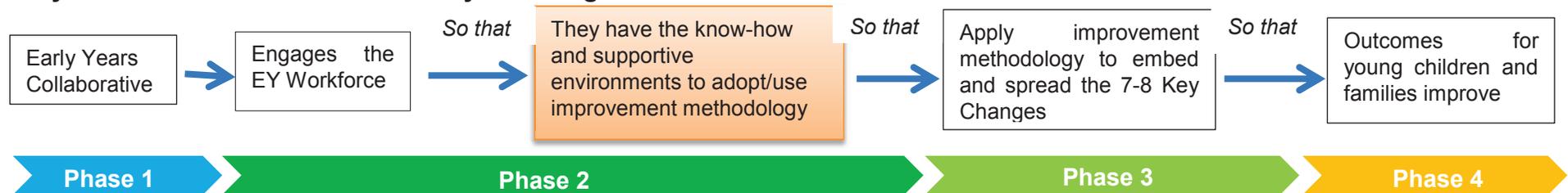
### Going Forward

The key question going forward is ‘How can we engage with those who haven’t yet?’ Smaller, more local targeted events may be the way forward so that peers can share their learning more widely, which will help bring more on board to engage .

## Assessment of Progress against EYC Theory of Change

–Knowhow and supportive environment to adopt/use the improvement methodology – Rated **IN PROGRESS**

### Early Years Collaborative Core Theory of Change



This step is rated ‘in progress’ because of the limited information we have on those who did not respond to the practitioner survey and from responses to the findings from interviews with the Practice Development team around the challenges practitioners have faced in adopting the IHI Model for Improvement methodology.

From the interviews with the Practice Development Team, there are some significant challenges that practitioners have had to address to successfully implement the IHI Model for Improvement include:

- *People and resources*: being able to resource and recruit staff to implement the model
- *Skills and training*: having the people with the right skills to implement the model (i.e. planning skills, data and analysis skills )
- *Sharing the learning*: training and supporting others to implement the model along with effectively reporting on the results of tests and scale ups and getting the data used as part of planning and resourcing decisions.
- *Working across traditional boundaries (multi-agency working)*: Building the networks and being able to agree on how to work together.

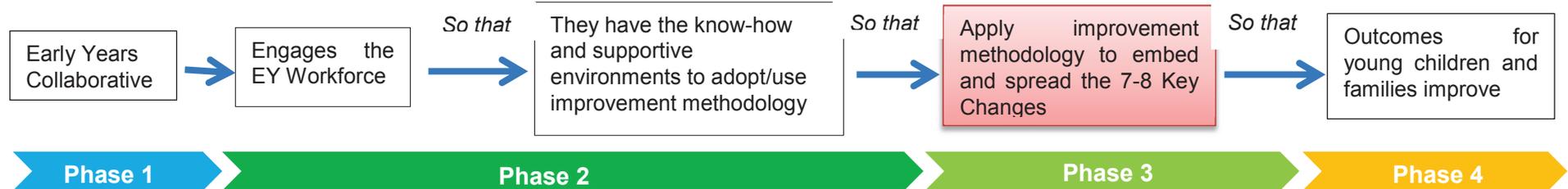
### Going Forward

Finding out more information around how to address these challenges (from those who have successfully achieved these) and sharing the learning may be one way to engage with more of the workforce or encourage those currently facing these challenges to find ways to address them. The recruitment of IA's and the roles of PMs should help to support practitioners address these challenges going forward.

## Assessment of Progress against EYC Theory of Change

–Applying the improvement methodology and spread under key change areas– Rated **NEEDS ACTION**

### Early Years Collaborative Core Theory of Change



**This step is rated ‘needs action’ because the findings from the practitioner survey and interviews with the PDT identify key challenges to implementation and a demand for further support around scale up and spread.**

Of those who have engaged with the EYC and attended learning sessions, the majority having conducted tests of change and a smaller proportion have conducted scale ups and are now looking at how to spread.

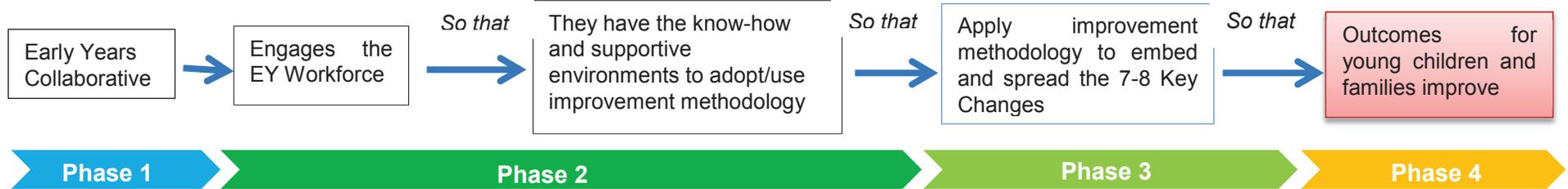
There are a number of challenges that practitioners face (around skills, resources and capacity) as discussed in the previous page that are still relevant at this stage. A particular need identified for this group is around further support on scaling up and spreading, along with, reporting results and sharing learning.

### Going forward

The role of the programme manager is key here to provide strategic leadership, ensuring that local priorities around SOA’s and key change areas are being addressed in the improvement work. IA’s will have a key role to play too, around providing the training, coaching and support to practitioners in scaling up and spreading their tests of change. Particular support is also required around reporting findings and sharing learning and influencing decision makers further up the organisation.

**Assessment of Progress against EYC Theory of Change**  
**–Outcomes for young children and families improve– Rated **NEEDS ACTION****

**Early Years Collaborative Core Theory of Change**



The link between the stretch aims and the key change areas is not straightforward, however, the key change areas (and evidence base) are being used to inform the stretch aim driver diagrams at a local level. Programme managers have been developing their own driver diagrams to reflect their local priorities, interventions and tests of change projects under each stretch aim.

Data collection and reporting mechanisms are still being developed and in early stages. It is anticipated that with the close monitoring of pioneer sites, information on how evidence has been used to inform practice and identify areas for improvement, along with, information on the impact of innovations and service improvement on outcomes for children and their families will be collected.

## **Early Years Collaborative: What Next? Moving into a New Phase**

---

Two years into delivery we are entering phase 3 of the EYC implementation programme which involves:

### **Phase 3 – Implementing and Operationalising:**

- First time innovation is put into effect
- On-going support – coaching, assistance to staff, monitoring on-going implementation, changing systems and culture as necessary, explaining and communicating why innovation is necessary and what it will look like when implemented
- Creating feedback mechanisms to inform future success

In response to the findings of the Stock Take review, the following key actions are being taken:

- Improved support for Practitioners in using the IHI Model for Improvement - New IA's being recruited and trained
- Better support for Programme Managers and definition of their role - Establishment of Programme Managers events to engage, support and share learning
- Improving information sharing and data for monitoring progress - Design a Learning System (feedback system) that:
  - a) Enables and supports collaboration and sharing of information at a practitioner level of successful tests, interventions and practice
  - b) Provides IAs with information that can be used to help prioritise and assess where and at what level support is required
  - c) Provides a national overview of progress against driver diagrams, key change areas and impact on children's outcomes.

## **EYC Stock Take Review of Years 1 and 2 – Main Report**

---

We have used the EYC theory of change to identify key evaluation questions for the different stakeholder groups at each implementation phase. This report is structured around these evaluation questions to effectively assess progress on the implementation of the EYC. A copy for the EYC theory of change and evaluation questions is in Annex C.

### **Stock Take Review Structure**

The review consisted of the following elements and was conducted by Children and Families Analysis in July and August 2014:

- Interviews with Policy Team members (past and present)
- Interviews with PDT team members
- Interviews with SG SCS
- Survey of practitioners and programme managers

The findings of the interviews and survey been used to provide:

1. A review of progress made in EYC Implementation Programme phases 1 & 2 against the EYC theory of change, with comment on the key challenges faced and considerations for moving into EYC implementation programme phase 3.

The stock take review report contains the following chapters:

1. Engagement Of The Workforce
2. Knowledge And Support To Adopt The IHI Model For Improvement
3. Experiences And Learning Of Applying Improvement Methodology In Practice And Spread the 7 Key Change Areas
4. Challenges And Barriers To Implementing IHI Model For Improvement (Model for Improvement)
5. Improving Outcomes For Young Children And Families
6. Conclusion

2. An overview of the EYC implementation programme, descriptions of key roles, tasks, inputs and outputs:

- EYC Ambition, Stretch Aims, Key Change Areas and Workstream Driver Diagrams in Annex A
- EYC timeline in Annex B
- EYC Theory of Change and Evaluation Matrix in Annex C
- A summary of roles and responsibilities for phases 1&2 and draft plans for phase 3 is included in Annex D

3. In addition to the review of progress, summaries of the findings from the interviews with the EYC team have been included in the Annexes to enable sharing of learning.

- An overview of the roles, experiences and reflections of the policy team and the PDT in in Annex E and Annex F
- Summary findings from the feedback from the Learning Sessions is in Annex G
- EYC Baseline and current position on workstreams in Annex H
- Data underpinning EYC baseline data in Annex I
- Topline findings from the Practitioners Survey in Annex J
- Key Changes Evidence Paper in Annex K

## 1. Engagement Of The Workforce

---

### To what extent have practitioners engaged with IHI Model for Improvement?

The 5 Learning sessions have been the main vehicle for introducing, engaging and training practitioners (mainly CPP members) on using the IHI Model for Improvement (Model for Improvement).

The learning sessions have been very well attended in particular by CPP members (average proportion of attendees from this group has been between 80-85%) with around one in three participants attending all 5 learning sessions.

Feedback from the learning sessions is positive with the majority, eight in ten (82%) practitioners, finding the learning sessions useful for learning about the IHI Model for Improvement. One in six (64%) have found the learning sessions useful in learning how to apply improvement methods in practice and sharing experience about how to use improvement methods in practice.

*“Roundtable discussions with colleagues from different local authorities – learning what they do. Also enjoyed the time with the team from my local authority area as it made me feel part of the local project and understand how we all fit together.”*

Participant LS5

Most (71%) have also found the learning sessions useful for meeting other people in similar situations and for giving them enthusiasm to change and improve things (69%).

*“Great opportunities to network and exchange stories/experiences at coffee breaks/storyboards. Like minded people working together”*

Participant LS5

*“Harry Burns is very inspirational and puts all we need to achieve for children into a very motivational perspective.”*

Participant LS3

IF ATTENDED AT LEAST 1 LEARNING SESSION (CODES 1 – 5 AT Q2)

Q2a **What have you found most useful from attending these sessions?**  
PLEASE TICK ALL THAT APPLY

*Base: All who attended at least 1 LS (45)*

	<i>n</i>	<i>%</i>
Learning about IHI Model for Improvement	37	82
Networking with colleagues	32	71
Given me enthusiasm to change and improve things	31	69
Meeting other people who are working in similar areas to me	30	67
Learning how to apply IHI Model for Improvements in practice	29	64
Sharing experiences about how use improvement methods in practice	29	64
Using the Key Change information to prioritise areas for improvement	21	47
Bringing the team together	16	36
Having to report or review progress (e.g. by producing poster)	5	11
Other (WRITE IN)	-	-
None	-	-
Don't know	-	-

## 2. Knowledge And Support To Adopt The IHI Model For Improvement

---

### Overall awareness and adoption of the IHI Model for Improvement

Awareness is high among practitioners.

Of the practitioners who have engaged with the EYC, the majority (69%) feel that they *know a lot or a great deal* about adopting an improvement methodology. However, one in five (22%) feel that they *know just a little*.

The majority also feel confident in adopting it in their day to day work: Eight in ten (83%) feel very or fairly confident with only one in twelve (8%) not feeling confident.

ASK ALL

#### Q3 How much do you feel you know about adopting an improvement methodology?

Base:	PM (7)	All (49)	%
I know a great deal	1	6	12
I know a lot	4	28	57
I know just a little	2	11	22
I don't know much	-	4	8
I don't know anything	-	-	-

#### Q4 How confident do you feel adopting an improvement methodology in your area and day to day work?

Base:	PM (7)	All (49)	%
Very confident	4	10	20
Fairly confident	3	31	63
Not very confident	-	3	6
Not at all confident	-	2	4
Don't know	-	-	-

### Levels of Support

Practitioners felt that they have been well supported by their managers, more than eight in ten (84%) felt that their managers supported them in applying improvement methods. Some of the ways that practitioners have been supported by their managers include: being encouraged to attend the learning sessions, being given the space and time outwith the learning sessions to develop the process and tests.

#### Q7 To what extent do you feel that you have been supported by your managers in applying improvement methods?

Base:	PM (7)	All (49)	%
Very supportive	2	17	35
Fairly supportive	5	24	49
Not very supportive	-	5	10
Not at all supportive	-	1	2
Don't know	-	2	4

As part of their remit, Programme Managers have also supported their colleagues and have provided additional training to practitioners on the IHI Model for Improvement, coaching and supporting ideas and planning.

### 3. Experiences And Learning Of Applying Improvement Methodology In Practice And Spread the 7 Key Change Areas

The majority, eight in ten (80%) practitioners who have engaged with the EYC have also conducted a small test of change in their area. Of these, most have completed at least one test of change (64%) under workstream 3, half have completed a test under workstreams 1 and 2 respectively and only 18% have completed tests under workstream 4.

#### Q8 Have you been able to complete a small test of change in your area?

Base:	PMs (7)	All (49)	%
Yes, 1 test change	3	11	22
Yes, 2 test changes	2	7	14
Yes, 3+ test changes	2	21	43
No	-	10	20
Don't know	-	-	-
<b>Completed at least 1 test of change</b>	<b>7</b>	<b>39</b>	<b>80</b>

#### Q8a-d How many tests of change have you been actively involved with under Workstreams..?

Base: 39	Workstream	1	2	3	4
		%	%	%	%
1 test of change		31	23	26	8
2 tests of change		-	8	10	5
3+ tests of change		23	26	28	5
<b>% completed at least 1 test of change</b>		<b>54</b>	<b>57</b>	<b>64</b>	<b>18</b>

Within these, the main Key Change areas being addressed by tests include:

#### Q8e What outcomes or key change areas are your test change areas trying to improve? PLEASE TICK ALL THAT APPLY

Base: All who have completed small tests: 39	n	%
Addressing Child Poverty (income maximisation)	17	44
Family Engagement to Support Early Learning	15	38
27-30 month Child Health review	10	26
Early support for pregnancy and beyond (previously Early Intervention in Maternity Services)	9	23
Attachment and Child Development beyond maternity services	8	21
Developing parenting skills	8	21
Continuity of care in transitions between services	6	15
Other (WRITE IN)	5	13
Don't know	-	-

## Scaling Up

Scaling up tests of change has not happened so extensively, with around half (52%) having tried to scale up.

### Q8i **Have you been able to scale up a small test of change in your area?**

<i>Base: All who have completed small tests:</i>	<i>PMs (7)</i>	<i>All (39)</i>	<i>%</i>
Yes, successfully	2	17	44
Yes, tried but was unsuccessful	-	3	8
No	4	16	41
Don't know	1	3	8

### *Flash Reports*

From reviewing the Flash reports, which provides a good overview of the work stream areas covered by tests and the interventions under which tests are being conducted, practitioners are still in the early stages of their PDSA cycles. Very few have moved to scaling up beyond their local areas and most are still in early planning stages and data capturing stage.

### **Use of data to inform decisions and share learning**

There is limited information on this from the stock take work. However, anecdotal evidence from attending learning events is that data from test sites is being used to inform service planning and resourcing and having an impact on prioritising spend but it is not being documented formally in any way.

## 4. Challenges And Barriers To Implementing IHI Model For Improvement (Model for Improvement)

---

### *Skills and training*

In order to implement the IHI Model for Improvement effectively, a practitioner has to have a certain skill set in addition to their professional skills and knowledge, which includes analytical skills such as, measuring, capturing and analysing data, implementation and process evaluation skills and influencing skills. There is a significant challenge to ensure that the majority of practitioners have these skills or have access to someone who can support them in these skill areas. Therefore, development, training and coaching the workforce is a vital part to the successful implementation of the EYC and will continue to be so going forward. The PDT team have played a major role in recruiting and training and supporting programme managers to ensure that they have the relevant skill sets and the learning sessions have been the main form of training for practitioners.

The role of the data manager within the EYC policy team has been key to developing and shaping the stretch aims driver diagrams, bringing his expertise and knowledge of existing data sets that can be utilised for monitoring progress as well as sharing learning, coaching and training practitioners in using data and analytical tools and skills.

The role of the data managers within CPPs have also supported programme managers to collate, analyse and report on findings from tests of change.

### Q12 **Would you like to receive more support on using the improvement methodology?**

<i>Base All</i>	PMs (7)	All (49)	%
Yes	7	25	51
No	-	14	29
Don't know/no response	-	10	20

### *People and resources*

The IHI Model for Improvement is a process of improvement and builds up momentum by scaling up and spreading innovations. A significant barrier identified from the Programme Managers and practitioners is around knowledge, skills and expertise around scaling up and spreading. In addition, programme managers have reflected that they have found negotiating for additional resources and budgets challenging in order to achieve this part of the model and the PDT recognise this as a challenge going forward – *“need to get the right people around the table to make decisions about re-allocating spend”*. The PDT have also highlighted concern over maintaining the funding for Programme Managers next year seeing their posts as being at risk going.

### *Time to plan improvement – take time out of day to day job to learn and try it out*

Practitioners mention particular support they have received from managers is around being allowed to take the time out of their day job to learn about the IHI Model for

Improvement and plan, develop and try out a test of change. However, this support has not been universal and practitioners also mention not having the capacity to 'take time out' as a significant challenge to being able to implement the model.

*Culture of learning and working across traditional boundaries*

There are also cultural and structural barriers around getting the buy-in and resources to undertake improvement work. These challenges have been reflected in feedback from the PDT, where they feel that one of their key roles was to make the links between practice issues and using the IHI Model for Improvement as a way to bring in evidence of 'what works' and try new things out.

It is still relatively early in the implementation phase to assess the extent to which an organisation has moved to a learning culture, however, there are promising findings from the survey of practitioners and program managers that the EYC is making an impact. One key finding is that two in five (45%) practitioners feel that the IHI Model for Improvement has changed practice on the back of tests of change evidence.

**Q11 We would like to understand if there have been any changes to organisational structures and processes as a result of the EYC training on improvement methodology. Has your organisation changed in the following ways? Please tick all that apply.** PLEASE TICK ALL THAT APPLY

Base: All (49)

	<i>n</i>	%
Has shared the learning about improvement methodology to wider practitioners and staff	30	61
Established new networks with practitioner's and colleagues from other areas	25	51
Has provided dedicated resource to support the application of improvement methods (e.g. programme manager etc)	22	45
Has changed practice on the back of tests of change evidence	22	45
Adopted new practices on the back of sharing expertise	16	33
Adopted new interventions on the back of learning from the evidence base	14	29
Adopted new interventions on the back of learning from other areas expertise	8	16
Recruited new staff with expertise in improvement methods or data analysis	7	14
Shifted resources (including spend) to support changes made through improvement methods	6	12
Has restructured to support the implementation of improvement methods	5	10
Other	2	4
None of these	4	8
Don't know	3	6

## **Use of evidence to inform practice**

The work of the PDT team has been instrumental in encouraging and supporting practitioners to use the evidence base to inform their practice and underpin test change ideas rather than using 'hunches'. The PDT team found using Webex's useful for presenting the evidence base to a wide audience.

## **5. Improving Outcomes For Young Children And Families**

---

### **Progress towards achieving Stretch Aims and Improving children and young people's outcomes**

It is still early stages to see any dramatic improvement in the high level statistics that are used for the stretch aims. However, there is early indication (from recent quarterly updates of ISD data and GROS data) that the trend of improvement is continuing and with stretch aim one is on track to achieve its ambition. Annex H provides an assessment of the baseline data for each workstream stretch aim and Annex I provides a narrative on the trends and potential measures that could be used to assess progress under each stretch aim.

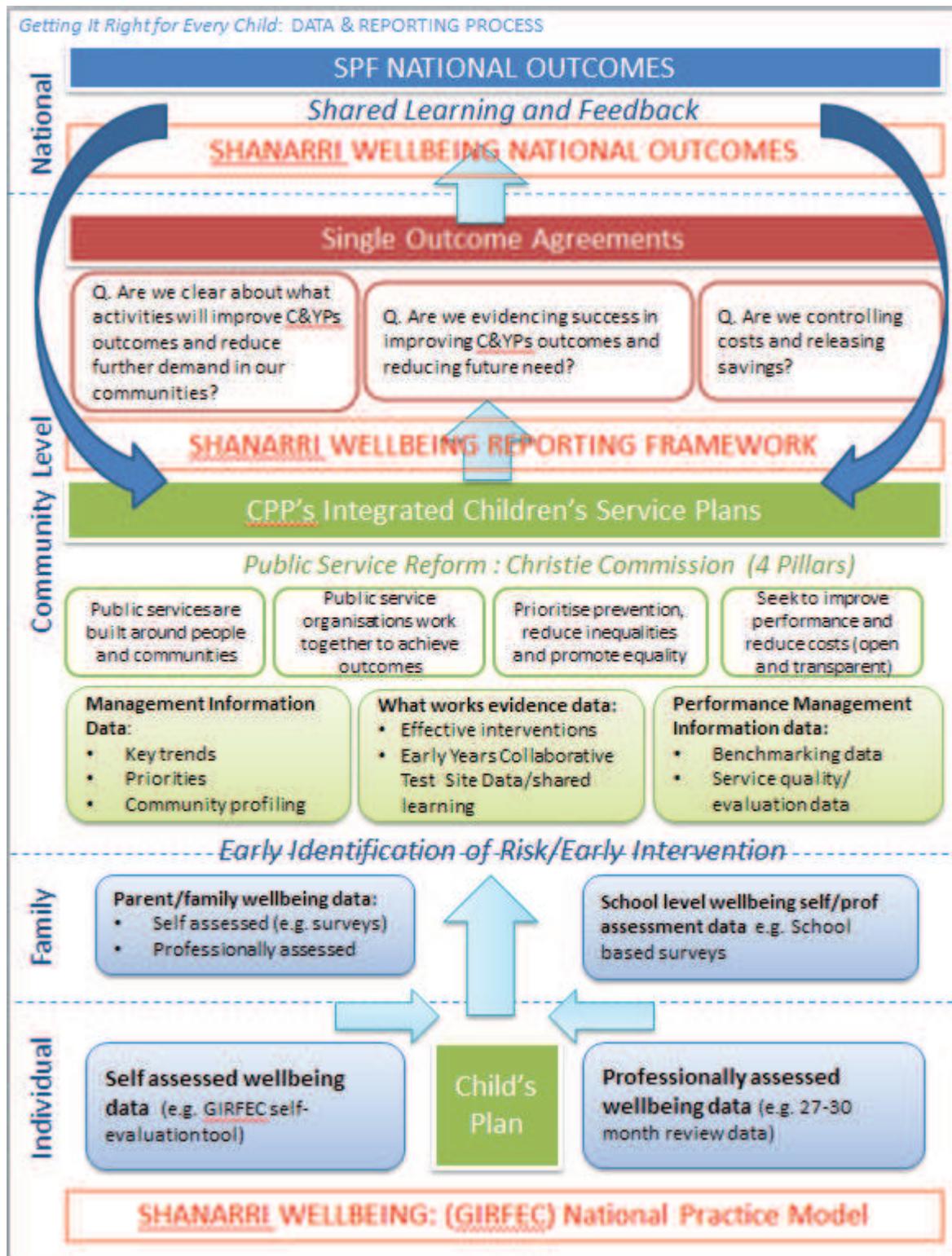
A key challenge going forward is around attributing the improvement in stretch aim data to the EYC approach by using driver diagrams and tests of change data and providing a narrative around this.

The link between the stretch aims and the key change areas is not straightforward, however, the key change areas (and evidence base) is being used to inform the stretch aim driver diagrams at a local level. Programme managers have been developing their own driver diagrams to reflect their local priorities, interventions and tests of change projects under each stretch aim.

Data collection and reporting mechanisms are still being developed and in early stages. It is anticipated that with the close monitoring of pioneer sites, information on how evidence has been used to inform practice and identify areas for improvement, along with, information on the impact of innovations and service improvement on outcomes for children and their families will be collected.

More broadly, there is potential for EYC data, key change areas and stretch aims data to be highlighted and integrated into the guidance for Community Planning Partnerships (CPPs) in planning for children's services as part of the Children and Young People (Scotland) Act 2014, provision to report annually on children's wellbeing outcomes (through SHANARRI framework) as illustrated on the next page. This would also ensure that the EYC longer term outcomes are integrated with other key policy developments and integrated under the National Performance Framework.

**Link with Public Service Reform, Single Outcomes Agreements and GIRFEC/SHANARRI**



## 6. Conclusion

---

- **High levels of engagement with the IHI Model for Improvement**
- **Positive feedback from Learning Sessions for learning about the IHI Model for Improvement and how to use it in their areas of work**
- **Vast majority of practitioners have completed a small test of change in their area**
- **Now a will to ‘move the learning on’ through the learning sessions, hear more about Scottish context examples and how practitioners have scaled up and spread.**
- **However, there is now a ‘spectrum’ of practitioner knowledge and engagement with the IHI Model for Improvement and the forward programme needs to consider how best to support practitioners on the different points of the spectrum.**
- **Need to engage with leaders and decisions makers to ensure skills, resources and spend is provided to sustain implementation.**

There is a will to ‘move the learning on’ through the Learning Sessions and that hearing from Scottish context examples and work in practice is preferred.

There are also questions raised as to how the IHI Model for Improvement fits with other improvement methods and whether other methods are still to be used.

The literature explains that the spread process starts slowly and small, with only a few early adopters. Over time, the spread process seems to reach a “tipping point,” where it accelerates dramatically and a majority adopt the idea. Spread then slows once again as the remaining hold-outs finally take up the idea, typically levelling off at some point shy of 100 percent – see figure 1.<sup>5</sup>

Feedback from Learning Session 5 indicates that there is now a ‘spectrum’ of knowledge and engagement around implementing the IHI Model for Improvement (Model for Improvement), which was anticipated and in line with the literature on the spread of new ideas: At the one end: ‘early adopters’ - those who have been using it and implementing tests of change and have tried some scaling up; in the middle - those who have conducted tests but not scaled up yet and at the other end, those who are still in early planning stages or you could also include those who are not on the spectrum yet - those who have yet to learn about it or engage, see figure 2.

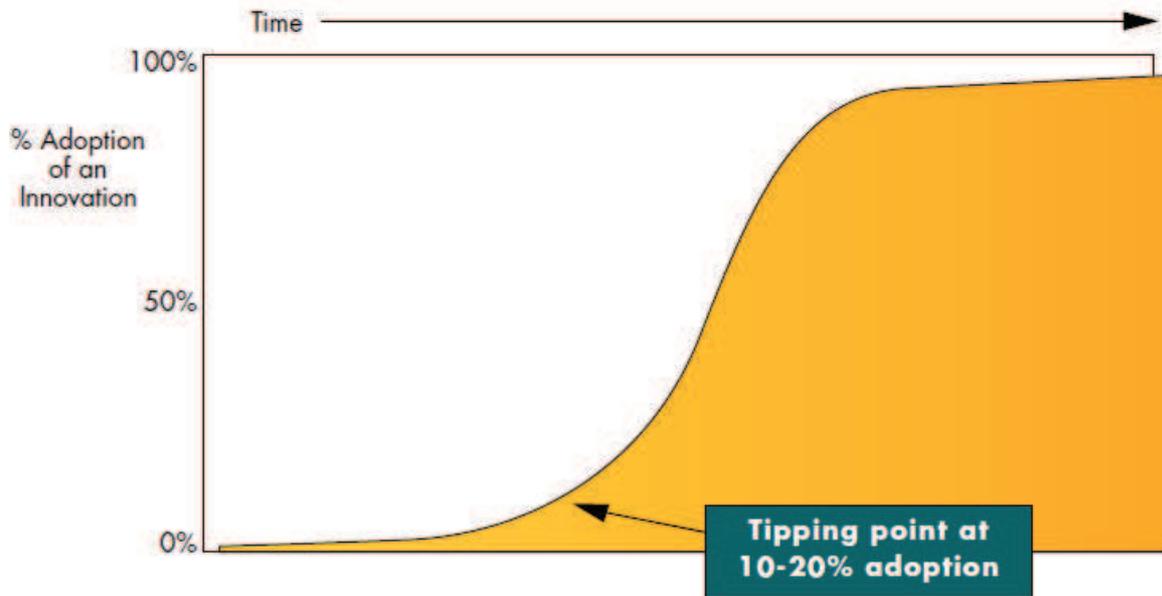
It will be important to understand and communicate information and guidance around the spread process in order to manage expectations around delivery and the momentum of delivery. Understanding when we reach ‘the tipping point’ will also be key and a milestone in the phase 3 implementation process. A focus on the pioneer sites will help us to better understand this.

---

<sup>5</sup> VHA’s 2000 Research Series—Spreading Good Ideas for Better Health Care A Practical Toolkit by Paul Plsek

**Figure 1**

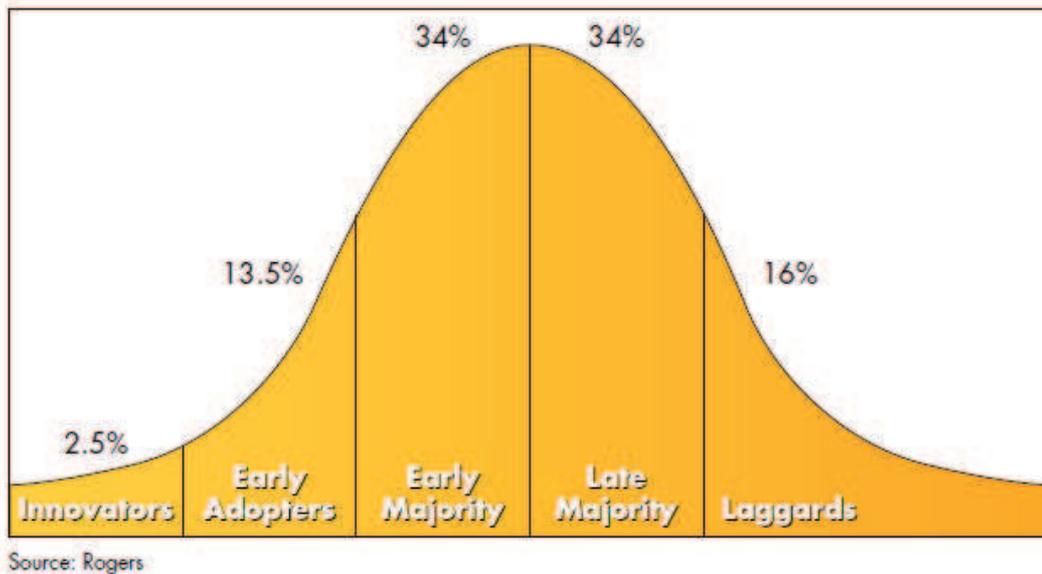
The spread of new ideas typically follows a non-linear, s-curve.



Another view of this non-linear phenomenon is shown in Figure 2.<sup>6</sup>

**Figure 2**

Individuals can be categorized as to when they adopt a new idea.



<sup>6</sup> Rogers E.M., Diffusion of Innovations. Fourth Edition. New York: Free Press, 1995.

**Going forward – PDT team finishing – sustainability:**

There is an expectation that the new IA's will fulfil the coaching and supporting role for implementing the IHI Model for Improvement (the expectation is that this will also include training on data measurement and data reporting)

The PDT have worked closely with Programme Managers in their local areas to ensure that they can continue with their roles (of having a strategic oversight of tests and relevance to EYC workstreams and stretch aims, monitoring tests and scale ups, sharing data and experiences and supporting the model in their local areas)

There is an opportunity to better define the PM role and expectations around how they are to report on progress on outcomes for each EYC workstream and share data. There is a concern that PM posts will not be resourced after this initial phase and therefore the significance of this post should be highlighted to senior leaders (to ensure that posts are kept on and resource either increased or maintained).

With the development of the Pioneer Sites, there is an opportunity to work closely with the PM in these sites to better understand their role, expectations and the support that they need to effectively deliver.

There is also a suggestion that the role of Data Manager is reviewed to see whether there are particular advantages in having this role going forward – particularly around the ability to report on, monitor progress and share data.

## **Annex A: EYC Ambition, Stretch Aims, Key Change Areas and Workstream Driver Diagrams**

---

### **EYC AMBITION**

*To make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed*

### **STRETCH AIMS**

WS1 - Positive pregnancies which result in the birth of more healthy babies by end 2015, through a reduction of 15% in the rates of stillbirths and infant mortality.

WS2 - 85% of all children reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016

WS3 - 90% of all children reached all of the expected developmental milestones at the time the child starts primary school, by end-2017

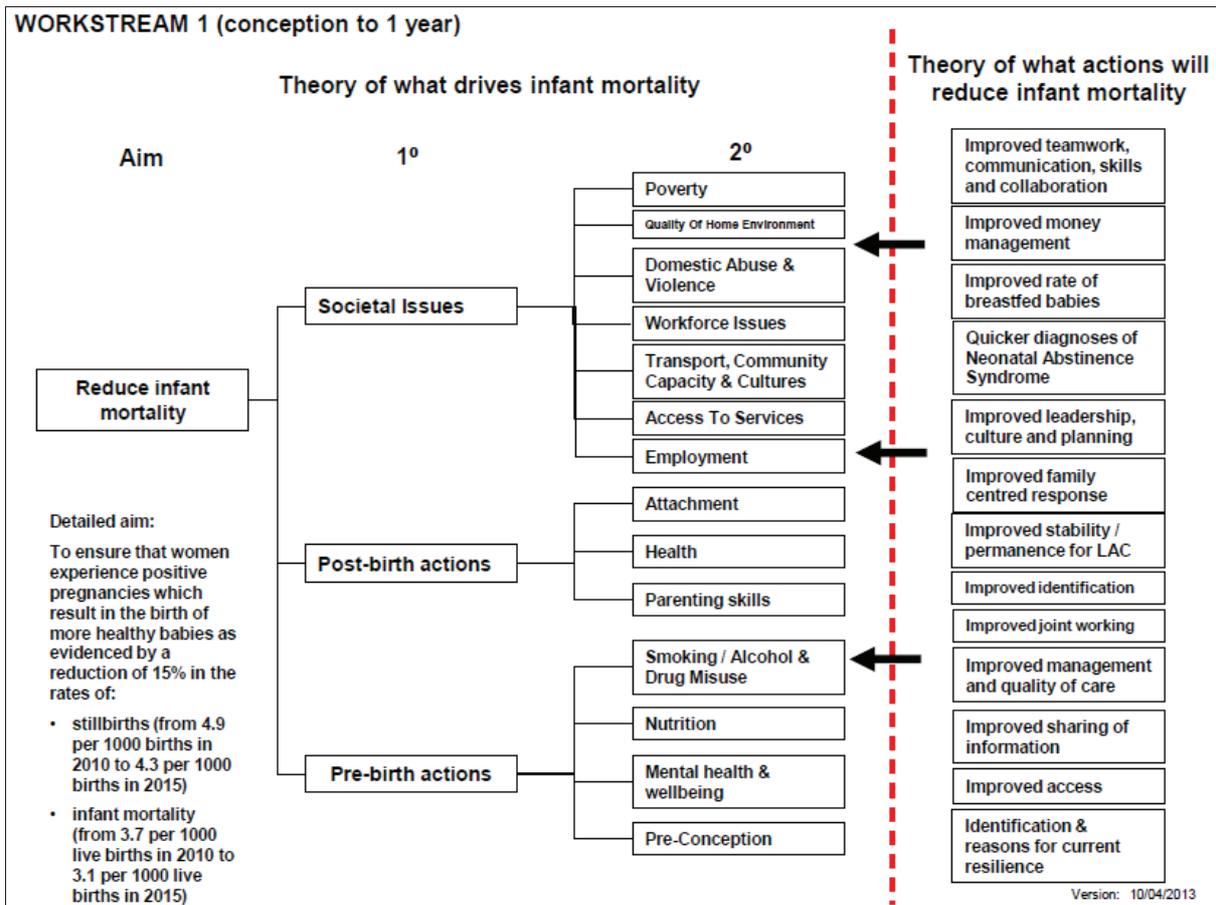
WS4 - 90% of all children in each Community Planning Partnership area will have reached all of the expected developmental milestones and learning outcomes by the end of Primary 4, by end-2021

Leadership – provide the leadership system to support quality improvement across the Early Years Collaborative.

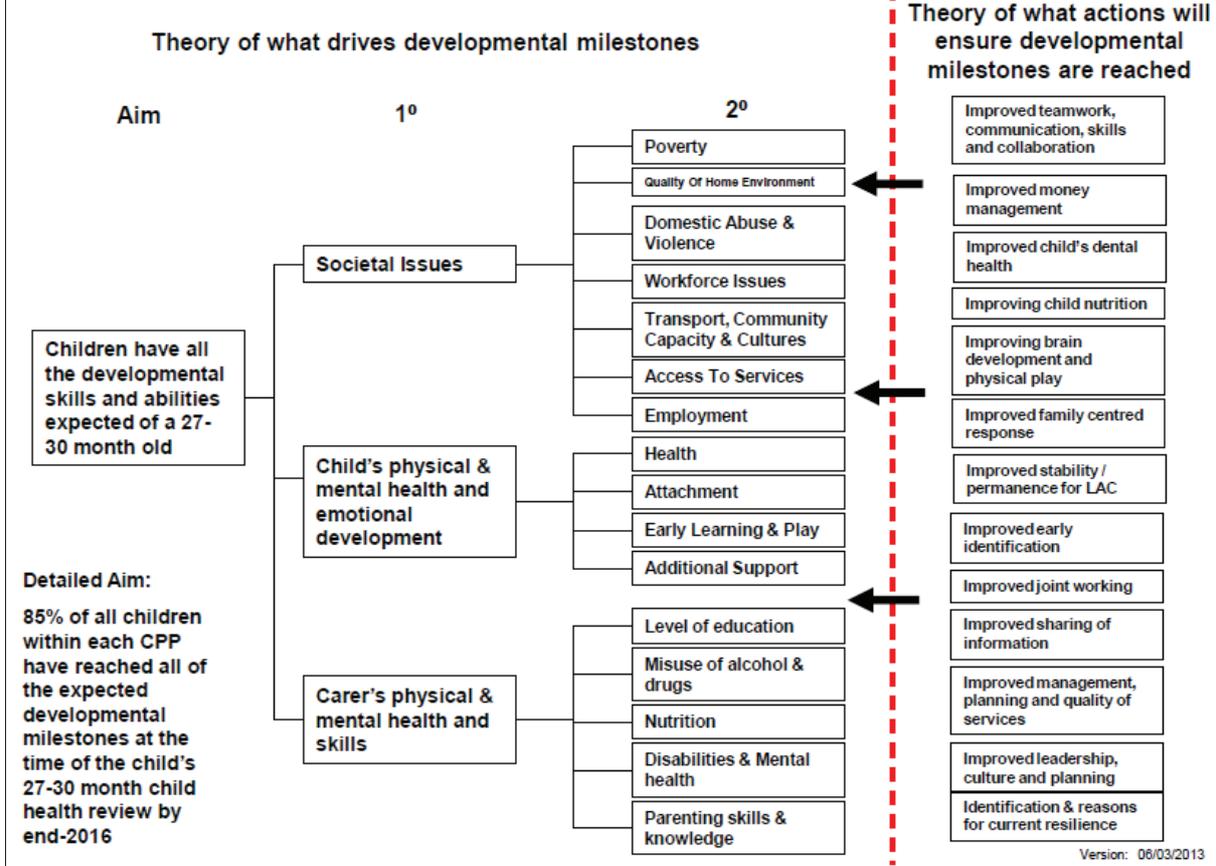
### **KEY CHANGES**

- Attachment and child development
- Developing parenting skills to meet parents' needs where and when they need it (including nutrition)
- Continuity of care in transitions between services
- Addressing child poverty – income maximisation achieved for families that require it
- Early support for pregnancy and beyond (previously Early Intervention in maternity Services) including stillbirth review process and smoking cessation – delivering interventions in pregnancy reliably
- 27-30 month Child Health review
- Family Engagement to Support Early Learning

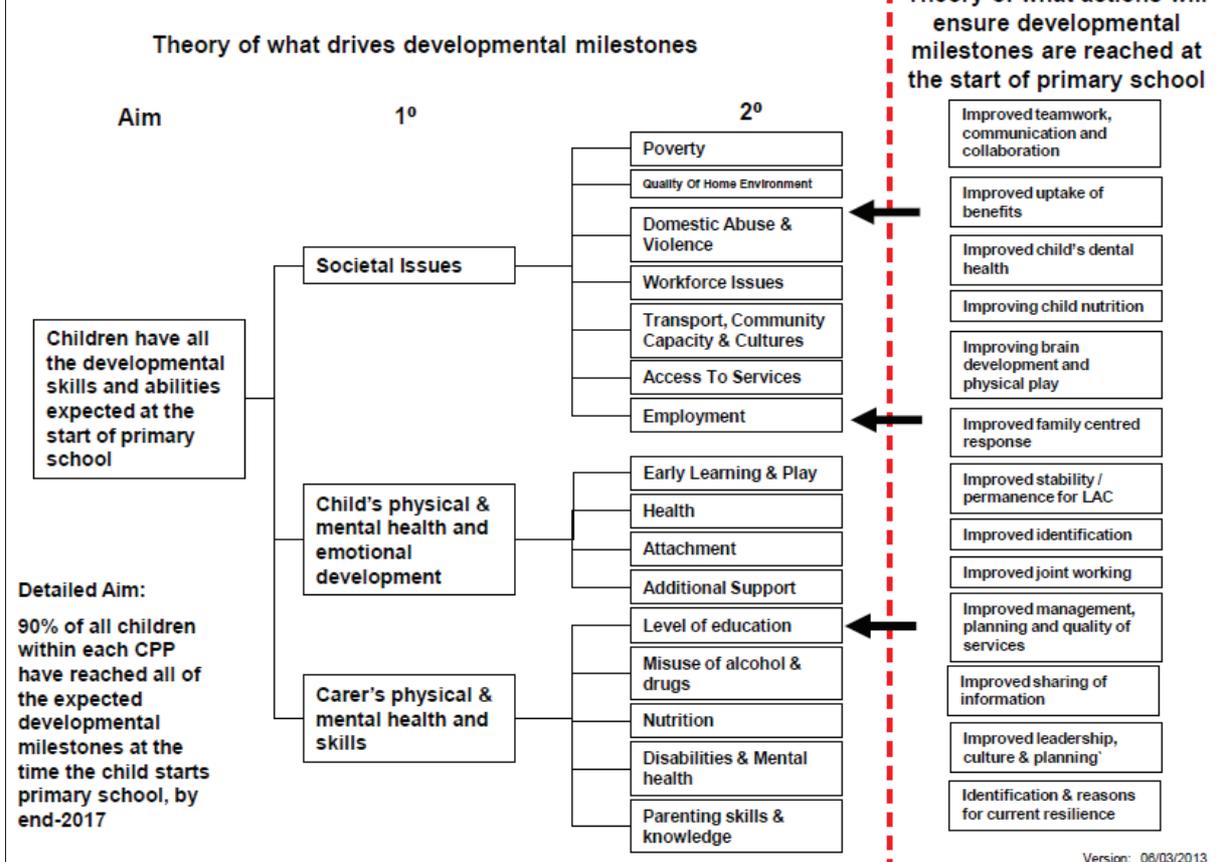
# EYC WORKSTREAM DRIVER DIAGRAMS

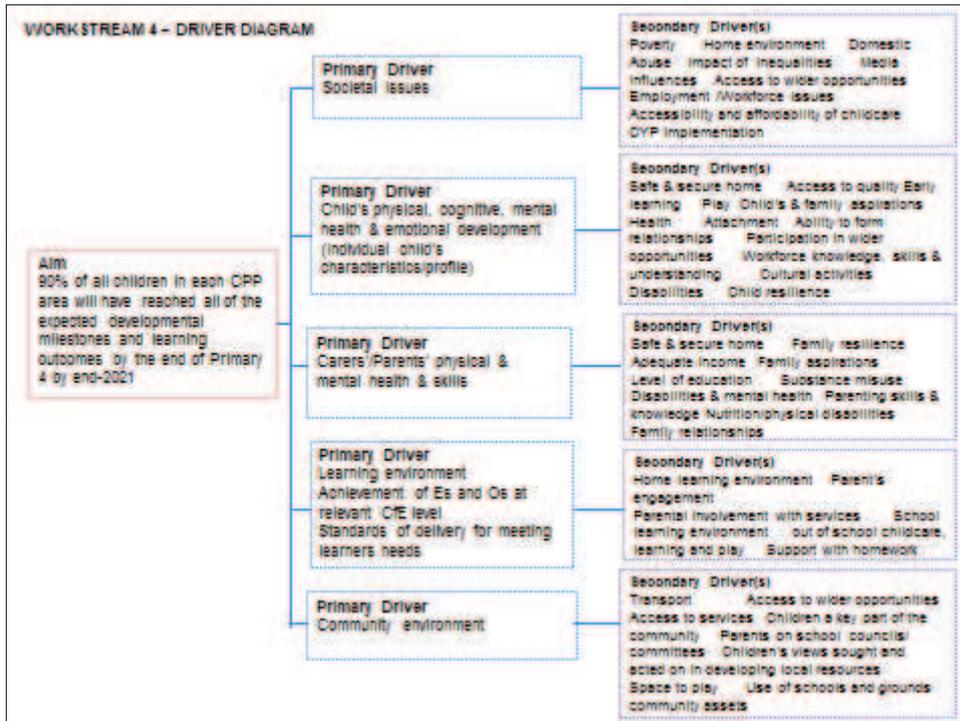


**WORKSTREAM 2 (1 year to 30 months)**

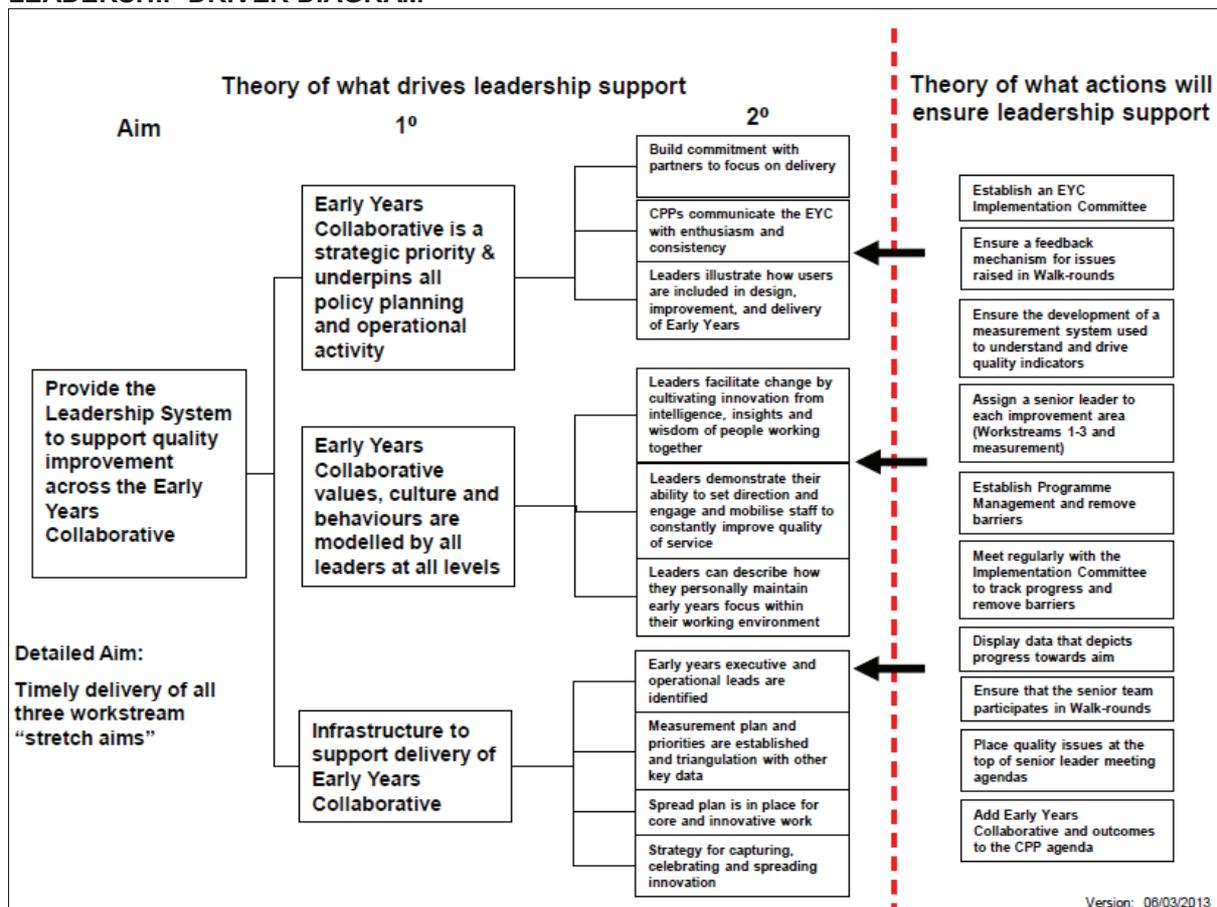


**WORKSTREAM 3 (30 months to start of primary school)**

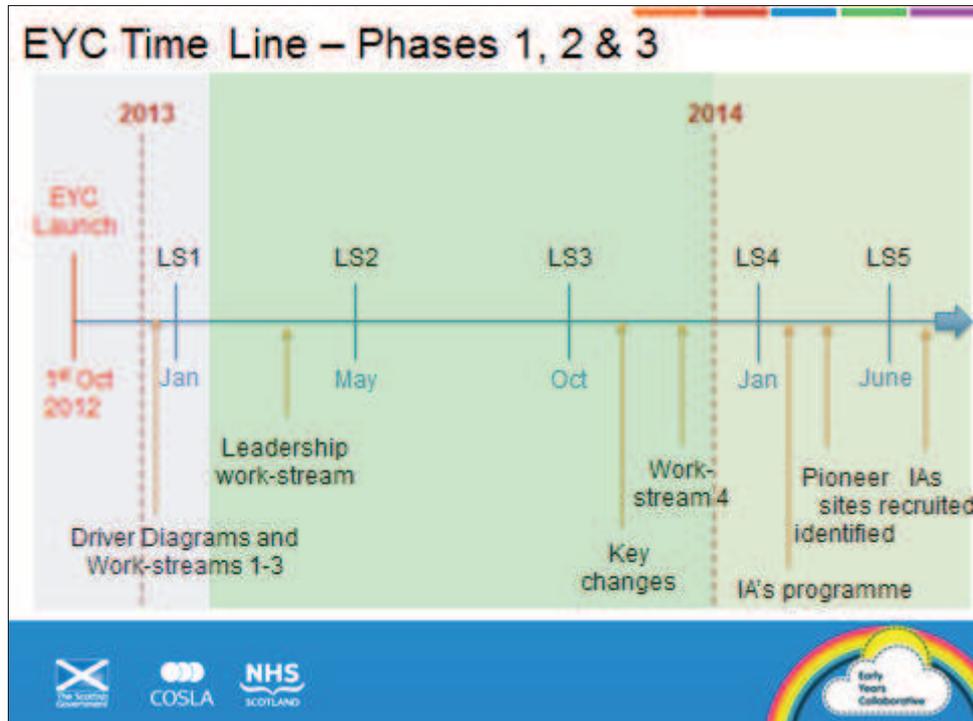




**LEADERSHIP DRIVER DIAGRAM**



## Annex B: EYC Timeline



### 2011

- Public Sector Reform Conference showcased Scottish Patient Safety Programme (SPSP) Work.

### 2012

#### Spring

- Director Children & Families advised of success of SPSP programme and bought copies of The Improvement Guide for his Senior Team.
- EY team then discussed possible use IHI breakthrough series collaborative model at official and Ministerial level.

#### Summer

- Sought Early Years Taskforce approval to explore.
- Met/corresponded with Cabinet Secretaries for Health, Justice and Education and Lifelong Learning to ensure content.
- Developed outline of what EYC might look like – life cycle broken down by key developmental stages.
- Recruited Improvement Adviser to EY policy team.
- Bespoke 1 week training course from IHI for immediate EY team and wider directorate and SG colleagues with an interest in improvement.

#### Late Summer/Autumn

- Expert groups convened for each of initial 3 workstreams to scope out what the things were that if we did reliably for every child and family would have the biggest impact/make the biggest difference

- Recruited Practice Development team to assist with delivery/support in localities.
- 1<sup>st</sup> October – 1 day launch of EYC held in Edinburgh. Senior politicians and leaders from SG, LG and health brought together to explain the concept and our intention to take forward
- President of IHI (Maureen Bisognano) met with us to discuss design of Learning Session 1.

#### **Winter**

- Senior leaders from SG (DG Health & Social Care and DG Learning and Justice plus Co-Director of Quality Unit and EY division senior team) met with every local authority and health board Chief Executive either in person or by video conference. This was done using the Health Board areas so often several Local Government Chief Executive Officers in the same room. Relevant senior police personnel also attended.
- Sessions provided opportunity to explain our thinking – that this method could act as a tool to assist CPPs (our agreed delivery vehicle) to transform their models of service delivery to best meet the needs of their clients in an environment of financial constraint. Made clear ask of CPPs – dedicated programme manager and data person, senior champion – and offer from us, support via PDT, learning sessions, webexes etc. Explicitly said not a mandatory programme and no funding provided direct to CPPs to support. Each CPP had to decide if this was something that was worthwhile to them.
- Early Years Taskforce met and agreed Ambition and Stretch aims of the EYC.
- Invitations to Learning Session 1 issued along with request for pre-work activity.
- Recruited Collaborative Programme Director to EY Policy team.

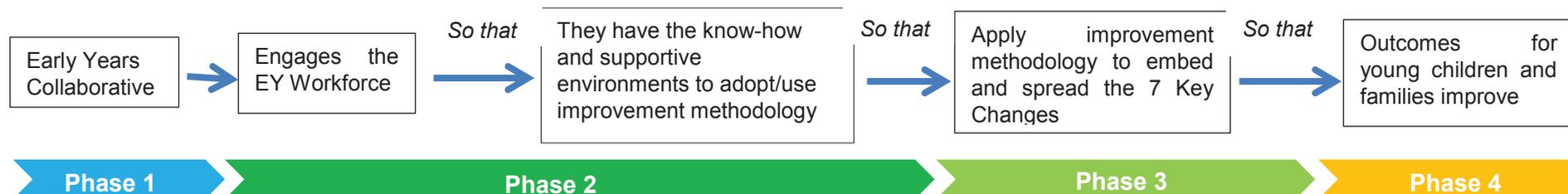
#### **2013**

- LS1 took place end January. All 32 CPPs represented. Over 700 people present for 2 days. Real enthusiasm and momentum in the room.
- 2 further learning sessions held in May and October. Full attendance maintained. Learning Sessions speakers included: Cabinet Secretary for Finance, Employment and Sustainable Growth, Cabinet Secretary for Education and Lifelong Learning, Minister for Children and Families, Scotland's Chief Medical Officer.

#### **2014**

- LS4 took place end January and introduced a new workstream ensuring EYC now fully covers the age range of the Early Years Framework 0-8 years. Delegates addressed by the Deputy First Minister.
- LS5 and LS6 planned for June and October.

## Annex C: EYC National Learning Framework: Theory of Change and Evaluation Questions

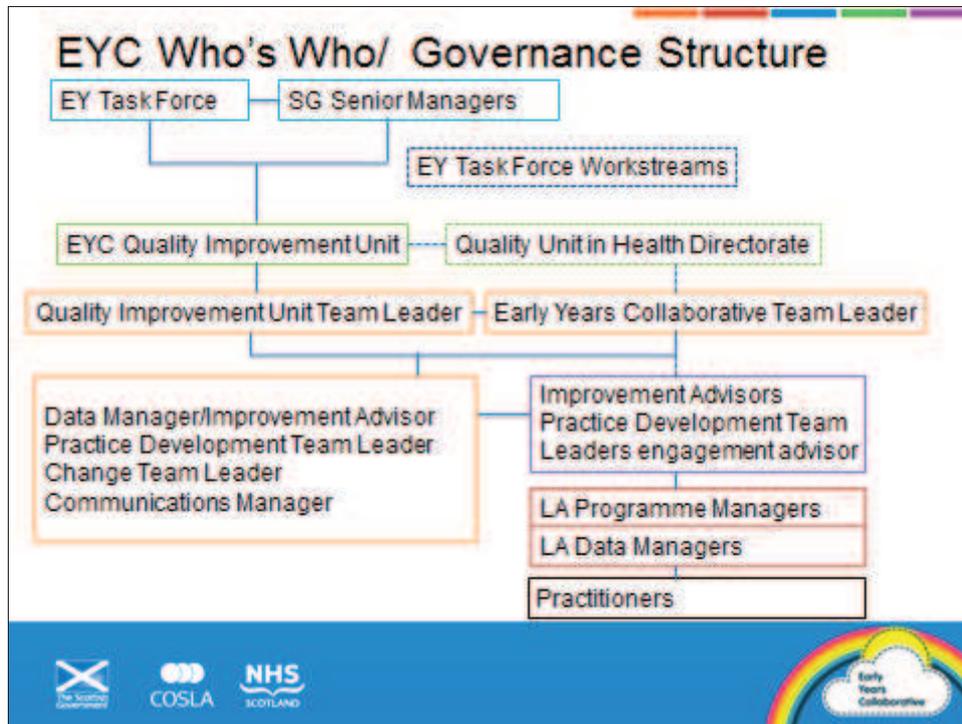


### Evaluation Question Matrix:

EYC Theory of Change	Implementation phase	Practitioner level	Partnership (Programme Manager) level	Organisational (Leadership) level	National level
EYC Engages the Workforce  <i>So that</i>  They have knowhow and supportive environments to adopt/use improvement methodology	Phases 1 & 2 Short term (first 1-2yrs)	To what extent have practitioners engaged with improvement methodology? How have small tests of changes been applied? How has data been produced and used to inform decisions for both successes and failures? What barriers or issues have been identified (e.g. regulatory issues)? What evidence has informed practice?	To what extent do Programme Managers understand and support improvement methods? What do they see as their main role in supporting the improvement method approach? What level of support have they had from their leaders? How has data been produced and used to inform decisions for both successes and failures?	How are practitioners supported to engage with improvement methods? Leadership – To what extent do senior leaders understand and support improvement methods? How much capacity do you think the organisation has to make changes in this way? How has data been produced and used to inform decisions for both successes and failures?	Which sectors have engaged with EYC and to what extent (all of Scotland)? How has data been produced and used to inform decisions for both successes and failures?
Apply Improvement	Phase 3 Medium	Is there evidence of scaling up? What is being scaled	What structures/process are in place to influence	Has improvement methodology been	To what extent has EYC

methodology to embed and spread the 7 key changes	term (2-5yrs)	up, why (including evidence used to inform) and how?	decision making? Role of Leadership – in identifying and addressing local and strategic barriers and prioritising prevention/early intervention action?	integrated into organisational structures and processes? Have organisations made new connections/adopted new practices with other organisations and interventions?	contributed to Public Service Reform (Prevention, Performance, Place, Partnership)?
Outcomes for young children and families improve	Phase 4 Long term (5yrs +)	To what extent is improvement thinking part of everyday practice?	To what extent have resources (including spend) shifted to support changes made through improvement methods?	To what extent have changes been adopted within the organisation and where might this be seen?	What difference has this made to outcomes for children and families?
<b>Research method/ tool used for data gathering for stock take review</b>		<ul style="list-style-type: none"> <li>• Survey of practitioners</li> <li>• Desk based research: Review of flash reports and feedback surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Survey of Programme Managers</li> <li>• Interviews with PDT team members</li> </ul>	<ul style="list-style-type: none"> <li>• Survey of Practitioners and Programme Managers</li> <li>• Interviews with policy team members</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews with policy team</li> <li>• Desk based research: overview of progress against stretch aims and links with GIRFEC and PSR agendas</li> </ul>

## Annex D: Summary of EYC Implementation Team, Roles and Responsibilities



EYC Team/Individuals	Roles and Responsibility for phases 1&2	Roles and responsibilities for phase 3
EY Task Force	Provide strategic leadership and monitor progress of a number or workstreams including EYC in delivering better outcomes for CYP	Provide strategic leadership and monitors
QIU Team Leader	Management of policy team	Management of policy team
EYC Team Leader	Management of EYC implementation programme	Management of implementation programme
QIU Data Manager/Improvement Advisor	Advise on and support effective data collection and analysis on stretch aims and test of change data	Not applicable: Embed into IA roles and PM roles
Practice Development Team Leader	Management of PDT team	Not applicable
Change Team Leader	Manages day to day implementation of EYC and events.	Manages day to day implementation of EYC and events.

	Internal/Ministerial briefings	Internal/Ministerial briefings
Communications Advisor	Not applicable	Advise on and support effective communications
Improvement Advisors x7	Train, coach, support practitioners in implementing IHI Model for Improvement	Train, coach, support practitioners in implementing IHI Model for Improvement – train the trainer approach
Practice Development Team x12	Promote and share the EY evidence base in developing and improving practitioner practice and service delivery	Not applicable
Leaders engagement advisor	Promote EYC among senior leaders and coach them around what they may need to do to support the EYC	Not applicable
LA Programme Managers	Coach and support practitioners in use of IHI Model for Improvement in local areas	In addition practitioners in implementing the IHI Model for Improvement, provide strategic overview of tests of change sites, outcomes and sharing data both with senior management as well as with other partners
LA Data Managers	Collect, analyse and report on tests of change data	Focus on sharing the data and using the data for service planning and resource decisions
Practitioners/EY workforce	To implement IHI Model for Improvement and embed into day to day practice	Scale up and spread

## **Annex E: Overview of Role of Quality Improvement Unit (EYC Policy Team)**

---

The QUI Policy Team has evolved to reflect the differing requirements of the team over this initial period. Initially the team was organised support the work for the Early Years Task Force and EY change fund, which lead to the development of the Early Years Collaborative to drive forward preventive and early intervention practices in early years with the aim of achieving better outcomes for children. Adopting the IHI Model for Improvement as a tool for improving service delivery was also a key development under the EY Task Force ambition.

The Team leader has a strategic role of aligning the work of the EYC with that of the EY Task Force and sharing their ambitions around moving to a preventive approach and preventive spend while making a difference for children's outcomes. She also oversees the day to day management of the team and the PDT.

Moving to focus more on embedding the IHI Model for Improvement the team brought in expertise and established a Lead Improvement Advisor to oversee and deliver training, Learning Sessions and delivery of the Model for Improvement on a national level. The team worked closely with the Quality Unit in Health Directorate which provides IA support centrally.

A QIU Data Manager/Improvement Advisor was also recruited to lead on the development of the driver diagrams, stretch aims and develop a data sharing tool (extranet). The role also included expertise on the IHI Model for Improvement and data management, providing support on the data collection, management and reporting function of the Model for Improvement.

The success of engagement from all the CPPs was a welcome surprise and the capacity of the team to engage on this level was challenging. The team had to expand quickly to meet the new demand for advice, support and information. The programme of work moved very quickly, in particular from one learning session to the other and therefore the team had to focus solely on the learning sessions development and delivery.

In response to the increased demand for support, a new Leadership post was established, to focus on engaging with leaders in the CPPs (Chief Executives of LA's and Health Boards) around the EYC and the Model for Improvement approach.

A new Communications post has also been established to support awareness raising of the EYC both internally and externally and to provide information as to how the EYC fits with Scottish Government priorities and policies and the broad outcomes agenda around children and families.

**Going forward EYC Policy Team:**

The EYC is moving into its next phase and therefore requires a shift of focus from awareness raising and training to a more focussed approach. The development of the key change areas, workstreams and the development of the pioneer sites will ensure that a more focussed approach is taken and can be monitored and managed and learning is shared in the broadest sense.

The main tasks going forward are going to be around support of spreading and scaling up, in particular in areas that are not health based, monitoring the shift of resources and move to preventative spend, as well as, reporting on the impact of the changes on children's outcomes.

Identifying key roles and expectations of senior managers and Chief Executive's and coaching them around their leadership tasks, such as, the use of data to inform decisions about resource and spend will be important too. Therefore, the team will need to structure their resources around these key task areas.

There is also an opportunity to improve communication internally and externally about the EYC, share its ambitions and learning, explain how it fits with the overall SG ambitions for Children and families and other Children and Families policies such as GIRFEC.

## **Annex F: Overview of Role of Practice Development Team (PDT) in engaging the workforce**

---

The role of the PDT has evolved, building on their skills, commitment and learning. The team members were recruited because of their expertise in early years practice and experience in working in LA's and service delivery. Their remit at the start was to support practitioners in implementing good practice for prevention and early intervention in early years. They had no experience of the IHI Model for Improvement and had to learn quickly about the model and how it could be used to improve children's outcomes in an early years setting. They all took this learning on board, became advocates of the model and have shared their enthusiasm and commitment of the model with practitioners and CPP members in their allocated areas.

On reflection, PDT members felt that they had to take on more of a coaching and training role in the IHI Model for Improvement than initially expected because there was an absence of Improvement Advisors (IA's) (who it is assumed usually would have done this role).

However, they have used their expertise in early years practice to feed into the development of the workstream driver diagrams and stretch aims and identified the need to provide structure around the test areas, bringing the focus of the EYC onto a small number of topic areas - topic areas based on the evidence which will have the most impact on children's outcomes.

They have also worked to share good practice and learning from the evidence base of EY practice among practitioners and they have done this effectively through the use of Webex's, learning and round table sessions and building on their existing networks.

Practice Development Team (PDT) members feel that they have been instrumental in engaging with CPPs across 32 LA's, raising awareness of the EYC and supporting CPPs to adopt the IHI Model for Improvement, attend learning sessions and implement tests of change.

### **Key Learning Points and Reflections:**

- What has worked well? And why?
  - Having a multi-disciplinary team, range of expertise and networks that cross Health and Education and Social Work boundaries
  - Support of IA's
  - Good relationships within the team – worked well as a team and were supportive of each other
  - Good interpersonal skills
  - Advocates of the IHI Model for Improvement approach and the benefits and strengths of using it, to implement the evidence base into practice, to improve outcomes for children and their families.
  
- What have been the key challenges? How have they been addressed?
  - Having to train practitioners in the IHI Model for Improvement at the same time as learning about it themselves.
  - Breaking down traditional boundaries between health, education and social work disciplines and agencies – has taken time and slowed process down
  - Identifying and understanding how the EYC fits into local systems, EY strategies, policies and political contexts on the ground, each area is different – key to success
  - Obtaining and reporting on improvement data – to assess progress
  - Engaging senior managers – were being informed of the EYC at the same time as practitioners which the PDT found challenging and difficult, feedback has been that they would have liked to have known in advance so as to prepare and better support the initial work.

## Annex G: Feedback from Learning Sessions

---

Participants of the Learning Sessions highlighted particular strengths as:

- Having a national focus and drive to support early years and improve services – raising the profile of early years practice in LA's and CPPs.
- Learning about the importance of improvement science: need to use evidence and data to demonstrate the impact on outcomes and build in improvement strategies
- Showcasing how other LAs and practitioners are doing things and having an impact
- Making new contacts and networks with relevant people to share ideas and learning
- Bringing in experts to talk about what works in their areas
- Given time to come together and catch up

### Key Learning Points and Reflections:

- What has worked well? And why?
  - Having inspirational speakers (e.g. Harry Burns)
  - Engagement from Ministers with a national ambition
  - Early Years is a 'visual' topic – exciting and interesting, captures imagination
  - Good evidence base and evidence of good practice/existing good practice
  - Ability to effectively reach practitioners on a national level
- What have been the key challenges? How have they been addressed?
  - Making the IHI Model for Improvement part of the day job
  - Getting time to train (learn how to do it) and implement a test
  - Identifying how the EYC fits in with other policies and agendas around early years
  - Capacity to take on new work and roles

### **Going forward with the learning sessions:**

General feeling now to move to more focussed learning around sharing data, scaling up and learning from each other's experiences.

No longer feel that there is a need for motivation from events or key presenters but would like to know more about how others are doing things and engaging with families and children

There is now a 'spectrum' of trained practitioners, people going at different paces – with differing levels of experience and need and there will always be a cohort of people who are new to the concept. Therefore, a more targeted approach is required.

Further support around the implementation of tests, spreading and scaling up from IA's is welcomed by all.

Leaders role now evolving and has to focus on how to best support scale ups, move resources and prioritise spend

Now need to work with and support leaders in using and scrutinising the data from tests and scale ups to inform decision making and resource allocation and planning.

## Annex H: EYC Baseline and current position on workstreams

Workstream	Stretch aim	Baseline- 2011/12
1. Conception to 1 year	<p>Reduce infant mortality - To reduce by 15% the rates of stillbirth &amp; infant mortality by 2015 –</p> <p>To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of:</p> <ul style="list-style-type: none"> <li>•stillbirths (from 4.9 per 1000 births in 2010 to 4.3 per 1000 births in 2015)</li> <li>•infant mortality (from 3.7 per 1000 live births in 2010 to 3.1 per 1000 live births in 2015)</li> </ul>	<p>In 2011, Scotland recorded the following data on stillbirths and deaths:</p> <ul style="list-style-type: none"> <li>• Stillbirth rate 5.1 per 1000 births</li> <li>• Neonatal death rate 2.7 per 1000 live births</li> <li>• Perinatal mortality rate 6.9 per 1000 births</li> <li>• Post-neonatal deaths 1.3 per 1000 live births</li> <li>• Infant mortality rate 4.0 per 1000 live births</li> </ul> <p>Trend is improving</p>
2. 1 year to 2½ years (30 months)	Children have all the developmental skills and abilities expected of a 27-30 month year old - 85% of all children within each CPP have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review by end-2016	See Annex I
3. 30 months to start of primary school	Children have all the developmental skills and abilities expected at the start of primary school - 90% of all children within each CPP have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017	GUS finding (2011): A fifth of children in Scotland have some form of development difficulty by the time they start primary school therefore approx. 78% had no developmental problems
4. 5 to 8 year olds	Children have all the expected developmental milestones and learning outcomes by end of primary 4 - 90% of all children in each Community Planning Partnership area will have reached all of the expected developmental milestones and learning outcomes by the end of Primary 4, by end-2021	See Annex I

## Annex I: Data underpinning EYC baseline data

---

### Reduction in the proportion of low birth weight babies

Birthweight is one of the important indicators used to assess the health of an infant at birth. Birthweight that is not within normal ranges has a strong association with poor health outcomes in infancy, childhood and across the whole life course, including long term conditions such as diabetes and coronary heart disease.

Stillbirth and infant death is also strongly associated with maternal **smoking**, **obesity** and **deprivation**, while still birth is associated with **maternal age** under 20 or over 40.

Between 2001 and 2011, the percentage of babies of healthy birthweight in Scotland has remained consistent at around 90%. There has, however, been a small reduction in the proportion of babies who are small for gestational age (from 4.8% in 2001 to 4.1% in 2010), largely balanced by a small increase in babies who are large for gestational age (from 5.6% in 2001 to 5.9% in 2010)<sup>7</sup>. In the National Performance Framework, the Scottish Government has set a target to increase the proportion of babies with a healthy birthweight<sup>8</sup>.

International comparative data is also available on low birth weight. A UNICEF report<sup>9</sup> ranked the UK 20<sup>th</sup> out of 21 countries on low birth weight with 7.1% of babies born below 2,500 grams and, while Scotland's rate is better (6.5% of babies born below 2,500 grams), it would still place Scotland in the middle third of developed nations.

### *Perinatal and infant mortality and morbidity*

Low birthweight is the highest risk of stillbirth and neonatal death. Given that Scotland does not perform well on low birthweight internationally, an additional indicator to assess outcomes in infancy is the rate of perinatal and infant mortality and morbidity. In 2011, Scotland recorded the following data on stillbirths and deaths:

- Stillbirth rate 5.1 per 1000 births
- Neonatal death rate 2.7 per 1000 live births
- Perinatal mortality rate 6.9 per 1000 births
- Post-neonatal deaths 1.3 per 1000 live births
- Infant mortality rate 4.0 per 1000 live births

---

<sup>7</sup> <http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Publications/2012-08-28/2012-08-28-healthybirthweight-Summary.pdf?29188174010>

<sup>8</sup> It should be noted that a Framework for Maternity Care in Scotland covers all perspectives of maternity care, which includes ensuring more positive outcomes for children. This covers preconception care, pregnancy and antenatal care, labour and birth and postnatal care and reports on a number of indicators in each of these categories. However, it does not provide an international comparison.

<sup>9</sup> UNICEF Report Card 11 Child Wellbeing in Rich Countries (2013): [http://www.unicef.org.uk/Images/Campaigns/FINAL\\_RC11-ENG-LORES-fnl2.pdf](http://www.unicef.org.uk/Images/Campaigns/FINAL_RC11-ENG-LORES-fnl2.pdf)

All rates are lower than in most recent years. The perinatal mortality rate in 2011 was the same as 2010's record low rate. However, while trends are improving, from an international perspective Scotland still does not compare well.

UNICEF Report Card 11 would rank Scotland in the middle third of 21 developed countries on infant mortality, with an infant mortality rate (i.e. deaths under 12 months old per 1,000 live births) of 4.1. This is very similar to the UK figure of 4.5 and shows an improvement from 5.7 in 2000.

#### Improved early development

How a child develops in the early years can impact positively and negatively on a child's lifecourse. There are significant differences even at age 3 between children from different socio-demographic groups and the gap can widen as they get older if issues are not addressed at this early stage.

#### Increase in the proportion of children at entry into primary school who do not have any additional developmental needs

In terms of outcomes in the early years, the expectation is that children meet their development milestones. There is no clear indicator to make this assessment, though this is being developed as part of the new 27/30 month health visitor checks. A second measure, taken at the end of the pre-school period and upon entry to primary school, is available in a number of local authorities though not at a Scotland level.

However, this latter measure was used in a 2007 study<sup>10</sup>, which provides a measure of outcomes at entry into school. It looks at measures of cognitive development, including vocabulary acquisition, phonological awareness, early reading and early mathematics, comparing Scotland, England, New Zealand and Western Australia. It found that, after taking age into account as the starting points of children in the four geographical areas, younger children across all areas appear to perform equally, but older Scottish children appear to be behind in mathematics and early reading but not in vocabulary. This suggests that the additional time in the pre-school setting is not necessarily beneficial to older children in terms of their ability to develop more quickly upon entering school. However, given that the pre-school curriculum has moved on significantly since this data was published, it is difficult to draw any firm conclusions from this evidence<sup>11</sup>.

GUS data:

<sup>10</sup> This data is now old and does not take into account significant policy developments in Early Years and Curriculum for Excellence. We expect to update this data in late summer 2013. **Children starting school in Scotland (Scottish Executive) 2005** <http://www.scotland.gov.uk/Resource/Doc/36496/0009634.pdf>

<sup>11</sup> Recent evidence has suggested that the ability for self-control identified in the early years is a precursor to success later in life. Longitudinal evidence from 1958 was used to track likely occupational success later in life and found that those who scored highly on self-control were successful in their careers. Given that self-control can be taught, this evidence suggests that if Scotland's children perform well on self-control then this is an important indicator for later success. At present there is no recent data on self-control measures but it is something we can consider for the future for assessing Scotland's comparative performance as the best. Place to grow up.

- A fifth of children in Scotland have some form of development difficulty by the time they start primary school.
- Children in the most disadvantaged socio-economic groups are far more likely to experience problems.
- Problems with social, emotional and behavioural development and lack of progress in addressing these in pre-school years are significantly associated with lone parenting, children who suffer poor health and who have delays in motor or language development.

Growing up in Scotland (2011): Changes in child cognitive ability in the pre-school years  
<http://www.scotland.gov.uk/Publications/2011/05/31085122/0>

#### Increase in the proportion of children/YP who have a good home learning environment

The gaps in cognitive ability amongst children from different social backgrounds at age 3 were found to persist at age 5. Doing lots of home learning activities like reading, singing and drawing with children from an early age can help mitigate the effects of socio-economic disadvantage.

GUS Mean score on home learning activities scale, age 2 and 3 years

## Annex J – Topline Findings from Practitioner and Programme Manager Survey

### Early Years Collaborative – Sharing the Learning

ASK ALL

Q Are you an Early Years Collaborative Programme Mangers or Practitioner?

	<i>n</i>	%
Programme Manager	7	14
Practitioner	30	61
Other	12	25
<b>Total</b>	<b>49</b>	<b>100</b>

IF PRACTITIONER (CODE 1 AT Q)

QP1 Are you part of the home or away team?

*Base: All Practitioners (30)*

	<i>n</i>	%
Home Team	9	30
Away Team	21	70
Don't know	-	-

Q1 How many improvement methodology training or information sessions have you attended so far, these can be both national and local events?

*Base:*

	<i>PM (7)</i>	<i>All (49)</i>	%
1-3	-	17	35
4-6	4	15	31
8-10	1	7	14
10+	2	9	18
None	-	1	2
Don't know	-	-	-

Q2 How many EYC learning sessions have you attended so far?

*Base:*

	<i>PM (7)</i>	<i>All (49)</i>	%
1	-	6	12
2	3	7	14
3	2	9	18
4	2	9	18
5	-	14	29
None	-	4	8
Don't know	-	-	-

IF ATTENDED AT LEAST 1 LEARNING SESSION (CODES 1 – 5 AT Q2)

Q2a **What have you found most useful from attending these sessions?**

PLEASE TICK ALL THAT APPLY

Base: All who attended at least 1 LS (45)

	<i>n</i>	%
Learning about improvement methodology	37	82
Networking with colleagues	32	71
Given me enthusiasm to change and improve things	31	69
Meeting other people who are working in similar areas to me	30	67
Learning how to apply improvement methods in practice	29	64
Sharing experiences about how use improvement methods in practice	29	64
Using the Key Change information to prioritise areas for improvement	21	47
Bringing the team together	16	36
Having to report or review progress (e.g. by producing poster)	5	11
Other (WRITE IN)	-	-
None	-	-
Don't know	-	-

ASK ALL

Q3 **How much do you feel you know about adopting an improvement methodology?**

Base:

	<i>PM (7)</i>	<i>All (49)</i>	%
I know a great deal	1	6	12
I know a lot	4	28	57
I know just a little	2	11	22
I don't know much	-	4	8
I don't know anything	-	-	-

Q4 **How confident do you feel adopting an improvement methodology in your area and day to day work?**

Base:

	<i>PM (7)</i>	<i>All (49)</i>	%
Very confident	4	10	20
Fairly confident	3	31	63
Not very confident	-	3	6
Not at all confident	-	2	4
Don't know	-	-	-

ASK ALL

Q5 **How useful have you found the Key Change Areas evidence base for helping you decide where to focus your improvement work?**

Base:	PM (7)	All (49)	%
Very useful	2	10	20
Fairly useful	3	25	51
Not very useful	-	3	6
Not at all useful	-	1	2
Don't know about the Key Change Areas evidence base	-	3	6
Have not been part of any decision making around where to focus improvement work	1	5	10
No response	1	2	4

Q6 **What are your managers expectations around the improvement work that you are involved in? WRITE IN**

Q7 **To what extent do you feel that you have been supported by your managers in applying improvement methods?**

Base:	PM (7)	All (49)	%
Very supportive	2	17	35
Fairly supportive	5	24	49
Not very supportive	-	5	10
Not at all supportive	-	1	2
Don't know	-	2	4

IF PROGRAMME MANAGER (CODE 1 AT Q)

QPM1 **To what extent do you feel that you have supported practitioners in applying improvement methods?**

Base:	All PMs (7)	%
Very supportive	2	
Fairly supportive	5	
Not very supportive	-	
Not at all supportive	-	
Don't know	-	

IF PRACTITIONER (CODE 2 AT Q)

QP3 **To what extent do you feel that you have supported your team/colleagues in applying improvement methods?**

Base:	All Ps (30)	%
Very supportive	8	27
Fairly supportive	15	50
Not very supportive	4	13
Not at all supportive	2	7
No response	1	3

ASK ALL

**Q8 Have you been able to complete a small test of change in your area?**

Base:	PMs (7)	All (49)	%
Yes, 1 test change	3	11	22
Yes, 2 test changes	2	7	14
Yes, 3+ test changes	2	21	43
No	-	10	20
Don't know	-	-	-

IF YES (CODES 1-3 AT Q8)

**Q8a How many tests of change have you been actively involved with under Workstream 1 (Conception to 1 year)?**

Base: All who have completed small tests: 39	n	%
1 test change	12	31
2 test changes	-	-
3+ test changes	9	23
None	17	44
Don't know	-	-
No response	1	3

**Q8b How many tests of change have you been actively involved with under Workstream 2 (1 year to 2½ years (30 months)?**

Base: All who have completed small tests: 39	n	%
1 test change	9	23
2 test changes	3	8
3+ test changes	10	26
None	17	44
Don't know	-	-

**Q8c How many tests of change have you been actively involved with under Workstream 3 (30 months to start of primary school)?**

Base: All who have completed small tests: 39	n	%
1 test change	10	26
2 test changes	4	10
3+ test changes	11	28
None	12	31
Don't know	-	-
No response	2	5

**Q8d How many tests of change have you been actively involved with under Workstream 4 (5 to 8 year olds)?**

Base: All who have completed small tests: 39	n	%
1 test change	3	8
2 test changes	2	5
3+ test changes	2	5
None	28	72
Don't know	1	3
No response	3	8

**Q8e What outcomes or key change areas are your test change areas trying to improve? PLEASE TICK ALL THAT APPLY**

*Base: All who have completed small tests: 39*

	<i>n</i>	<i>%</i>
Addressing Child Poverty (income maximisation)	17	44
Family Engagement to Support Early Learning	15	38
27-30 month Child Health review	10	26
Early support for pregnancy and beyond (previously Early Intervention in Maternity Services)	9	23
Attachment and Child Development beyond maternity services	8	21
Developing parenting skills	8	21
Continuity of care in transitions between services	6	15
Other (WRITE IN)	5	13
Don't know	-	-

**Q8i Have you been able to scale up a small test of change in your area?**

*Base: All who have completed small tests:*

	<i>PMs (7)</i>	<i>All (39)</i>	<i>%</i>
Yes, successfully	2	17	44
Yes, tried but was unsuccessful	-	3	8
No	4	16	41
Don't know	1	3	8

**Q8n What outcomes or key change areas are your scale up areas trying to improve? PLEASE TICK ALL THAT APPLY**

*Base: All who have scaled up small tests: 17*

	<i>n</i>	<i>%</i>
Early support for pregnancy and beyond (previously Early Intervention in Maternity Services)	-	-
Attachment and Child Development beyond maternity services	3	18
Continuity of care in transitions between services	2	12
27-30 month Child Health review	1	6
Developing parenting skills	1	6
Family Engagement to Support Early Learning	5	29
Addressing Child Poverty (income maximisation)	1	6
Other (WRITE IN) Information sharing GIRFEC overarching outcomes	4	24
Don't know	-	-

ASK ALL

Q9 **To what extent do you feel your organisation has integrated improvement methodology into its organisational structures and processes?**

Base: All (49)

	<i>n</i>	%
Fully integrated	3	6
Has integrated it in the majority of areas	28	57
Has integrated it in a few areas	8	16
Has not integrated it at all	6	12
Don't know	4	8

IF PROGRAMME MANAGER (CODE 1 AT Q)

QPM3 **To what extent do you agree or disagree with the following statements on the role of your CPP in supporting the implementation of improvement methodology?**

Base: All Programme Mangers (7)

	Strongly agree <i>n</i>	Tend to agree <i>n</i>	Neither/ nor <i>n</i>	Tend to disagree <i>n</i>	Strongly disagree <i>n</i>	Don't know <i>n</i>
A Your CPP provides support and advice on addressing local and strategic barriers to effective implementation	2	3	2	-	-	-
B Your CPP prioritises action on prevention and early intervention	2	4	1	-	-	-
C Your CPP has influence on key decision making around priorities for action	3	2	1	1	-	-

ASK ALL

Q10 **To what extent has adopting the improvement method impacted on your practice?**

Base All

	PMs (7)	All (49)	%
Has had a big impact – has changed practice significantly	2	6	12
Has had some impact – has changed practice in some areas	5	33	67
Has not had any impact – there has been no change to practice	-	8	16
Don't know/no response	-	2	4

**Q11 We would like to understand if there have been any changes to organisational structures and processes as a result of the EYC training on improvement methodology. Has your organisation changed in the following ways? Please tick all that apply. PLEASE TICK ALL THAT APPLY**

*Base: All (49)*

	<i>n</i>	<i>%</i>
Has shared the learning about improvement methodology to wider practitioners and staff	30	61
Established new networks with practitioner's and colleagues from other areas	25	51
Has provided dedicated resource to support the application of improvement methods (e.g. programme manager etc)	22	45
Has changed practice on the back of tests of change evidence	22	45
Adopted new practices on the back of sharing expertise	16	33
Adopted new interventions on the back of learning from the evidence base	14	29
Adopted new interventions on the back of learning from other areas expertise	8	16
Recruited new staff with expertise in improvement methods or data analysis	7	14
Shifted resources (including spend) to support changes made through improvement methods	6	12
Has restructured to support the implementation of improvement methods	5	10
Other (WRITE IN) I am aware of bits of work going on but could'nt be specific	2	4
None of these	4	8
Don't know	3	6

**Q12 Would you like to receive more support on using the improvement methodology?**

*Base All*

	<i>PMs (7)</i>	<i>All (49)</i>	<i>%</i>
Yes	7	25	51
No	-	14	29
Don't know/no response	-	10	20

ASK ALL

Q13 **How useful have you found the Extranet in supporting your improvement methodology work?**

<i>Base All</i>	PMs (7)	All (49)	%
Very useful		2	4
Fairly useful	5	16	33
Not very useful	1	24	49
Not at all useful	-	4	8
Don't know about the Extranet	-	2	4
No response	1	-	-

ASK ALL

Q14 **How useful have you found the Webex in supporting your improvement methodology work?**

<i>Base All</i>	PMs (7)	All (49)	%
Very useful	-	1	2
Fairly useful	4	14	29
Not very useful	2	9	18
Not at all useful	-	12	24
Don't know about the Webex	-	13	27
No response	1	-	-

**END**

Thank you for your time, we value your feedback.

## Annex K: Key Change Evidence Base

### CROSS CUTTING THEMES

KEY CHANGE AREAS	Why is it important? (Rationale) and what works?	What' is meant to happen? (Impact)	What are you doing in your local area?	How do you know it's working?
<p><b>Workforce Development – delivering better ways of working to ensure children have the best start</b></p>	<p>Good leadership, collaborative working and well trained staff is key to providing high quality services.</p> <p><i>What works?</i> Strength based (assets) approaches to workforce development can make a positive impact on working with particular target groups. (1.)</p> <ul style="list-style-type: none"> <li>• Strengths-based approaches value the capacity, skills, knowledge, connections and potential in individuals and communities.</li> <li>• Focusing on strengths does not mean ignoring challenges, or spinning struggles into strengths.</li> <li>• Practitioners working in this way have to work in collaboration - helping people to do things for themselves. In this way, people can become co-producers of support, not passive consumers of support.</li> <li>• The strengths approach to practice has broad applicability across a number of practice settings and a wide range of populations.</li> <li>• There is some evidence to suggest that strengths-based approaches can improve retention in treatment programmes for those who misuse substances.</li> <li>• There is also evidence that use of a strengths-</li> </ul>	<p>Employee satisfaction, retention of staff, high levels of motivation and confidence in their role.</p> <p>More effective collaborative working and leadership will enable better practitioner – user relationships and build trust with parents to improve outcomes for children and their families</p>		

	based approach can improve social networks and enhance well-being.			
<b>Nutrition</b>	<p>Survey data shows that taken as a whole, women of a reproductive age (in the UK) including those who have adequate intakes of energy, have poorer dietary intakes of some key nutrients including iron, calcium, folate, vitamin D and have low iron and vitamin D status. (Source references within (10.)</p> <p>Poorest diets are consistently found in women from the most disadvantaged groups.</p> <p>It is vital that the mothers diet contains adequate nutrients and energy at each stage to allow proper foetal growth and development, as well as providing all the nutrients the mother requires for maintaining her own health. (Source references within (10.)</p> <p>Childhood obesity and low physical activity both have serious implications for children’s health. The following parental factors have been associated with a greater likelihood of the child being obese or overweight: mother’s overweight or obese (mothers who were overweight or obese were more than twice as likely as mothers of healthy weight to have obese children); frequent snacking on sweets or crisps at toddler age, skipping breakfast, not eating the main meal in the dining area of the home, low parental supervision. Children are more physically active if their mother herself was active, had a warm relationship with the child and was more knowledgeable about the desirable amount of physical activity for children. (2)</p>	<p>Ensure proper foetal growth and development</p> <p>Better health from well-balanced diet and successful weaning</p> <p>Reduce inequalities</p> <p>Reduce obesity rates in mothers and children</p>		

	<p><i>What works?</i>                  For taking vitamin supplements – wide spread media campaigns and the provision of free supplements. (11.)</p> <p>Tackling obesity or excessive weight gain during pregnancy – targeted peer group session such as cooking classes (11.)</p>			
<p><b>Income maximisation</b></p>	<p>One in four children were classed as being ‘persistently poor’ during their first four years of their lives. (3.)</p> <p>Poverty (low income) is a key factor for identifying at risk parents and babies. The impact of persistent poverty includes: low birth weight, obesity in parents, poor attachment, smoking, alcohol and substance misuse, poor housing, low educational attainment and unemployment. (4.)</p> <p>Significant gaps in cognitive ability amongst children from different social backgrounds at age 3 were found to persist at age 5. (5.)</p> <p>GUS analysis shows that when children start school, children in the lowest income quintile are:</p> <ul style="list-style-type: none"> <li>• Twice as likely as other children to have any development difficulties</li> <li>• Almost twice as likely as other children to have difficulties with their physical development</li> <li>• Twice as likely as other children to face difficulties with their emotional development</li> <li>• 40% more likely than other children to face difficulties with their social development</li> <li>• A third more likely than other children to face difficulties with their cognitive development</li> </ul>	<p>The ultimate aim of this is to break inter-generational cycles of poverty, inequality and deprivation</p>		

	<ul style="list-style-type: none"> <li>Twice as likely as other children to face difficulties with their communication development</li> </ul> <p>Therefore, maximising incomes can bring some families out of persistent poverty</p>			
<b>Sharing best practice – culture of learning and improvement</b>	<p>As identified in Scottish Government 3-Step Improvement Framework for Public Services <a href="http://www.scotland.gov.uk/Resource/0042/00426552.pdf">http://www.scotland.gov.uk/Resource/0042/00426552.pdf</a>, having a culture of learning from experiences and sharing best practice can improve service quality and delivery.</p> <p>Examples of this practice for these change areas include:</p> <ul style="list-style-type: none"> <li>- Using failure as a marker for continuous improvement opportunities</li> <li>- implementing a still birth review process</li> <li>- Improving continuity of care</li> </ul>	Improved quality of service provision - More effective collaborative working and leadership will enable better practitioner – user relationships and build trust with parents to improve outcomes for both parent and child		
<b>Improved mental of mother</b>	<p>One in four mothers experience poor mental health during the first four years of their child’s life, having a negative effect on the child’s social, emotional and behavioural development (6.)</p> <p>Poor maternal mental health is significantly associated with social, emotional and behavioural problems among children. (6.)</p> <p><i>What works?</i> Parenting programmes can make a significant impact on mental health of mothers in the short term. (9.) Appropriate treatment for women include social support and structured short-term psychological</p>	<p>Earlier identification of those at risk</p> <p>Improved support for mothers suffering with mental health problems</p>		

	treatments (i.e. four to six sessions of interpersonal or cognitive behaviour therapy) (7.)			
--	---	--	--	--

**WORKSTREAM 1** – (Conception to 1 year) **Stretch aim: Reduce infant mortality** - To reduce by 15% the rates of stillbirth & infant mortality by 2015

KEY CHANGE AREAS	Why is it important? (Rationale) and what works?	What is meant to happen? (Impact)	What are you doing in your local area?	How do you know it's working?
<b>Improving access to maternity services</b>	<p>Accessing maternity services means that support can be given around mother's health and health behaviours, along with preparation for birth and parenting.</p> <p>Those less likely to engage with services are particularly important to target for they are most likely to be the high risk group who benefit the most from accessing support.</p> <p><i>What works for improving engagement?</i> Uptake of interventions in the early years context is influenced by the perceived benefits as experienced by mothers. These include: building relationships and networks of support, the opportunity of respite from the parenting role and the offer of practical support. (7.)</p> <p>Barriers to uptake include: lack of confidence (e.g. not knowing anyone else who is attending, or feeling that the group is not designed for them e.g. teenage parents), lack of knowledge and understanding, perceived cultural and language differences, lack of time and lack of money for public transport. (7.)</p> <p>Factors reported as influencing continuing engagement with</p>	<p>Aim to reduce low birth weight babies</p> <p>Improve maternal health</p>		

	<p>interventions are as follows:</p> <ul style="list-style-type: none"> <li>• Perceived benefits to children</li> <li>• Parental involvement and personal reasons</li> <li>• Perception of service quality</li> <li>• Timing of programme (7.)</li> </ul> <p>Provision of tailored appropriate services that are accessible to all parents with a focus on those at highest risk of poor outcomes e.g. substance misuse, suffering domestic abuse, non-english speaking mothers and teenage mothers is seen as good practice. Scottish Government: <i>Reducing Antenatal Health Inequalities: Outcome Focused Evidence into Action Guidance</i> (2011)  <a href="http://www.scotland.gov.uk/Publications/2011/01/13095621/0">http://www.scotland.gov.uk/Publications/2011/01/13095621/0</a></p>			
<p><b>Attachment and child development</b></p>	<p><i>Child:</i> Good maternal/carer child attachment is proven to prevent mental and behavioural problems in child and improves cognitive outcomes  <i>Parent:</i> Good maternal/carer child attachment indicates good mental health and parenting skills of carer.</p> <p>The importance of nurturing relationship with a primary caregiver is crucial to a baby’s emotional development from the start. Babies are born into the world with an undeveloped brain and every experience, conversation and cuddle is helping their brain to form and make sense of the world.</p> <p>GUS analysis demonstrates how children who experienced low ‘connection’ (i.e. low levels of low levels of attachment, warmth or joint activities) were twice as likely to have poor health at age 5 compared to children who had received optimal parenting. (8.)</p> <p><i>What interventions work well to improve carer/child attachment?</i></p>	<p>Aim – reduce inequality gap in child development                  Aim - Increase breastfeeding rates</p>		

	<p>Behavioural interventions focusing on improving maternal sensitivity are more effective at increasing sensitivity and secure infant attachment than other interventions that focused on support/changing maternal representations. Interventions delivered over fewer than five sessions were as effective as those of 5-16 sessions and were more effective than interventions of more than 16 sessions. (7.)</p> <p>Structured, intensive interventions delivered by specialist nurses during the first 18 months of a child’s life are more likely to positively impact upon the social, emotional development of vulnerable children (7.)</p> <p>Home visiting programmes (many of which begin during the antenatal period) undertaken by health professionals or adequately trained paraprofessionals were associated with higher levels of mother-infant interaction, breastfeeding initiation, parenting knowledge, medical knowledge levels, support levels, health habits, prevention of injury, parenting satisfaction, some reduction in symptoms of maternal depression and anxiety and improvement of some child cognitive outcomes eg. The Family Nurse Partnership (7.)</p>			
<p><b>Smoking cessation</b></p>	<p>Smoking cessation interventions can reduce low birth weight. (7.)</p> <p>Smoking is more common among younger mothers and mothers living in deprived areas. (8.)</p> <p><i>What works?</i> Effective smoking cessation interventions have a behavioural focus combined with social support (e.g. peer groups, home visitors and/or antenatal groups) and the provision of incentives for achievement. (7.)</p>			

**WORKSTREAM 2** – (1 year to 2½ years (30 months)) **Stretch aim: Children have all the developmental skills and abilities expected of a 27-30 month year old - 85% of all children within each CPP have reached all of the expected developmental milestones at the time of the child’s 27-30 month child health review by end-2016**

KEY CHANGE AREAS	Why is it important? (Rationale) and what works?	What’ is meant to happen? (Impact)	What are you doing in your local area?	How do you know it’s working?
<p><b>Improving and developing parenting skills</b></p>	<p>Warm, authoritative and responsive parenting can be crucial in building resilience within children. Parents who develop open, participative communication, problem-centred coping, confidence and flexibility tend to manage stress well and help their families do the same. Children’s values and behaviours are also deeply rooted in their relationships with their parents, including their sense of self-worth. Conversely, poor relationships with primary care-givers can lead to insecure infant attachment and a range of problems in later life including depression, anxiety and other 'internalising' problems. It can also lead to high-risk health behaviours such as smoking, illicit drug use, alcohol use, sexually risky behaviour and in some studies, obesity.</p> <p>The gaps in cognitive ability amongst children from different social backgrounds at age 3 were found to persist at age 5. Doing lots of home learning activities like reading, singing and drawing with children from an early age can help mitigate the effects of socio-economic disadvantage. (5.)</p>	<p>Aim – reduce inequality gap in child development</p>		

	<p>The health benefits to children arising from better parenting are greatest for families experiencing the most difficult circumstances. (6.)</p> <p>The level of parent and child activities also has positive impacts on child development in the early years, with daily engagement in a wide range of activities and visiting a wide range of places having a significant effect independent of socio-demographics. (5.)</p> <p>Parents who are at high risk of needing additional support are:</p> <ul style="list-style-type: none"> <li>• Living in the 20% most deprived SIMD area</li> <li>• Having a household income in the lowest 20% of the population</li> <li>• Living in socially rented accommodation</li> <li>• Mother having no educational qualifications</li> <li>• Mother being aged under 25 at the time of cohort child's birth</li> <li>• Absence of natural father in the household</li> <li>• Mother suffering from depression</li> </ul> <p>Belonging to minority ethnic group (5.)</p> <p><i>What works: Impact of parenting on children's outcomes?</i></p> <p>Parents who feel supported by their family, friends and the local community are more likely to be open to seeking help and advice when required, to do frequent home learning activities</p>			
--	--	--	--	--

	<p>with their children and to experience better mental health. (5.)</p> <p>Children’s outcomes are most positive when their parents/carers use an ‘authoritative’ parenting style (whereby boundaries are set (rule setting) and eating and sleeping routines are in place) (5.)</p> <p>Targeted parenting programmes that address particular children’s behavioural or developmental needs are also shown to be effective. (7.)</p>			
<b>Attachment and child development</b>	<p>The strength and warmth of the parent child relationship (attachment) is a driver of positive parenting styles and positive children’s outcomes. (5.) <i>See parenting and workstream 1</i></p>	Aim – reduce inequality gap in child development		
<b>27-30 month review implemented and pathway of intervention delivered</b>	<p>Assessment at this key developmental stage can be used to identify and address any developmental problems at an early stage – early intervention</p>	Aim – reduce inequality gap in child development		

**WORKSTREAM 3** – (30 months to start of primary school) **Stretch aim: Children have all the developmental skills and abilities expected at the start of primary school - 90% of all children within each CPP have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017**

KEY AREAS	CHANGE	Why is it important? (Rationale) and what works?	What' is meant to happen? (Impact)	What are you doing in your local area?	How do you know it's working?
<b>Improving and developing parenting skills</b>		<i>See workstream 2</i>			
<b>Attachment and child development</b>		<p>A fifth of children in Scotland have some form of development difficulty by the time they start primary school. (5.)</p> <p>Children in the most disadvantaged socio-economic groups are far more likely to experience problems. (5.)</p> <p>Problems with social, emotional and behavioural development and lack of progress in addressing these in pre-school years are significantly associated with lone parenting, children who suffer poor health and who have delays in motor or language development. (5.)</p> <p><i>What works?</i> Targeted support for at risk parents and children. (7.)</p>	<ul style="list-style-type: none"> <li>• Reduce inequality gap</li> <li>• Improve number of children achieving their developmental milestones</li> </ul>		
<b>Children eligible for pre-school hours are identified and receive 95% of their allocation</b>		High quality preschool education can help to reduce disadvantage due to social and environmental factors. It can raise early language, pre-reading and maths skills. (7.)	<ul style="list-style-type: none"> <li>• Reduce inequality gap</li> <li>• Improve number of children achieving their developmental</li> </ul>		

	<p><i>What works in early childhood education and childcare?</i></p> <p>High quality provision has a degree qualified professional as a manager, a good proportion of teachers with early years expertise on the staff and views educational and social development as complementary and equal in importance have better child outcomes.</p> <p>Full day programmes appear to be effective for children who are particularly disadvantaged who gain cognitively from more intensive preschool but don't seem to show strongly negative behavioural consequences associated with additional hours.</p> <p>Half day programmes may be sufficient for children of middle or higher socioeconomic status or income, with whom more than 30 hours shows a tapering off of cognitive benefits and intensification of negative socio-emotional effects. (7.)</p>	<p>milestones</p>		
--	---	-------------------	--	--

**References/ Evidence Sources:**

- 1.. IRISS (2012): *Strengths-based approaches for working with individuals*  
<http://www.iriss.org.uk/resources/strengths-based-approaches-working-individuals>
2. Growing Up in Scotland Report Overweight, Obesity and Activity  
<http://www.scotland.gov.uk/Publications/2012/05/5385>
3. Growing up in Scotland (2010): *The circumstances of persistently poor children*  
<http://www.scotland.gov.uk/Publications/2010/04/26095519/0>
4. Scottish Government (2010): *Child Poverty in Scotland: a brief overview of the evidence*  
<http://www.scotland.gov.uk/Resource/Doc/304557/0107230.pdf>
5. Growing up in Scotland (2011): *Changes in child cognitive ability in the pre-school years*  
<http://www.scotland.gov.uk/Publications/2011/05/31085122/0>
6. Growing Up In Scotland (2010): *Maternal mental health and its impact on child behaviour and development*  
<http://www.scotland.gov.uk/Publications/2010/04/26102536/0>
7. NHS Health Scotland (2013) *Evidence Summary: Interventions to support parents, their infants and children in the early years (pregnancy to 5 years)* [www.healthscotland.com/documents/6089.aspx](http://www.healthscotland.com/documents/6089.aspx)
8. Growing Up In Scotland (2011): *Parenting and children's health*  
<http://www.scotland.gov.uk/Publications/2011/05/25092122/0>
9. Barlow J, Coren E, Stewart-Brown S *Meta-analysis of the effectiveness of parenting programmes in improving maternal psychosocial health.*  
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002020.pub3/abstract>
10. Scottish Government (2011) *Improving Maternal and Infant Nutrition: A Framework for Action*  
<http://www.scotland.gov.uk/Resource/Doc/337658/0110855.pdf>
11. NHS Health Scotland (2010) *Improving Maternal and Infant Nutrition – Rationales for the Action Plan Activities in the Draft Framework*  
<http://www.healthscotland.com/documents/4687.aspx>

*Other relevant sources:*

MRC Scottish Collaboration for Public Health Research and Policy (2010) *Interventions for promoting early child development for health: An environmental scan with special reference to Scotland* [https://www.scphrp.ac.uk/system/files/publications/1454-scp\\_earlyyearsreportfinalweb.pdf](https://www.scphrp.ac.uk/system/files/publications/1454-scp_earlyyearsreportfinalweb.pdf).

Effective Provision of Pre-School Educations (EPPE)  
<http://www.ioe.ac.uk/research/153.html>

# Aberdeen City Community Partnership Learning Session 8



## Introduction

Since the EYC was formed in January 2013 Aberdeen City has endeavoured to adopt the Improvement Methodology approach to contribute to making Scotland the best place in the world for children to grow up. It has been an exciting adventure that we are still pursuing with enthusiasm and commitment.

## Our Journey . . .

Over the past few months our Early Years Collaborative has had a rethink of how we are delivering actual difference to our children and families. A new development has been the move away from grouping into Workstreams to Themes that are specific to the areas where the need for improvement has been identified in the city. The idea is that the Theme Leads will have an overview of the projects within their Theme, help drive forward and feedback progress to the Leadership Group. The focus of our EYC has been aided by the Joint Inspection we had last year. The inspection report released in March 2015 recognised the significant improvement in services and partnership working that has taken place in Aberdeen City over the last few years. It acknowledged that we were having a good impact on the children, young people and families we support. Areas of good practice were also highlighted. The report also made recommendations for the next steps on our improvement journey.

## Our Improvement Coaches

We have a team of Improvement Coaches that promote and support the progression of improvement projects. They deliver advice and guidance to project leads and help drive the projects forward. Our intention is to increase capacity and capability in the city, by increasing the number of Improvement Coaches; re-assessing their role in supporting projects to make best use of their expertise; communicating to a wider audience and making information more accessible across the CPP; and holding Quality Improvement learning sessions.

## Our Themes . . .

**Health & Wellbeing  
Communication Speech  
and Language  
Family Support and  
Engagement  
Attachment  
Play**

## The Journey of a Child 's Life Through Quality Improvement in Aberdeen City...

### Breastfeeding Welcome Scheme

"Using this model has been a great way to plan and monitor what is happening as we implement the project. Certainly with staff not directly working in public health this has been vital. The project could have progressed faster but working in this way has put more focus on the planning and evaluation of the project, which are essential to the long term future." Further information on the project can be found on [Facebook](#): **Breastfeed Grampian**

Cycles	
Cycle 1	6 Costa Outlets
Cycle 2	18 Businesses
Cycle 3	Review



## Tummy Time

**Aim:** By October 2015, all parents of children under six months of age who attend PEEP groups in Aberdeen will have improved knowledge and understanding of the benefits of using tummy time with their child.

Health Visitors: parents often think their babies don't like being on their tummies so don't continue; some don't think they are doing tummy time and feel guilty; confusion; most parents do tummy time but don't realise it.

## Continuing the Pathway: Smoke Free Homes

**Aim:** 95% of all mothers in Aberdeen City with an infant aged 1 days to 12 weeks 6 days will have been offered Carbon Monoxide monitoring by September 2016.

Page 235



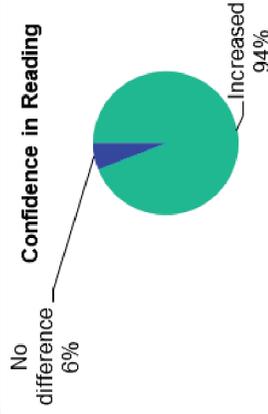
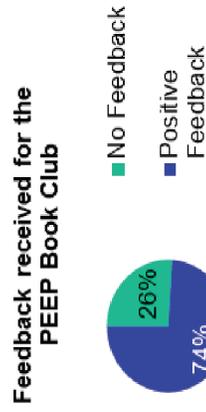
- Why is Tummy Time important for my baby?
- Babies need to move, stretch out and explore their world!
- This helps them learn about themselves and their surroundings and encourages them to move.
- Babies who spend less time on their tummies will take longer to reach these movement milestones.
- It is recommended that babies sleep on their backs to reduce the incidence of Sudden Infant Death Syndrome.
- During the day, though, tummy time should be introduced for playtime.
- It helps protect your baby's natural head shape and reduces the chances of developing 'flat head syndrome'.

Tummy Time Session	No. of Parents
6 February	12
13 February	10
12 March	8

## Parents as Early Education Partners (PEEP) – Book Club

Aim of the project is to increase the use of books between parent/carer and child at home over 12 week period in three Parents as PEEP settings. The project was piloted May – July 2014 with 23 families participating and 17 providing feedback. The learning from the first test cycle showed that the materials were well received with families eager to participate to achieve reading certificates; all families participated and over the weeks became more confident and borrowing regularly. Following the second test cycle the PEEP Book Club has been successfully rolled out to 18 PEEP groups across Aberdeen City.

The learning from the first test cycle showed that the materials were well received with families eager to participate to achieve reading certificates; all families participated and over the weeks became more confident and borrowing regularly; the Bookbug co-ordinator was invited to groups to provide information on the Library Challenge and promote the Library Service; didn't consider that practitioners would not know how to run the club as intended and feel confident to use and share information.



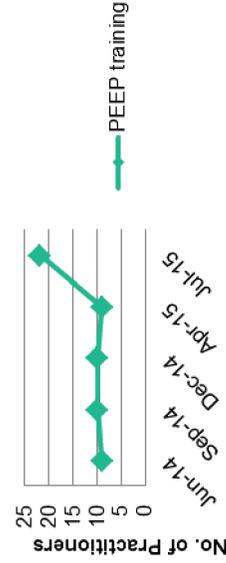
A parent: "I wasn't very confident reading to my baby before joining PEEP reading group but I now thoroughly enjoy it and my baby does too. It is a great opportunity every week and we are looking forward to gaining our certificate. I am now also enjoying making our own book collection at home thanks to the PEEP group."

## PEEP – Training for Practitioners

Parents as Early Education Partners (PEEP) supports parents and carers as their children's first and most important educators. The PEEP Project is part of the Family and Community Support Service within Aberdeen City Council and aims to develop and support both universal and targeted services to parents/carers and their children aged from pre-birth to five years.

Citywide groups are delivered by trained PEEP practitioners from across Health, Education, Social Work and the voluntary sector and are held in a variety of community venues. PEEP Training is continuing to build capacity in the city. Professionals participating in the training are from a variety of agencies and will take PEEP into all aspects of their work. Volunteers are mainly parents who have attended PEEP with their own children. Facebook: **PEEPAberdeen**

**PEEP Training for Practitioners**



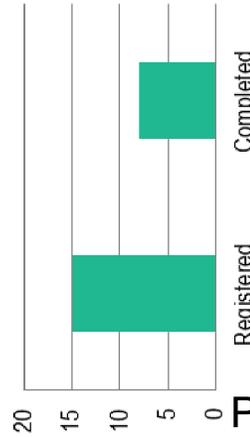
## PEEP – Progression Pathway

Piloted across three groups parents have gained credits at SCQF level 3, 4 and 5. An award ceremony was held to celebrate these achievements.

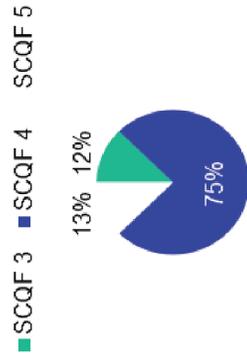
Following from this another test cycle is to see if self-referring to the group has an impact on those completing the course. Facebook has been used to advertise the group. There are 9 parents registered for the next cohort that started in September.



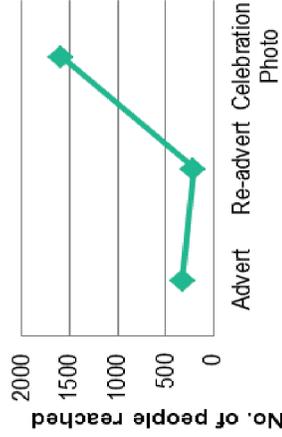
PEEP Progression Pathway April - July 15



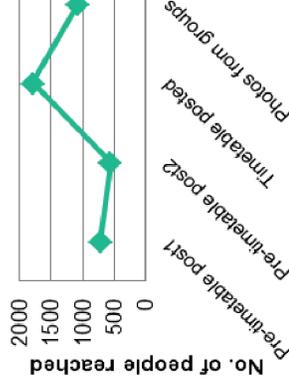
Credits Gained by Parents July 2015



Facebook advertising for Pathway Group Sept 15



Facebook advertising of Summer PEEP Groups



## Positive Attachments – Contact sessions

**PLAN:** Promote Positive Attachments by encouraging parents to be present to greet their child at contact sessions.

**DO:** Mum had agreed to be present to greet her daughter for one contact session per week. Mum still appeared late for the other two contact sessions.

**ACT:** Being present to greet child has now been rolled out in other areas of service i.e. Aberdeen Maternity Hospital. Since the PDSA we have changed the “grace period” to 15 minutes prior to start time of contact for 39 new families and agreed with 12 families (already using our service) to change their patterns.

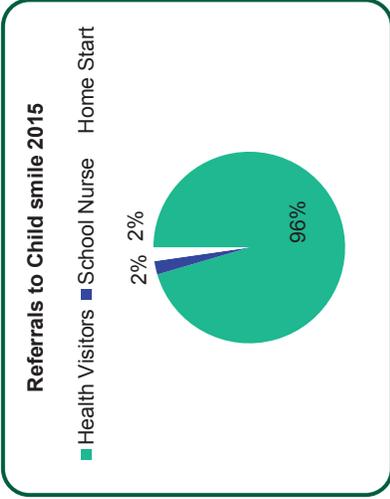
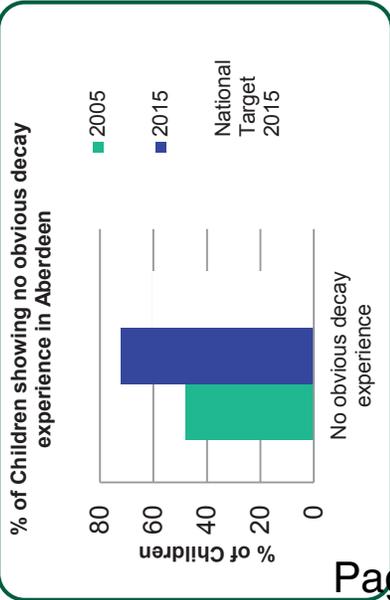
**STUDY:** having more consistent greetings led to a better quality of contact - mum enjoyed seeing her daughter’s reaction to her; smiling arms stretched out for her. It was recorded on 3<sup>rd</sup> November, that when T. arrived for contact mum was waiting outside to welcome her. T. smiled immediately with her arms outstretched. Mum’s reaction was “ My daughter really does like me, does she”.  
On 5<sup>th</sup> November mum decided to change times of all of three contact sessions to be present to greet her daughter.

**Observation:** more positive interaction and securer child observed as a result in the change to contact. In addition, mum presented as more confident, able to have eye contact when speaking to staff with fringe not covering her eyes and was able to have a conversation with staff and carer.



**AIM:** project started with Tullos primary school to support children who repeatedly present with untreated dental disease, as identified through Child smile risk assessment and NDIP.

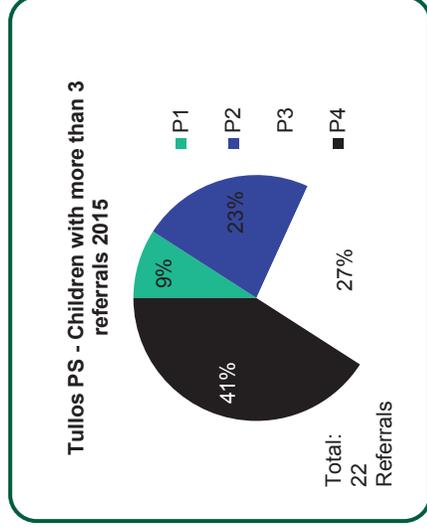
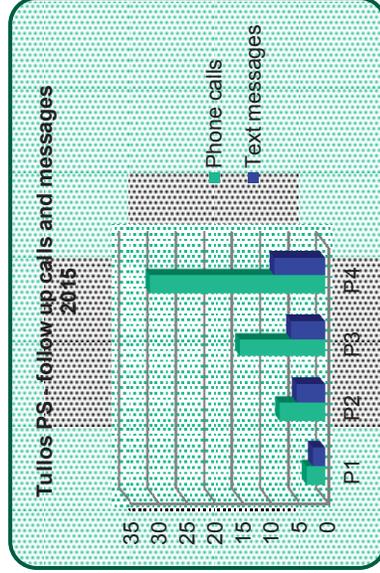
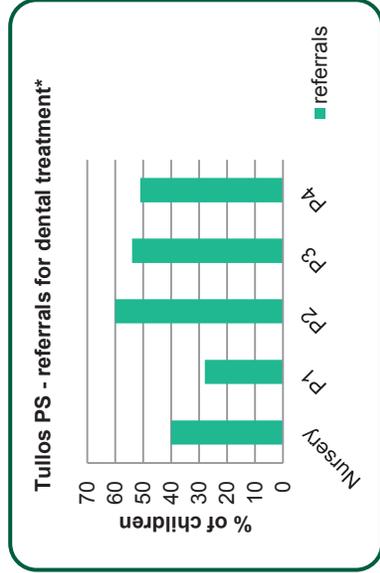
It is standard to call the parent/carer at home after the referral letter. The additional calls are in relation to the number of repeat referral letters that have been sent.



A ten year old girl, Chloe, who has successfully received fluoride varnish application and risk assessment 7 times at Tullos School (over 4 years), was identified as requiring significant levels of dental treatment. Her parents were aware that Chloe needed treatment. Chloe has a history of refusing to co-operate at the dentist and doctor, and has been under the educational psychology team, as well as family therapy at Rosehill House.

The dental health support worker and dental nurse team who had successfully worked with Chloe at school, identified a clinic appointment, and offered to accompany Chloe to this appointment. Chloe was initially reluctant, but since June, has been attending the clinic, going into the surgery with her familiar nurse, and successfully sitting on the dental chair to receive treatment. Chloe still requires some further dental treatment, but has had a positive experience to date.

Twenty two children - in Primary 1/4 - have been identified during 2015, and these children have been highlighted to the 'named person'. Letters have been sent home to the parent/carer; follow up calls have been made from the named person and the Child smile dental health support worker, and text messages have been sent to the parent/carer, offering support and contact numbers for dental practices.





**AIM:** Forehill Primary School: To increase children's levels of engagement and health and well-being at school through the implementation of daily Loose Parts Play supported by the Aberdeen Play Forum during lunchtime play.

This is the first test-of-change APF has applied to its work and has therefore been a learning process, with the organisation still learning about methodology for observing, collecting and recording relevant and accurate data. Informal observations, reflections and verbal feedback from the school's pupils and staff, as well as APF's Play Rangers, have been incredibly positive and portray a marked improvement in how the children play at lunchtimes as a result of the introduction of Loose Parts. We continue to work on our methods for gathering evidence which will reflect these positive outcomes through our test of change methodology.

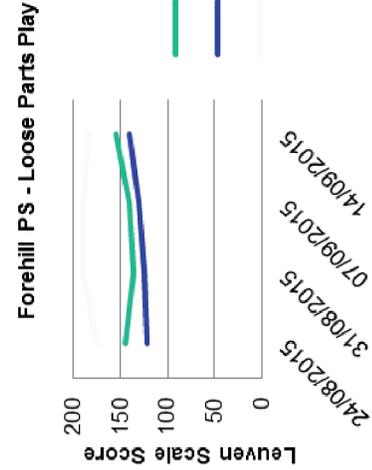
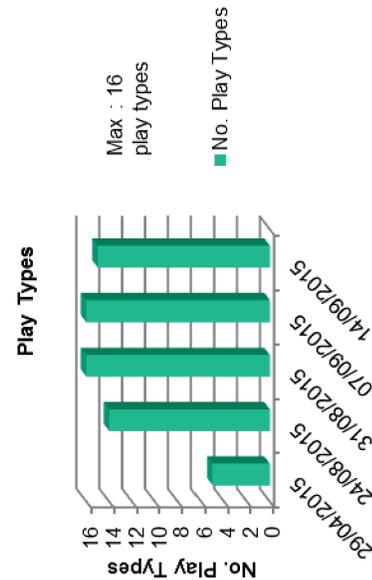
**Learning:** our learning has been primarily concerning methodology and support for staff - we now recognise that it is vital for the staff creating the observation materials to trial and work carefully with all staff using the materials in order to ensure the materials are effective at gathering the evidence required and that all staff using the materials are able to record consistently and accurately. We have also concluded that detailed observations of a select number of children may be more effective than whole-school observations, as accuracy is difficult to obtain when attempting to observe a very large number of children.

"The Loose Parts Play initiative has provided our children with the opportunity to be more imaginative and creative during our longer break times. It is noticeable that children of mixed ages play more readily together and this promotes a very positive social experience. Our children thoroughly enjoy taking part with the play rangers and children of all ages demonstrate an increasing awareness and understanding of managing risk for both themselves and others." HT Douglas Ford



**PLAY:**

- Promotes physical, intellectual, emotional and social development
- Promotes positive mental health and well being
- Encouraged creativity and imagination
- Helps children to develop social skills
- Promotes learning in a fun environment
- Helps develop new skills
- Creates sense of independence – children can exercise choice and control in their play
- Develops risk management skills
- Builds resilience
- Develops self-awareness
- Develops confidence
- Builds self-esteem and self-respect
- Develops environmental awareness
- Can reduce stress and anxiety
- Provides an outlet for feelings
- IS FUN!!!



**Aberdeen is removing 'No Ball Games' signs by 3 August 2016, UK National Play Day.**

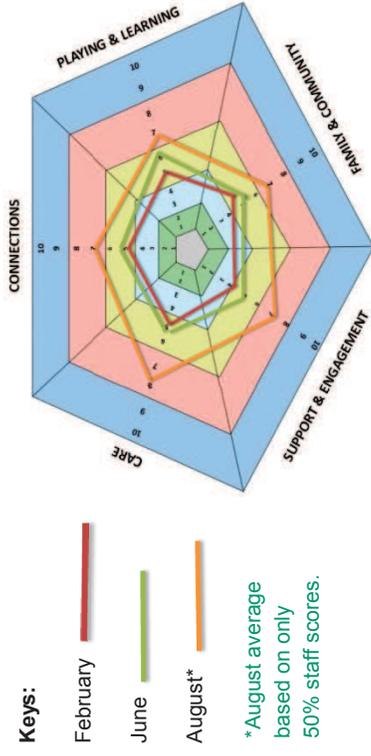
*"The ban on ball games is unenforceable and the removal of these signs may help our kids become healthier by encouraging more outdoor play. Get out and get healthy – that's the message we are trying to get across here."*

- Councillor Cooney

## Building Blocks

- ➔ To ensure comments from service users are at the heart of practice development.
- ➔ To raise practitioner confidence.

Team confidence relating to target outcomes



## Developing Nurturing Schools

Primary schools in Aberdeen are taking part in the National Nurturing Schools Programme, which is being developed in conjunction with the Nurture Group Network. The schools have been trained and are now carrying out 'tests of change' to develop and embed a nurturing culture throughout their schools. They are using the Nurture Driver diagram to identify areas to develop and carrying out audits of all key areas for development. School staff are receiving attachment training and developing an understanding of the Principles of Nurture Practice. These schools are using Improvement Methodology with their Nurturing Schools projects to help them evidence the positive impact they are having for children, young people and families. [www.nurturegroups.org](http://www.nurturegroups.org)

Developing Nurturing schools is seen as the Universal support as everyone in the school community benefits from a nurturing environment. Some schools have the targeted support of a Nurture Group which are seen effective interventions for children with attachment needs.

The charts below illustrate the positive impact a Nurture Group has had in one of our primary schools on five individual children. The Boxall Profile is used to assess the progress of children focusing on specific social, emotional and behavioural needs and is used before and after children participating in a Nurture Group.

Chart 1

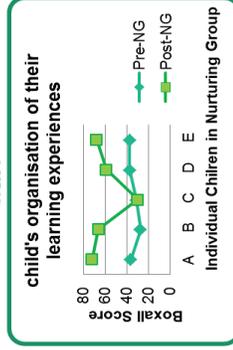


Chart 2

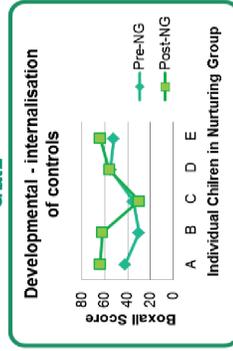


Chart 3

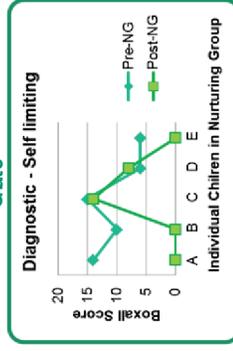


Chart 4

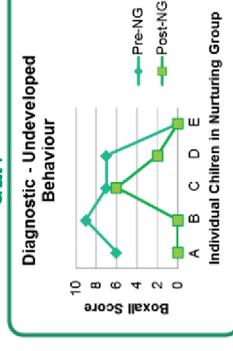
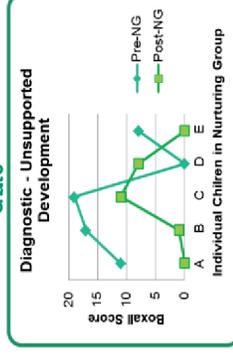
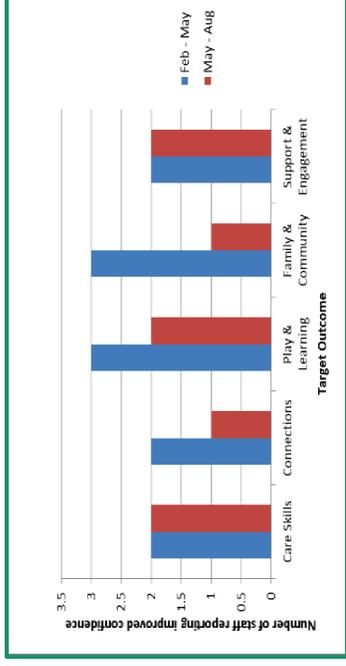


Chart 5



**Example:** A member of the team introduced a social story as a means of supporting a family to implement a bedtime routine. The family noted improvement and the project worker was able to take feedback. During a practice development session this feedback was shared along with session planning information. 2 project workers have now introduced social stories with families they are working alongside. The next step is for our support workers to seek feedback from these families so that we can refine and improve our delivery of this type of session.



\*May - Aug figures based on 2 staff members (50%) having completed scoring.

## Nurturing Schools - Breakfast Club

The need for a Breakfast Club at Quarryhill Primary School, was identified when staff realised that children had not eaten since the day before. The Breakfast Club offers children, who may not have had breakfast in the morning, a chance to settle before commencing the school day. The attendance at the Breakfast Club has depended on teachers recognising the need and supporting their pupils involvement. There are now children that regularly attend and the improvement in those children, being more settled, calm and ready to learn has been noted by their teachers.

P1 teacher: "Seen a huge improvement in concentration after they come back from having breakfast as some don't get breakfast at home".

Pupil: "I like having a chance to chat to Mrs Lister and Mrs Thain, they listen to me without shouting and I get to eat toast".

## Raising Attainment for All (RAfA) Programme

Our journey of improvement is continuing in our schools as part of the Raising Attainment for All (RAfA) programme.

There are various improvement projects that are ongoing in our schools to promote attainment and achievement. The introduction of Improvement Methodology is starting to help evidence the learning from a specific improvement projects. For example, the learning gained from a test of change regarding improving the reading level of one pupil by paired reading shows that young person had initial improvement but that they then disengaged with the project. Measures to keep young people engaged will be explored.

Going forward with the RAfA programme schools are starting to identify small cohorts of pupils that can participate in improvement projects that will impact on attendance, attainment and resilience.

