



Community Planning Aberdeen Board

Meeting on **TUESDAY, 26 FEBRUARY 2019 at 2.00 pm**

Committee Room 2 - Town House, Aberdeen

B U S I N E S S

APOLOGIES AND INTRODUCTIONS

DECLARATIONS OF INTEREST

- 1.1 Partners are requested to intimate any declarations of interest

MINUTES AND FORWARD BUSINESS PLANNER

- 2.1 Minute of Previous Meeting of 3 December 2018 - for approval (Pages 3 - 12)
- 2.2 CPA Board Forward Business Planner (Pages 13 - 14)
- 2.3 National Update, Scottish Government (verbal update from Neil Rennick)

LOCAL OUTCOME IMPROVEMENT PLAN/LOCALITY PLANNING

- 3.1 Refreshed Aberdeen City Local Outcome Improvement Plan 2016-26 (Pages 15 - 90)
- 3.2 Update on Leadership of Outcome Improvement Groups (Pages 91 - 92)
- 3.3 Innovate and Improve Programme (Pages 93 - 122)

GENERAL BUSINESS

4.1 Fairer Aberdeen Fund Annual Report (Pages 123 - 142)

4.2 Child Friendly Cities (Pages 143 - 198)

FOR YOUR INFORMATION

4.3 Aberdeen Health and Social Care Partnership and Aberdeen City Council Autism Strategy (Pages 199 - 234)

4.4 Date of Next Meeting - 1 May 2019 at 2pm

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

**COMMUNITY PLANNING ABERDEEN BOARD
3 DECEMBER 2018**

Present:- Councillor Laing, Chair,
Campbell Thomson, Vice Chair (Police Scotland),
Councillor Wheeler,
Jillian Evans (as a substitute for Susan Webb) (Public Health),
Gordon MacDougall (Skills Development Scotland),
Ken Milroy (North East College),
Neil Rennick (Scottish Government) via conference call,
Darren Riddell (as a substitute for Bruce Farquharson) (Scottish Fire and Rescue Service),
Angela Scott (Aberdeen City Council (ACC)),
Jonathan Smith (Civic Forum).

Also Present:- Guy Bergman, Neil Carnegie (for items 8 and 10), Michelle Cochlan, Elsie Manners, Jo Mackie (for items 8 and 10), Frank McGhee, Martin Murchie, Matt Reid (for item 13), Martin Smith (for items 8 and 10), Susan Thom (for item 12) and Paul Tyler (for items 8 and 10).

Apologies:- Bruce Farquharson (Scottish Fire and Rescue Service), Councillor Duncan (Integration Joint Board Vice Chair), Councillor Greig, and Susan Webb (Public Health).

Also Absent Councillor Flynn and Amanda Croft (NHS).

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Topic	Discussion/Decision	Action By
1. Valedictory	<p>The Chair advised that Kenneth Simpson (ACVO) had stepped down as Chairman of ACVO and details of his successor to be confirmed. She thanked him for his contribution and enthusiasm throughout his tenure on the Board and wished him well for the future.</p> <p><u>The Board resolved:-</u> to concur with the comments of the Chair.</p>	
2. Declarations of Interest	<p>Councillor Wheeler declared an interest in item 3.1 (Annual Outcome Improvement Report 2017/2018 and Public Summary), by virtue of his previous employment with Action for Children. Councillor Wheeler did not consider the nature of his request required him to leave the meeting during consideration of this item.</p>	

Agenda Item 2.1

Topic	Discussion/Decision	Action By
3. Minute of Previous Meeting of 4 July 2018	<p>The Board had before it the minute of its previous meeting of 4 July 2018, for approval.</p> <p><u>The Board resolved:-</u> to approve the minute as a correct record.</p>	
4. Minute of the CPA Management Group of 29 October 2018	<p>The Board had before it the minute of the CPA Management Group meeting of 29 October 2018, for information.</p> <p><u>The Board resolved:-</u> to note the minute</p>	
5. CPA Board Forward Business Planner Page 4	<p>With reference to item 6 of the minute of its meeting of 4 July 2018, the Board had before it the forward business planner for the Community Planning Aberdeen Board.</p> <p>In respect of the refreshed LOIP, the Chair proposed that this would be considered at a special meeting of the CPA Board which would be held on 10 January 2019 at 11am.</p> <p><u>The Board resolved:-</u></p> <ul style="list-style-type: none"> (i) to note the forward business planner and to request all Partners to advise Michelle Cochlan of reports they intended on submitting to future meetings for inclusion on the forward business planner; and (ii) to agree that a special meeting of the Board be held on 10 January 2019 at 11am for consideration of the refreshed LOIP. 	All Partners
6. National Update, Scottish Government	<p>With reference to item 7 of the minute of its meeting of 4 July 2018, the Board received a verbal update from Neil Rennick, Location Director for the Partnership, Scottish Government.</p> <p>Mr Rennick provided an update on the following three areas:</p> <ul style="list-style-type: none"> (1) Brexit <p>A lot of work was being undertaken in preparation of Brexit and local authorities had been involved and made returns to the Scottish Government regarding their preparation for Brexit.</p>	

Topic	Discussion/Decision	Action By
Page 5	<p>(2) Budget The Scottish Government was scheduled to present the 2019-20 Scottish Budget to the Scottish Parliament on Wednesday 12 December 2018 and Neil Rennick would be able to provide a further budget update at the next meeting of the Board.</p> <p>(3) Local Governance Review The Local Governance Review, which would consider how powers, responsibilities and resources were shared across national and local spheres of government, and with communities was progressing, with the initial engagement phase nearing its conclusion. Neil Rennick explained that recently, a series of public engagement events focusing on community decision making had been held with the last event being held at the end of November 2018. The outcome of the events would be collated and discussed with Cosla in the next few weeks.</p> <p>Thereafter Jonathan Smith asked for clarification on (1) whether there had been discussion with Aberdeen City Council and partners on the implementation of Social Security in Scotland in particular in relation to the roll out of universal credit and also whether this would be aligned to the budget allocation; and (2) the current position of the Scottish Crown Estates Bill and how local communities would be able to be involved in estate decisions?</p> <p>In response, Mr Rennick advised that (1) there had been discussions with local authorities regarding the funding of universal credit and that it was expected that the UK Government spending review in 2019 would cover a three year period and this would enable the Scottish Government to produce a three year budget rather than the annual budgets. In respect of the Crown Estates Bill, Mr Rennick advised that he would seek this information and email Partners in that regard.</p> <p><u>The Board resolved:-</u></p> <ul style="list-style-type: none"> (i) to request Neil Rennick to advise the Board, by way of email, of the position regarding the Crown Estates Bill and the potential role of local communities; (ii) to note that an update on the impact of Social Security in Scotland on universal credit would be provided by Neil Rennick at the Board's next meeting; and (iii) to otherwise note the verbal update. 	

Topic	Discussion/Decision	Action By
<p>7. Annual Outcome Improvement Report 2017/18</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 6</p>	<p>With reference to item 2 of the minute of its meeting of 11 September 2017, the Board had before it a report which presented the second annual report against the Aberdeen City Local Outcome Improvement Plan 2016-26.</p> <p>The report recommended – that the Board</p> <ul style="list-style-type: none"> (a) approve the Annual Outcome Improvement Report 2017-18; and (b) approve the public facing version of the report. <p>Partners discussed the report extensively during which they endorsed the format, noting that it provided real time accountability and emphasised the importance of the report and the important messages contained therein being cascaded throughout all Partner organisations. Partners then discussed areas which required further improvement and collective focus, during which Gordon MacDougall advised that there was to be an Education Scotland review of Skills Development Scotland in September 2019.</p> <p>With regards areas where further improvement was required, the Board agreed that it would be useful for the existing data on the current LOIP outcomes and improvement projects to be considered alongside the refreshed LOIP to set the context; enable effective scrutiny; and provide the evidence for the changes proposed.</p> <p>The Board also highlighted the importance of the refreshed LOIP reviewing all existing improvement aims and identifying deliverable stretched aims to ensure that the Partnership was being ambitious. In respect of delivering the aims, the Board agreed that Partners would need to discuss the resources required and contribution from Partners to achieve the aims and that the resources required should be detailed for the improvement projects in the refreshed LOIP for consideration.</p> <p><u>The Board resolved:-</u></p> <ul style="list-style-type: none"> (i) to approve the recommendations; (ii) to enable the Board to effectively scrutinise the proposed refreshed LOIP, in particular whether the stretch aims, and proposed improvement projects were meaningful, deliverable and ambitious, to request that at its meeting on 10 January 2019 the refreshed LOIP be 	<p>Michelle Cochlan</p>

Topic	Discussion/Decision	Action By
	<p>presented along with the existing LOIP data and that the data be aligned to evidence the proposed changes in the refreshed LOIP; and</p> <p>(iii) to request that the improvement projects within the refreshed LOIP detail the resources required from Partners in order for the aim to be delivered.</p>	Michelle Cochlan
<p>8. Locality Annual Reports 2017/18</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 7</p>	<p>The Board had before it a report which presented the first annual reports against the Locality Plans 2017-27.</p> <p>The report recommended – that the Board approve the Locality Annual Reports 2017/18.</p> <p>The Board endorsed the reports and discussed whether any further support was required from the Board to the Locality Partnerships to support the delivery of each of the Locality Plans. In this regard, Partners discussed the linkage of the Locality Plans to the LOIP and suggested that the refreshed LOIP should have a greater focus on improvement activity in the three localities. It was agreed that the Locality Managers should attend the meeting on 10 January 2019 as the community voice to ensure that that the LOIP aligned to and supported the delivery of the Locality Plans.</p> <p>The Board also highlighted the importance of the Partnership supporting communities and building capacity in the areas, as well as capturing the full value of the community to delivering the Locality Plans i.e. volunteering hours.</p> <p><u>The Board resolved:-</u></p> <p>(i) to approve the recommendation;</p> <p>(ii) to agree that the refreshed LOIP should align with and support the delivery of the Locality Plans where possible and to invite the Locality Managers to attend the meeting on 10 January 2019 as the community voice; and</p> <p>(iii) to agree that the Chair's thanks is conveyed to each of the Locality Partnerships for the work they had done to date on delivering the Locality Plan and the impact this has had on the community.</p>	<p>Michelle Cochlan</p> <p>Neil Carnegie</p>

Topic	Discussion/Decision	Action By
<p>9. Outcome Improvement Group Improvement Tracker – Q2</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 8</p>	<p>With reference to item 11 of the minute of its meeting of 4 July 2018, the Board had before it a report which presented the improvement activity being led by the Outcome Improvement Groups to meet the improvement aims identified within the Local Outcome Improvement Plan 2016-26.</p> <p>The report recommended – that the Board</p> <p>(a) approve the following improvement project charters for project initiation:</p> <ol style="list-style-type: none"> 1. Furthering community involvement in the community benefits process; 2. Enhancing employer brokerage 3. Wider support for families 4. Sustainable demand responsive transport 5. Participation requests – satisfactory conclusions <p>(b) note progress of all other improvement projects.</p> <p>The Board discussed each of the proposed improvement project charters, as well as the progress of the existing improvement projects, during which the Board noted that all existing improvement projects were being reviewed as part of the refresh of the LOIP and projects which were not achieving the required output would be recommended for removal.</p> <p>In respect of the improvement project charters proposed by the Aberdeen Prospers Outcome Improvement Group, Partners noted that Michelle Cochlan would discuss the arrangements for the submission of finalised proposed charters with the Chair of the Group.</p> <p><u>The Board resolved:-</u></p> <p>(i) to approve the following improvement project charters for project initiation:</p> <ol style="list-style-type: none"> 1. Wider support for families 2. Sustainable demand responsive transport 3. Participation requests – satisfactory conclusions <p>(ii) in respect of Free School Meals to request Martin Smith to email the Board with an update on the delivery of free school meals during the October school holidays;</p> <p>(iii) in relation to the Furthering community involvement in the community benefits process improvement project charter to request the Aberdeen Prospers Outcome Improvement Group to further review the charter to ensure that it had a clear, specific and challenging</p>	<p></p> <p>Michelle Cochlan/Guy Bergman</p> <p>Martin Smith</p> <p>Matt Lockley</p>

Topic	Discussion/Decision	Action By
	<p>project aim that delivered improvement not activity and thereafter resubmit to Board if appropriate;</p> <p>(iv) in relation to the enhancing employer brokerage improvement project charter to request the Aberdeen Prospers Outcome Improvement Group to further review the charter to review the charter to ensure that it was aspirational and had a clear challenging aim and thereafter resubmit to Board if appropriate; and</p> <p>(v) to approve recommendation (b) and to note that all existing improvement projects were being reviewed as part of the refreshed LOIP.</p>	<p>Matt Lockley</p> <p>Michelle Cochlan</p>
<p>10. Locality Partnership Improvement Tracker – Q2</p> <p>Page 9</p>	<p>With reference to item 12 of the minute of its meeting of 4 July 2018, the Board had before it a report which presented the improvement activity being led by the Locality Partnerships to meet the improvement aims identified within the Locality Plans 2017-27.</p> <p>The report recommended – that the Board</p> <p>(a) approve the following improvement project charters for project initiation:</p> <ol style="list-style-type: none"> 1. Seaton Employability – Job Club 2. Community Payback Orders 3. Scoop Watch 4. Free School Meals Initiative and <p>(b) note progress of all other improvement projects.</p> <p>The Board discussed each of the proposed improvement project charters, as well as the progress of the existing improvement projects.</p> <p><u>The Board resolved:-</u></p> <p>(i) to approve the following improvement project charters for project initiation:</p> <ol style="list-style-type: none"> 1. Community Payback Orders 2. Scoop Watch <p>(ii) Free School Meals Initiative; to approve retrospectively the Seaton Employability – Job Club improvement project charter and to note that the data would be included within the quarter 3 improvement tracker report; and</p> <p>(iii) to approve the recommendation (b).</p>	<p>Neil Carnegie</p> <p>Paul Tytler</p>

Topic	Discussion/Decision	Action By
<p>11. Local Fire and Rescue Plan</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 10</p>	<p>With reference to item 6 of the minute of the meeting of the Board of 11 September 2017, the Board had before it a report which presented the Local Fire and Rescue Plan 2018/19 and asked the Board to take cognisance of the Local Fire and Rescue Plan 2018/19 in line with the Police and Fire Reform (Scotland) Act 2012 which stated that the Local Plan was to be shared to demonstrate how those priorities and objectives were expected to contribute to the delivery of any other relevant local outcomes which were identified by community planning.</p> <p>The report recommended – that the Board</p> <ul style="list-style-type: none"> (a) note the 2018/19 Local Fire and Rescue Plan; and (b) note that Scottish Fire and Rescue Service would bring a revised version for 2019/20 in February next year. <p>Speaking in furtherance of the report, Darren Riddell explained that in accordance with the Police and Fire Reform (Scotland) Act 2012, future Local Fire and Rescue Plan would be ratified by the Board in the first instance and thereafter reported to the Council’s Public Protection Committee for final approval. This would ensure alignment to the LOIP where appropriate. The new local plan was scheduled to be developed for April 2019 however, this was dependent on the new Scottish Fire and Rescue Service Strategic Plan being available and in light of the Chief Officer Alasdair Hay being replaced by Martin Blunden in early 2019 an extension to the timescales for the development of plans might be required.</p> <p><u>The Board resolved:-</u> to approve the recommendations.</p>	
<p>12. Fairer Aberdeen Fund</p>	<p>The Board had before it a report which provided an update on proposals to align the Fairer Aberdeen Fund with the Locality Plans in priority areas to ensure the Fund was supporting the delivery of Locality Plans; to develop the relationship between the Fairer Aberdeen Board and the Locality Partnerships and increase community participation in decision making.</p> <p>The report recommended – that the Board support the proposal as detailed in the report.</p>	

Topic	Discussion/Decision	Action By
	<p>The Board discussed the proposal and noted the consultation that had been undertaken with the Fairer Aberdeen Board during the development of the proposal. Partners also highlighted the importance of data on the impact of all projects approved by the Fairer Aberdeen Board being available to inform future funding allocations.</p> <p><u>The Board resolved:-</u> to approve the recommendation.</p>	
<p>13. Child Friendly Cities</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 11</p>	<p>With reference to item 13 of the minute of the meeting of the Board of 4 July 2018, the Board had before it a report which provided an update on the current status with regards to the Unicef Child Friendly City programme and outlined the next steps for progression within the accreditation process.</p> <p>The report recommended – that the Board</p> <ul style="list-style-type: none"> (a) approve the proposed governance arrangements for the child friendly cities programme; (b) instruct the CFC Oversight Board and ICS Board to submit a proposal around the selection of badges to the next meeting of the CPA Board on 26 February 2019 for approval; and (c) note next steps. <p>Speaking in furtherance of the report, Matt Reid advised that Unicef would be facilitating a session to ensure that all Partners involved had a consistent understanding prior to moving forward with the development of the action plan. In light of this sessions, the self evaluation workshop would now be rescheduled to be held following the Unicef facilitated session.</p> <p><u>The Board resolved:-</u> to approve the recommendations.</p>	
<p>14. Date of Next Meeting</p>	<p>The Board noted that its special meeting would be held on 10 January 2019 at 11am and thereafter the next meeting would be held on 26 February 2019 at 2pm.</p>	
<p>15. CPA Meeting Dates 2019</p>	<p>The Board had before it the meeting dates for 2019.</p>	

Topic	Discussion/Decision	Action By
	The Board resolved:- to approve the meeting dates for 2019.	

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Community Planning Aberdeen

CPA BOARD FORWARD PLANNER/ BUSINESS STATEMENT

The reports scheduled within this document are accurate at this time but may be subject to change. *Please note that the reporting has been updated to reflect the reporting timetable following the refreshed LOIP.*

Title of report <i>(Hyperlink to minute reference where applicable)</i>	Contact officer
26 February 19	
Leadership of Outcome Improvement Groups	Michelle Cochlan, ACC
Refreshed LOIP	Michelle Cochlan, ACC
Updated Innovate and Improve Programme 2019	Michelle Cochlan
Child Friendly Cities (article 13 of the CPAB of 3/12/18)	Matt Reid, ACC
Fairer Aberdeen Fund	Susan Thom, ACC
Autism Strategy	Jenny Rae, ACHSCP
1 May 19	
Updated CPA Terms of Reference	Michelle Cochlan, ACC
Outcome Improvement Group Improvement Tracker	Michelle Cochlan
Locality Partnership Improvement Tracker	Neil Carnegie
Future of Scotland's Planning System	Gale Beattie, ACC / Public Health
ACHSCP Final Strategic Plan 2019-2022	Kevin Toshney, ACHSCP
CPA PB strategy	Neil Carnegie/ Public Health
Child Friendly Cities	Matt Reid, ACC
1 July 19	
Presentation by Chair and Vice Chair of Integrated Children's Services	Rob Polkinghorne/ Neil Cowie
Outcome Improvement Group Improvement Tracker	Michelle Cochlan
Locality Partnership Improvement Tracker	Neil Carnegie
North East College Regional Outcome Agreement	Neil Cowie, NE College
Outcome Improvement Group Improvement Tracker	Michelle Cochlan
Locality Partnership Improvement Tracker	Neil Carnegie
9 September 19	
Presentation by Chair and Vice Chair of Sustainable City Group	Jillian Evans/ Gale Beattie
Presentation by Chair and Vice Chair of Resilient, Included,	Sandra Ross / Derek

Title of report <i>(Hyperlink to minute reference where applicable)</i>	Contact officer
Supported Group	McGowan
Outcome Improvement Group Improvement Tracker	Michelle Cochlan
Locality Partnership Improvement Tracker	Neil Carnegie
2 December 19	
Presentation by Community Engagement Group and Locality Partnerships	Darren Riddell, SFRS, Martin Smith, Paul Tytler and Jo Mackie, ACC
Presentation by Chair of CPA Management Group and Chairs of Outcome Improvement Groups	Frank McGhee
Annual Outcome Improvement Report 2018/19	Michelle Cochlan
Locality Annual Reports 2018/19	Neil Carnegie
Timescale TBC	
Aberdeen City Council Strategic Business Plan	Angela Scott, ACC
Regional Alliance Skills Partnership	Neil Cowie, North East College
2020	
Local Fire and Rescue Plan 2019/2020 (article 13 of the CPAB of 3/12/18)	Bruce Farquharson, SFRS
Presentation by Aberdeen Prospers	

Acronyms:

ACC	Aberdeen City Council
ACVO	Aberdeen Council of Voluntary Organisations
CPA	Community Planning Aberdeen
CSP	Community Safety Partnership
HSCP	Health and Social Care Partnership
NHSG	National Health Service Grampian
PS	Police Scotland
SDS	Skills Development Scotland
SE	Scottish Enterprise

For further information, or to make a change to this document, please contact Allison Swanson, tel. 01224 522822 or email aswanson@aberdeencity.gov.uk



Community Planning Aberdeen

Progress Report	Refreshed Aberdeen City Local Outcome Improvement Plan 2016-26
Lead Officer	Frank McGhee, Director of Commissioning, Aberdeen City Council
Report Author	Michelle Cochlan, Community Planning Manger
Date of Report	18 February 2019
Governance Group	CPA Board – 26 February 2019

Purpose of the Report	
This report presents the proposed refreshed Aberdeen City Local Outcome Improvement Plan (LOIP) 2016-26 for approval by the CPA Board as a living document. It also provides an update on the CPA Outcome Management and Improvement Framework.	

Summary of Key Information	
1. BACKGROUND	
1.1	Community Planning is how public services in Aberdeen work together and with communities to improve outcomes for local people. Leadership is provided by Community Planning Aberdeen, the City’s Community Planning Partnership. At a Board level the Partnership consists of Aberdeen City Council, NHS Grampian, Health and Social Care Partnership, Police Scotland, Scottish Fire and Rescue Service, Skills Development Scotland, North East Scotland College, ACVO and Active Aberdeen Partnership. It is chaired by the Co-Leader of Aberdeen City Council and Vice Chaired by the Chief Superintendent of Police Scotland. A wider range of Partners are represented on the groups underpinning the Board, including Scottish Enterprise, Universities, Nestrans and others.
1.2	Although community planning has been a legal duty for Councils since 2003, it became a statutory requirement for other partners to participate fully with the introduction of the Community Empowerment (Scotland) Act 2015. The 2015 Act placed a legal duty on statutory Community Planning Partners to demonstrate that they are making a significant impact on the achievement of outcomes through the development and delivery of a Local Outcome Improvement Plan. The Aberdeen City Local Outcome Improvement Plan was published in August 2016, a year in advance of the deadline required by statue in recognition of the importance placed on the document by the Partnership; thus making it the first LOIP to be published in Scotland. The LOIP is underpinned by three Locality Plans which translate the city wide vision into a meaningful plan for our most disadvantaged communities.

- 1.3 Statutory community planning partners are jointly responsible for ensuring the CPA delivers on the commitments within the LOIP. They undertake this duty through membership of the Partnership's Outcome Improvement Groups which were established to take forward improvement activity related to the priority themes identified within the LOIP. The Outcome improvement Groups have initiated a number of improvement projects which aim to improve outcomes in these areas as a result of multi-agency working and working with Locality Partnerships. Since March 2017, progress has been reported to the CPA Board via two Annual Outcome Improvement Reports and quarterly improvement tracking reports. Locality Partnerships also produced their first Annual Reports in December 2018.
- 1.4 At the two year juncture, the Community Planning Partnership felt it was timely to take stock of the achievements of the Partnership to date. A Community Planning Partnership Taking Stock Event was held on 11 September to consider whether the activity taking place since 2016 had brought the Partnership closer to achieving its vision of Aberdeen as a place where all people can prosper. The event was attended by over 90 colleagues from across the Partnership, including community members represented on the Civic Forum. In preparation for the event, colleagues had access to the Partnership's revised Population Needs Assessment 2018; Annual Outcome Improvement Reports 2016/17 and 2017/18; information on the status of the Improvement Projects being taken forward; and results from City Voice, our citizen's panel. This was to help delegates take an informed view of progress made based on evidence. Headline improvements are summarised in the Community Planning Aberdeen [Taking Stock video](https://youtu.be/_CoyobXdoW8) (https://youtu.be/_CoyobXdoW8). Locality Partnerships will go through their own process this year with communities to take stock of progress against the Locality Plans.
- 1.5 The outcome of the event was the agreement of a rationalised set of priorities for Partnership working going forward. This Refreshed Local Outcome Improvement Plan reflects a refocus of the Partnership on these priority issues which have been identified from the triangulation of data available from the [Population Needs Assessment](#), [Partnership performance data](#), [City Voice](#) and data from [improvement work](#). The priorities also align well to the new National [Public Health Priorities](#) which the Scottish Government and COSLA, working with a range of partners and stakeholders, have identified to be the most important issues to focus on over the next decade to improve the health of the Scotland – see Appendix 2.
- 1.6 A development session was held with the CPA Board on 10 January 2019 to review the Draft Refreshed Local Outcome Improvement Plan in advance of a formal request to the Board to approve the LOIP on 26 February 2019. CPA Board members received a presentation from the Chairs/ Vice Chairs of the Outcome Improvement Groups to explain the rationale behind the 15 Stretch Outcomes and the improvement activity the groups intend to focus on to deliver these. CPA Board members were asked to consider whether they have confidence that the draft LOIP addresses the right things to deliver the desired level of improvement over the course of the remaining 8 years of the ten year plan. Locality Managers were also in attendance to inform discussions from a locality perspective.

1.7 In response to CPA Board feedback on 10 January, a number of changes have been made to this final draft Refreshed Local Outcome Improvement Plan 2016-26. These include, amongst others, the following:

- Our stretch outcome on children and young people reporting that they feel mentally well by 2026 is now more ambitious at 90%
- Our stretch outcome on reducing youth offending has increased to 25% fewer young people charged with an offence by 2026
- Our stretch outcome on alcohol and drugs deaths is more focussed on early intervention and prevention with an aim to reduce harmful levels of drinking, as well as reducing drug related deaths to below the Scottish average
- Our stretch outcome on carbon emissions has been revised to reflect our broader ambition to address climate change
- Our stretch outcome on active travel now includes walking as well as cycling
- Additional improvement projects include: digital skills, breastfeeding, parental involvement in education, reducing obesity and food pantries

1.8 However, it is acknowledged that further development work is still needed to ensure the partnership takes a whole system view of mental health from pre-birth to older life and that this is reflected in a future iteration of the LOIP.

1.9 This report presents the final draft Refreshed Local Outcome Improvement Plan 2016-26 for approval by Community Planning Aberdeen, as a 'living document'. This respects the need of the Partnership to continually review, reassess and readjust improvement aims in response to joint intelligence, evidence of impact, internal and external influences. The draft plan was endorsed by Aberdeen City Council on 29 January 2019.

2. SUMMARY OF CHANGES TO THE LOIP SINCE 2016

2.1 Vision

2.1.1 Our vision for Aberdeen remains the same, to be a 'place where all people can prosper'. This reflects our desire to help all people, families, businesses and communities to do well, succeed and flourish in every aspect, regardless of their background or circumstances. To achieve this vision we are committed to tackling the issues that exist in our society which prevent equal opportunity for all to lead a happy and fulfilling life.

2.1.2 There are problems faced by our City which have endured for decades and have been stubbornly resistant to improvement. Our evidence confirms what we already know; that inequalities in health, education and employment opportunities are passed from one generation to another and that this is most acute for those families living under the grip of poverty. No single sector or profession can eradicate poverty alone, collaborative efforts across the Community Planning Partnership are key in helping to face up to poverty. Our philosophy is to create the conditions for everyone to prosper by helping disadvantaged families and communities.

2.1.3 Our ambition is clear. However, in taking stock of what progress we have made so far towards achieving this vision, the Partnership found it difficult to make an overall assessment. The LOIP includes a vast array of improvement measures which are necessary to understand what impact we are having on the range of economic, health, social and environmental issues we seek to improve. But due to the varying nature of these data sets and variations in performance trends, making sense of what all that activity amounts to as a whole picture is not easy.

2.1.4 An improvement approach requires us to be clear about what we are going to improve, by how much and by when. We have applied this discipline to our improvement projects, but until now we have not applied this to our overall vision. The refreshed LOIP attempts to quantify the scale of our ambition for the remainder of the ten year plan with the introduction of overarching measures connected to the LOIP's strategic themes of Economy, People and Place. Our refreshed LOIP states that by 2026:

- We still have the highest GVA (Gross Value Added) per head in Scotland
- Fewer than 10% of our children are living in poverty
- We are living in good health for at least five years longer
- Our carbon footprint is 42.5% smaller

2.1.5 It is proposed that these are the ultimate measures of our overall success in delivering this Local Outcome Improvement Plan and will be monitored and reported by the Partnership annually.

2.2 Stretch Outcomes

2.2.1 In addition to the ultimate measures of success listed above, our vision of Aberdeen as a place where all people can prosper is described and measured under four themes which support and reinforce each other:

- Economy;
- People (Children and young people);
- People (Adults); and
- Place

2.2.2 To understand progress towards improvement under these themes the Partnership agreed that it had to focus on the things that really matter. We have identified 15 stretch outcomes which break down these themes into specific improvement aims for 2026. They are intended to communicate clearly and immediately what will be different by the end of the ten year plan to secure our overall vision.

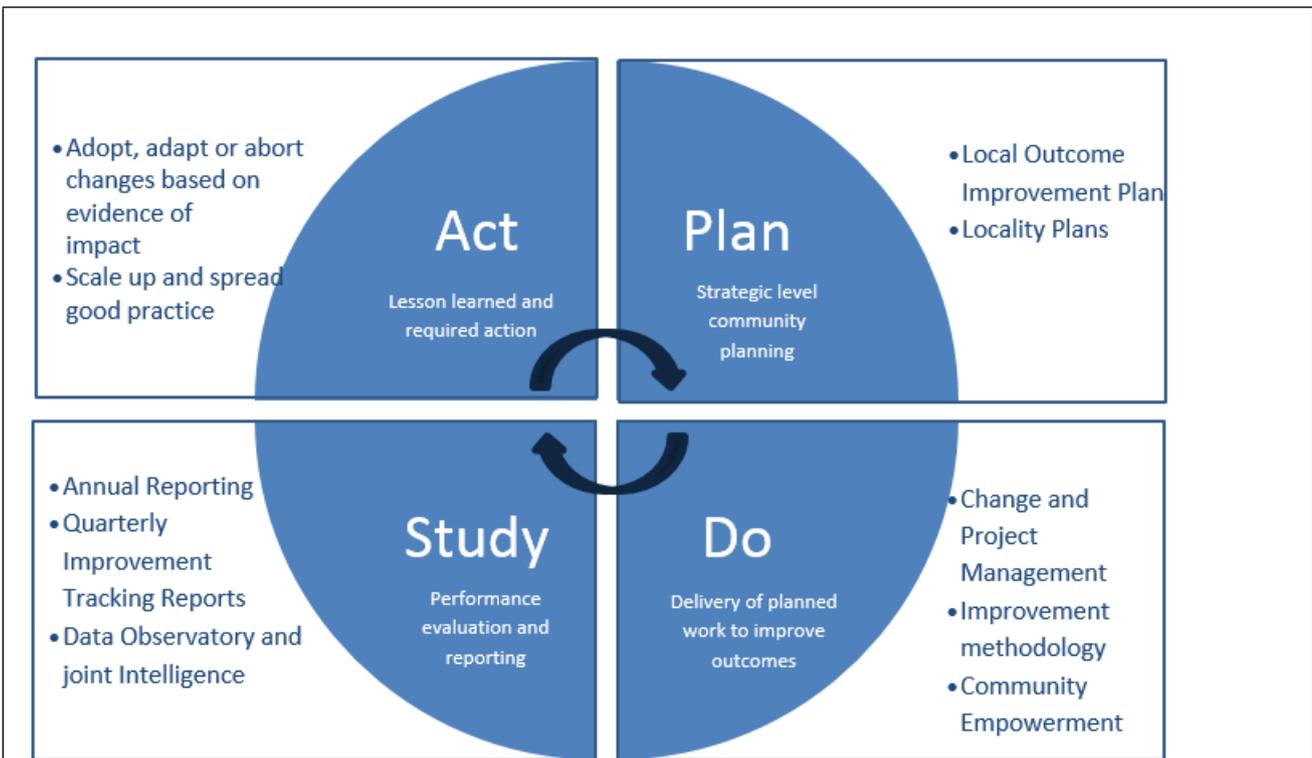
2.2.3 The stretch outcomes are based on the findings of the revised Population Needs Assessment and those issues emerging which we believe need to be addressed in order to achieve our overall vision. The 'stretch' comes from an understanding of what impact we have had as a Partnership so far using evidence from our last two annual reports and results of improvement work; and our ambition to do better. We have also tested these stretch outcomes for alignment against the new public health priorities, see Appendix 2.

2.3 Improvement Projects

- 2.3.1 To signal that maintaining the status quo is not an option, the LOIP now details the specific improvement projects that will be taken forward by the Partnership's Outcome Improvement Groups. Improving outcomes is a complex business and just as we have broken down the vision into stretch outcomes, we have broken down our stretch outcomes into improvement project aims. It is by working towards the achievement of these project aims that we believe will achieve our stretch outcomes.
- 2.3.2 Using quality improvement methodology, we will test new ways of working together and with communities. This involves gathering and analysing data to understand whether our changes are resulting in improvement before we invest precious public resources to scale up and spread further. The improvement projects provide an opportunity for genuine collaborative working and joint resourcing of improvement activity. The projects are focussed on delivering early intervention and prevention regardless of what stage in a person's life journey they are targeting. The LOIP does not contain the detail of the change ideas which will be tested through the improvement projects – these will be vast and emerge as a result of engagement with communities and our understanding of impact using improvement data.
- 2.3.3 Our improvement projects are shorter term than our stretch outcomes which take us right to the end of the plan. Many of our improvement project aims are for 2021 which is when we intend on refreshing the LOIP once again. However, we would hope to be able to evidence improvement in advance of this timescale. It is not possible to improve everything all at once so our Outcome Improvement Groups will go through a process of identifying those projects which will be resourced immediately as a priority, initiation of other projects will be staggered over the next two years. A report will come to the CPA Board meeting on 1 May which will set out the rolling programme of these projects over the next three years. See Appendix 3 for improvement projects which have been stopped due to a lack of evidence of impact or dealignment with the stretch outcomes.

3 OUTCOME MANAGEMENT AND IMPROVEMENT FRAMEWORK

- 3.1 In February 2017, Community Planning Aberdeen agreed an Outcome Management and Improvement Framework which sets out the Partnership's arrangements for the effective, systematic and collaborative scrutiny of progress in delivering the Local Outcome Improvement Plan.
- 3.2 Key features of the framework include the delivery of improvement projects using Quality Improvement methodology and working with communities. It also includes annual and quarterly progress reporting against the high level outcomes of the LOIP and breadth of improvement activity. The new Partnership Data Observatory allows the colleagues to access the latest population needs assessment data at any time to understand whether our improvement activity is having an impact on longer term outcomes and any new issues emerging. See diagram below.



4 COMMUNITY PLANNING JOINT INTELLIGENCE

4.1 Going into this next phase of the Partnership’s improvement journey, there will be a much greater focus on using real time data and joint intelligence to ensure our improvement projects are informed and directed by evidence of impact, as well as emerging national and local research. Aberdeen City Council and Public Health are currently collaborating with the Partnership’s Outcome Improvement Groups to identify areas where they will do a deep dive into the data to better understand the issues highlighted by the Population Needs Assessment and to inform change and improvement.

5 NEXT STEPS

5.1 The Communications Plan included in Appendix 4 provides details of the mechanisms the Partnership will use to cascade the key messages of the LOIP to staff and communities. A cross partnership Communications Group has been established to oversee the development and delivery of the plan.

5.2 The CPA Board will be asked to consider a report at its next meeting on 1 May which sets out a rolling programme for the initiation of the improvement projects within the LOIP over the next three years.

5.2 As our use of data becomes more dynamic, the Local Outcome Improvement Plan will have to evolve to reflect business intelligence and latest priorities, including ongoing engagement with communities. It is proposed that part of the role of the CPP Board is the ongoing review of the Plan, and agreeing to updates, as circumstances require. This will fulfil the duty on the CPP under the Community Empowerment (Scotland) Act to ensure the LOIP remains up to date, and appropriate for delivering the improvements to reflect local needs and priorities.

Recommendations for Action

It is recommended that members of the group:

- i) Approve the Refreshed Local Outcome Improvement Plan (LOIP) 2016-26;
- ii) Agree to monitor progress in delivering the LOIP via the quarterly improvement tracking reports and make decisions on whether projects should be supported to continue based on improvement data and evidence provided;
- iii) Approve the Partnership Communications Plan;
- iv) Instruct the Chair of the CPA Management Group and Chair of Aberdeen Prospers to engage the private sector to improve shared understanding of the LOIP and empower the sector to get more involved in its delivery;
- v) Agree that delivery of the improvement aims within the LOIP is subject to resource availability;
- vi) Instruct the Chair of Integrated Children's Services to ensure that the Champions Board Refreshed Action Plan takes cognisance of the refreshed LOIP;
- vii) Note that Locality Plans will be reviewed following the refresh of the LOIP and definition of the localities will also be reviewed to take account the realignment of the Health and Social Care Partnership localities.

Opportunities and Risks

The refreshed Local Outcome Improvement Plan 2016-26 enables Community Planning Aberdeen to refocus on those priority areas identified as a result of assessing the progress of the Partnership in improving outcomes over the last two and a half years using performance information and data from the Population Needs Assessment 2018. The introduction of the 15 stretch outcomes ensures that there is a clear line of sight between the overall vision of Aberdeen as a place where all people can prosper and the improvements the Partnership aims to achieve by 2026. The plan is ambitious and will rely on Partners working together and with communities to learn how to work differently to achieve these new levels of improvement. Success will depend on the drive and passion of the Partnership, which it has in abundance, but also the availability of finite resources. Community Planning Aberdeen will monitor the progress the Partnership is making and impact on outcomes of the improvement projects within the LOIP. The LOIP is therefore approved as a Living Document which is subject to ongoing change as new data, intelligence and understanding is made available.

Consultation

The following people were consulted in the preparation of this report:

Members of the CPA Management Group
Community Planning Aberdeen Outcome Improvement Groups

Background Papers

The following papers were used in the preparation of this report.

[Local Outcome Improvement Plan 2016-26](#)

[Community Planning Aberdeen Outcome Management and Improvement Framework](#)

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LOCAL OUTCOME IMPROVEMENT PLAN 2016-26

DRAFT 19 February 2019



Community Planning
Aberdeen

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FOREWORD BY COUNCILLOR JENNY LAING AND CHIEF SUPERINTENDENT CAMPBELL THOMSON

Our vision is of Aberdeen as ‘a place where all people can prosper’. The Local Outcome Improvement Plan (LOIP) sets out a ten year plan for how Community Planning Aberdeen will realise this vision by 2026 in Partnership with local people, places and communities.

The LOIP was first developed by the Partnership in 2016 and, almost two and a half years later, Community Planning Aberdeen has been reflecting on how far we have come in achieving our vision? This was the question we posed ourselves at our [‘Taking Stock’](#) event in September 2018 where we considered the evidence available to us: data from our Population Needs Assessment 2018, two years’ worth of performance data against our improvement aims, and feedback from our citizen’s panel and place standard. A summary of some of our key achievements can be viewed in our [‘Taking Stock’ video](#).

So, what do we know? Our data shows some indication of an improving economic situation over the last two years. There has been an increase in hotel occupancy from 56.6% to 62.5% and city centre premise occupancy rates have increased to 90.8%. The number of new jobs being created from inward investment projects has increased alongside a 14% increase in business gateway growth companies being accepted into Scottish Enterprise’s Growth pipeline. Business gateway start up numbers have also increased by 6%. We expect to see further improvement in our economic data in the months to come as a result of our efforts to rejuvenate the City Centre and the major infrastructure developments taking place, such as the refurbishment of Aberdeen Art Gallery and The Events Complex Aberdeen.

The prominence of the oil and gas industry in Aberdeen leaves the City vulnerable to the effects of the economic decline - job losses, falling property prices and loss of custom, all at risk of further decline with the upcoming Brexit. Unsurprisingly, we continue to identify improving the economy as a key priority for Community Planning Aberdeen in this refreshed LOIP with the introduction of two stretch outcomes to improve inclusive economic growth and increase the number of people earning the Living Wage.

Our aspirations go far beyond continued financial success. The word prosperity used throughout this plan refers to the ambition of the Partnership to see all people, families, businesses and communities do well, flourish and succeed. This means supporting people to enjoy positive outcomes throughout the stages of their life.

By ensuring that all people in Aberdeen have the opportunity to prosper we promote the wellbeing and equity of our citizens and prevent a series of intractable problems for the future. Investing in **early intervention and prevention** is a core principle of Community Planning Aberdeen which underpins every decision, action and impact. The ultimate expression of this is our commitment to invest in our children and young people. Our status as the first Scottish City to be accepted onto UNICEF’s Child Friendly Partners Programme reflects our ambition for Aberdeen to be a place where all children and young people have the opportunity to reach their potential regardless of their background and circumstances.

Enabling our families to ensure their children are safe, healthy and nurtured is fundamental to giving children the best start in life. However, our data shows that there are children in Aberdeen who are not getting this start. This has a detrimental impact on their ability to meet their developmental milestones, significantly limiting their future potential.

Our data shows that the attainment gap between the highest and lowest achieving 20% is narrowing, but we need to do more to help all children and young people to achieve. In most subjects and stages, achievement of expected levels is lower in Aberdeen than Scotland. This is especially true for our care experienced children and young people. 90.8% of young people in Aberdeen are now entering positive destinations upon leaving school, however this is not the case for those young people from our deprived areas with only 83.6% moving on to a positive destination.

We know that to achieve real and lasting change in our society, we need to empower communities to help themselves and community empowerment is a central theme which runs throughout our LOIP. But there are members of society who are vulnerable and at times need more support to keep safe from harm. This is equally true of children, young people, adults and older people. Over the last two years we have taken steps to protect a wide range of vulnerable people. For example, we launched the Choose Life app which reached 22,000 users between March 2016 to August 2017. During this time Grampian has seen a 28% decrease in suicide during 2016 compared to an 8% increase nationally.

However, we want to do more for our children and young people, and this includes introducing a different model of care to improve access to Child and Adolescent Mental Health services. Only 37.7 %

of Child and Adolescent Mental Health (CAMHS) referrals in Grampian are seen within the target 18-week period compared with 77.5% in Scotland. This is based on a traditional model of hospital care. Our new approach means many children's detailed assessments and treatment plans are in place after 6 weeks, and the full pathway in place after a total of 15 weeks – better than the national standard.

Some of our best examples of partnership working can be seen in our work to improve community safety outcomes. We've seen an 8% increase in the percentage of people who reported that they feel safe in the City since last year alongside a 17% reduction in overall crime and a reduction in violent crime, the number of young people accused in relation to multiple CrimeFiles also decreased by 48% in the last two years. New schemes such as AMPED, which aims to divert young people from antisocial behaviour; and the alcohol misuse referral scheme, which signposts people with alcohol issues to support and recovery services, aim to tackle some of our most persistent community safety issues at their root cause. We also started our Priority Families Service in January 2017, which offers intensive help through Partnership working to families affected by anti-social behaviour, offending and wellbeing issues. Already we are seeing evidence that families involved are experiencing improved outcomes with 40% of pupils from supported families showing improved attendance and a 76% reduction in criminal charges for families. We hope to spread the positive impact of these initiatives further across the City to help young people and vulnerable adults escape a path of self destruction. For example, drug related deaths have doubled since 2014 in the city and 27% of adults in Aberdeen drink above the guideline recommendations of 14 units per week, higher than Scottish rate of 25%. We have therefore introduced a key stretch outcome to reduce drug and alcohol related deaths in the city.

Early detection and intervention of people at risk of harm continues to be of utmost importance for the Partnership and our improvement efforts continue to focus on how we can improve the shared intelligence between our organisations to support this to happen. For example, data analytics to predict events from potential child protection issues, to the likeliest locations for house fires and school attainment. These insights will give us the ability to take a preventative approach, putting in place interventions to try and stop problems rather than providing costly services in response.

The population needs assessment shows wide divisions in health and life expectancy between the richest and the poorest communities in our City. People living just a few streets apart in some areas of Aberdeen find themselves with life expectancies more than 14 years apart, we have committed to address this through a stretch outcome to increase the healthy life expectancy for the people of Aberdeen. A families ability to nourish themselves is a key factor in healthy life expectancy and it is alarming that 8% of respondents in our last City Voice survey reported that there was a time during the last 12 months when they were worried they would not have enough food to eat, with 3% reporting that their household had run out of food at some time over the last year. Helping people affected by household food insecurity is therefore a key focus for the Partnership. We hope to be able to see a future improvement in the data as a result of initiatives being put in place now; such as free school meals during holidays in our priority localities and supporting communities to grow their own food.

The successes we have experienced so far have not been achieved by partner organisations alone. More and more we are reaching out to our people and communities for their help to improve outcomes. Participatory budgeting is an approach we are using to give people a direct say in how and where public funds can be used to address local needs. We have also been involving communities in our improvement projects which are testing new ways of working using existing resources.

There has been a power of work across the Partnership which needs to be acknowledged and celebrated, but there is still so much to be done. The data has allowed us to make an honest appraisal of where Aberdeen is as a City and where the Partnership is in terms of meeting the needs of our communities. This refreshed LOIP refocuses the Partnership on those critical issues through our 15 new stretch outcomes which communicate what will be different by the end of this ten year plan. This marks a maturing of how we are working together and in partnership with our communities. It signals our joint commitment, confidence and ambition to achieve our vision of Aberdeen as a place where all people can prosper.

As we embark on the next stage of our improvement journey, we will be working even more closely together. There is no doubt that we face complex challenges ahead, but Community Planning Aberdeen is committed to tackle these head on. The opportunities are great, and it is only by recognising these challenges and working together that we will be able to continue to improve outcomes for the people of this great city.



*Councillor Jenny Laing,
Chair of Community Planning Aberdeen
Board, Co-Leader of Aberdeen City Council*



*Chief Superintendent Campbell Thomson,
Vice Chair of Community Planning
Aberdeen Board, Police Scotland*

Community Planning Aberdeen Board Members

<i>Angela Scott Chief Executive Aberdeen City Council</i>	<i>Amanda Croft Chief Executive NHS Grampian</i>	<i>Susan Webb Director of Public Health NHS Grampian</i>	<i>Bruce Farquharson Local Senior Officer Scottish Fire and Rescue Service</i>	<i>Ken Milroy Regional Chair North East Scotland College</i>	<i>Gordon MacDougall Head of Operations North East Skills Development Scotland</i>	<i>Alistair Robertson Managing Director Sport Aberdeen, Active Aberdeen Partnership</i>
<i>Councillor John Wheeler Aberdeen City Council</i>	<i>Councillor Stephen Flynn Aberdeen City Council</i>	<i>Councillor Martin Greig Aberdeen City Council</i>	<i>Councillor Sarah Duncan Vice Chair of Integrated Joint Board</i>	<i>Jonathan Smith Chair Civic Forum</i>	<i>Liv Cockburn Chair ACVO</i>	<i>Frank McGhee Director of Commissioning Aberdeen City Council</i>

THE ABERDEEN CONTEXT

Like all areas of Scotland, public services in Aberdeen are facing increasing demand with reducing resources. In order to understand how best to prioritise our shared resources, we need clarity on the current and future needs of local people in Aberdeen. Our approach to [Population Needs Assessment](#) ensures we systematically analyse data across a broad range of indicators to identify the major issues facing the City. The following paragraphs provide a summary of findings from the most recent data available as of November 2018.

Our Economy

Aberdeen remains a competitive and productive city with GVA (Gross Value Added) per head in Aberdeen being the highest in Scotland. Average income and earnings are also high with gross disposable household income per head in Aberdeen being £22,508 compared to £18,231 for Scotland, and workplace based hourly pay (median gross) in Aberdeen being £15.33, compared to £13.98. The proportion of our working-age population who are economically active is higher than the Scottish average (79% compared to 77.5%), as is the proportion of our workforce who are qualified to NVQ4 and above (52% compared to 44%). In 2016 there were 1,160 new businesses in Aberdeen. The five-year survival rates of 2012 business births was 45.9% in Aberdeen compared to 43.7% in Scotland. Overall, Aberdeen remains a relatively affluent city - based on SIMD 2016, 40% of Aberdeen's data zones are in the 20% least deprived areas of Scotland.

However, there remain areas of deprivation, with 8% of Aberdeen's data zones being classified as being in the 20% most deprived areas of Scotland. Similarly, despite high average earnings, annual income varies by neighbourhood ranging from a low of £18,596 to a high of £61,570 - almost 15% of adults who work in the city earn less than the Living Wage. 16.7% of children are currently living in poverty. There are also indications that people in some of our communities may have issues with food security as recent reports from CFINE show a large increase in the number of people requiring emergency food parcels.

Our People (Children and Young People)

In 2017 there were 34,495 children (0-15 years) in Aberdeen City – this equates to 15% of the City's total population which is slightly lower than the Scottish figure of 16.9%. In September 2017 there were 13,923 primary school pupils and 8,667 secondary school pupils in Aberdeen City. In July 2017 there were 590 Care experienced children and young people in Aberdeen City – equivalent to 1.6% of the 0-17 years population (compared to 1.4% in Scotland). Almost half (49%) of Care Experienced Children and Young People (CECYP) in Aberdeen live in foster care. While improved, as in Scotland the attainment outcomes for CECYP are still lower than those for all pupils. In 2016/17 in Aberdeen City 74% of CECYP left school with 1 or more qualification at SCQF (Scottish Credit and Qualifications Framework) level 4 (78% for Scotland). In 2017, a total of 1,212 CAMHS (Child and adolescent

mental health services) patients were seen in Grampian. Of these, 37.7% were seen within the target 18-week period, compared to 77.5% in Scotland. However, this is based on a traditional model of hospital care. A new approach means many children's detailed assessments and treatment plans are in place after 6 weeks, and the full pathway in place after a total of 15 weeks which is better than the national standard.

Our People (Adults)

The population of Aberdeen is currently 228,800 and is projected to increase by 3.2% between 2016 and 2026 to 237,169. Aberdeen has a relatively young population. Compared to Scotland the proportion of working-age people is higher (69% compared to 64%) and the median age is lower (36 years compared to 42 years). We have a diverse city with 24% of the City's population having been born outside of the UK compared to 9% for Scotland. Estimated life expectancy at birth in Aberdeen is in line with Scottish averages at 80.8 years for females and 76.4 years for males (81.1 years 77.0 years respectively for Scotland). However, as in Scotland, life expectancy is strongly associated with deprivation, with those in the most deprived areas having a lower life expectancy than those in the least deprived areas. Healthy life expectancy (years lived in good health) is lower at 65 years for males and 67.4 for females. There is a mixed picture in relation to health behaviours. Positive signs are lower than average rates of smoking during pregnancy and higher than average rates of active travel. However, in the period 2013-2016, 27% of adults in Aberdeen City were drinking above the guideline recommendations of 14 units per week. This is slightly higher than the rate for Scotland of 25%. Also, it is estimated that 1.9% of Aberdeen's population have a problem drug use. At 0.17 per 1,000 population, Aberdeen has the 4th highest average annual rate of drug deaths (after Dundee City at 0.25, Glasgow City at 0.24 and Inverclyde at 0.22) of all local authorities in Scotland. In

2016/17 15.4% of people in Aberdeen City were prescribed drugs for anxiety, depression or psychosis. While lower than the national rate (18.5%), consistent with trends in Scotland the proportion of people receiving prescriptions for these conditions has increased significantly in recent years, from 12.5% in 2009/10 to 15.4% in 2016/17. In Aberdeen, in 2017 there were 470 people aged 65+ years with high levels of care need who were cared for at home (i.e. who received 10 and more hours of home care purchased or provided by the local authority). This equates to 26% of all people in this age group with high levels of care need – significantly lower than the Scottish average of 35.2%.

Our Place

Aberdeen has the 8th largest local authority population in Scotland. The city is made up of 37 neighbourhoods, 9 of which are recognised as deprived based on Scottish Index of Deprivation (SIMD). In 2017 there were 116,821 dwellings in Aberdeen with local authority housing stock totalling 22,041, of which 75.8% are flats. Between 2016 and 2017 the total waste generated in Aberdeen fell by 8.7%, and in 2017 – for the first time – more waste was recycled (44%) than went to landfill (36%). Overall in Scotland 46% of waste generated was recycled and 45% went to landfill. In 2014 CO₂e (carbon dioxide equivalent) emissions in Aberdeen totalled 1,532,256 tonnes, down 18% from 1,867,497 tonnes in 2005. Between 2005 and 2014, per capita CO₂e emissions have fallen in both Aberdeen and Scotland. Four areas in Aberdeen have been identified as potentially vulnerable to flooding – Deeside, Peterculter, Bridge of Don and Denmore. Total annual average damages due to flooding in 2016 was estimated at £17,370,000, equivalent to 80% of annual average damages for the North East Local Plan area.

The Partnership's response to these challenges is set out in this Local Outcome Improvement Plan which details the improvement activity the Partnership will prioritise and resource to effect change.

OUR VISION FOR ABERDEEN CITY

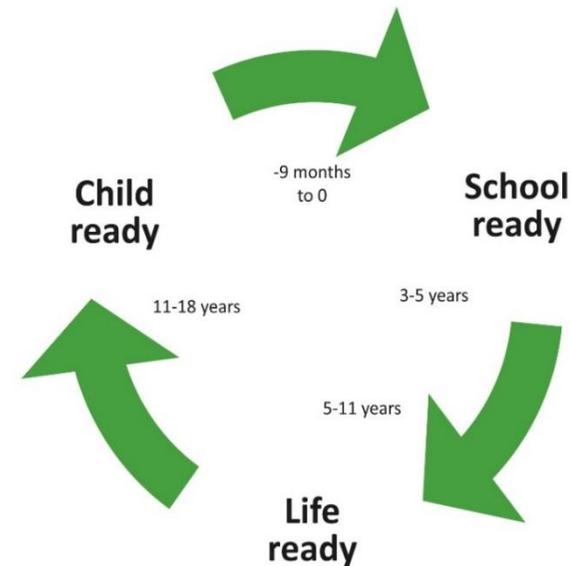
‘A place where all people can prosper’

Our vision for 2026 is Aberdeen as a place where all people can prosper. This means all people being able to access the opportunities available in our great City, regardless of their background or circumstances. This reflects our desire to help all people, families, businesses and communities to do well, succeed and flourish in every aspect. To achieve this vision we are committed to tackling the issues that exist in our society which prevent equal opportunity for all to lead a happy and fulfilling life.

Despite the relative prosperity that Aberdeen has enjoyed compared to other areas of Scotland, there are problems faced by our City which have endured for decades and have been stubbornly resistant to improvement. Our evidence confirms what we already know; that inequalities in health, education and employment opportunities continue to exist in some communities and that this is most acute for those families living under the grip of poverty.

Through early intervention and prevention, we aim to create the conditions for prosperity and support future generations to be prepared and made **ready for school, for work, for adulthood** and for life itself – see diagram 1. This calls for attention to be paid to care experienced children, young offenders, children of offenders and those living in poverty - because their levels of risk are very much higher than those of other children and young people of their age.

Diagram 1 – Whole life approach



No single sector or profession can improve outcomes for people and place alone, collaborative efforts across the Community Planning Partnership are key to achieving our ambitions the City of Aberdeen.

We also understand that real transformation will come from acting beyond the walls of our public service organisations and infrastructures and thinking about Aberdeen as a **‘City of Learning’**.

Becoming a **City of Learning** means capitalising on the vast opportunities, resources and potential for enabling people to learn and develop themselves in ways that meet their needs, interests and ambitions. In this way they can participate more fully in their own lives and in the life of the City to help their families and communities prosper. This approach builds on the pioneering work of the Learning Cities in the USA and the UNESCO Global Network of Learning Cities movement. It recognises the lifelong opportunity that exists for people to learn to address gaps in their opportunity, achievement and/or skills – see diagram 2.

Diagram 2 – Lifelong learning approach



How will we know we are making a difference?

Setting out a vision for how we want things to be in the future is the easy part. Believing that it is possible and making it happen is entirely different.

This plan sets out the many improvement projects we will take forward to achieve our vision as **a place where all people can prosper**.

Our ultimate measures of success in achieving this vision will be that **by 2026:**

- We still have the highest GVA (Gross Value Added) per head in Scotland
- Fewer than 10% of our children are living in poverty
- We are living in good health for at least five years longer
- Our carbon emissions are 42.5% lower

How will we make it happen?

Our 15 Stretch Outcomes break down our overall vision for the People, Place and Economy of Aberdeen into manageable thematic programmes of work. In taking a structured approach to improvement we are very clear about what it is we are trying to accomplish, how we will know whether a change is an improvement and what changes we will make to secure this improvement. These stretch outcomes tackle poverty as they manifest at every stage of a person's life journey.

OUR 15 STRETCH OUTCOMES

ECONOMY	PEOPLE (Children & young people)	PEOPLE (Adults)	PLACE
<p>1. 10% increase in employment across priority and volume growth sectors by 2026.</p> <p>2. 90% of working people in Living Wage employment by 2026.</p>	<p>3. 95% of children (0-5years) will reach their expected developmental milestones by the time of their child health reviews by 2026.</p> <p>4. 90% of children and young people will report that they feel mentally well by 2026.</p> <p>5. 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026.</p> <p>6. 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026.</p> <p>7. Child Friendly City which supports all children to prosper and engage actively with their communities by 2026.</p> <p>8. 25% fewer young people (under 18) charged with an offence by 2026.</p>	<p>9. 25% fewer people receiving a first ever Court conviction each year by 2026.</p> <p>10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026.</p> <p>11. Healthy life expectancy (time lived in good health) is five years longer by 2026.</p> <p>12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.</p>	<p>13. No one in Aberdeen will go without food due to poverty by 2026.</p> <p>14. Addressing climate change by reducing Aberdeen's carbon emissions by 42.5% by 2026 and adapting to the impacts of our changing climate.</p> <p>15. 38% of people walking and 5% of people cycling as main mode of travel by 2026.</p>

The following chapters in this document include the detailed improvement projects we will take forward to achieve these stretch outcomes.

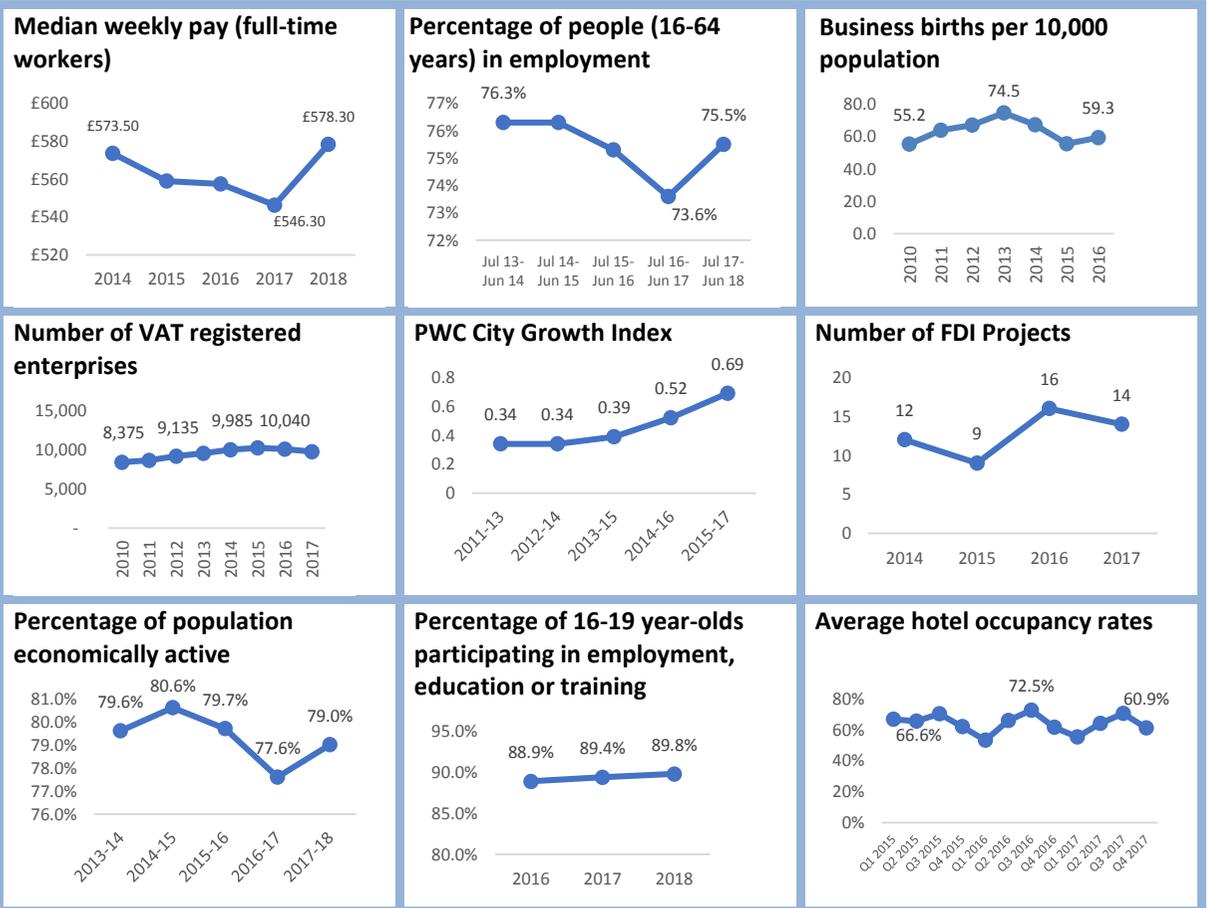
PROSPEROUS ECONOMY

The North East of Scotland is one of the most active and prosperous regions in the UK. However, in looking at the region's future economic development, it is clear that Aberdeen needs to be at the heart of a city region that competes with international city regions and not just with others in Scotland or the UK.

Economic activity in the North East is strong, principally because of North Sea oil and gas and, in spite of the recent downturn, there remain significant opportunities to sustain and grow activity in this sector in both the short and longer terms. The Aberdeen Economic Policy Panel Report in November 2018 provides an independent analysis of the Aberdeen City Region economy to support the Council's annual credit rating assessment by Moody's. The report confirms that some challenges the North East region faces are specific to the local economy (such as the trends in future oil production/price). The immediate focus is on maximising economic recovery from the remaining oil and gas reserves in the UK Continental Shelf while anchoring expertise in the wider energy sector in the North-East of Scotland.

In 2016 Aberdeen was ranked fifth in the UK in terms of the number of patents per 1,000 population, testimony to a variety of internationally significant research centres in the

POPULATION NEEDS ASSESSMENT DATA:



region, such as the National Subsea Research Institute, the Rowett Institute of Nutrition and Health, the Marine Lab, the James Hutton Institute and Aberdeen's two universities. New business creation is vital in diversifying the economy and the correct support for those wishing to start or expand their own business is essential.

Key to this transition is retention of the talent and transferable skills that currently exist within our businesses and educational institutions. In addition to creating a strong pipeline of talent through our schools, college and universities, we must ensure that inclusive growth is at the heart of all we do and that opportunities are open to all by offering support to those seeking to enhance their skills or reskill to move into new roles. We will seek to develop a City of Learning approach that empowers people and communities to put lifelong learning at the heart of their civic and cultural identities.

The purpose of Aberdeen Prospers is to contribute to the inclusive economic growth agenda in the city and Brexit may have significant impacts across communities and localities that we are focussed on. Even in the best-case Brexit scenario, recent forecasts from the Bank of England and other agencies suggest 'lost' growth of 3% per year and the stretch outcome aims for Aberdeen Prospers should be considered in that light. The potential (and future real) consequences of Brexit will continue to be monitored by the Aberdeen Prospers group, which will retain sufficient flexibility and agility in its improvement planning to accommodate actions to mitigate Brexit consequences for priority communities and groups, where possible. Aberdeen Prospers will also explore potential opportunities afforded by Brexit and work these into growth related improvement activity where possible and appropriate to do so.

A primary focus of Aberdeen Prospers will be on delivering on Fair Work and Good Work principles – ensuring that people who are least engaged with the labour market or who benefit least from the city's prosperity are given the opportunities to progress into sustainable employment. Working with locality partnerships will be critical to achieving our ambitions in this area.

By working in partnership we aim to ensure Aberdeen's economy continues to be prosperous. As part of an inclusive economy, Aberdeen's 3rd sector provides a significant contribution in financial and resource terms. Its turnover is £350 million per annum (excluding the two universities, college and two ALIOs). The workforce is in excess of 10,000 and it pulls in the support of over 70,000 volunteers for the city's benefit. It reflects the diversity of the population in age, gender, ethnicity, faith and ability, providing a purpose for all.



LEAD PARTNERS:

- Aberdeen City Council
- ACVO
- Civic Forum
- Department of Work and Pensions
- North East Scotland College
- North East Scotland Regional Transport Partnership (Nestrans)
- Robert Gordon University
- Scottish Enterprise
- Skills Development Scotland

STRETCH OUTCOMES

1. 10% increase in employment across priority and volume growth sectors by 2026.
2. 90% of working people in Living Wage employment by 2026.

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>1. 10% increase in employment across priority and volume growth sectors by 2026</p> <p><i>(Baseline data 2017: 48,390 people in employment in growth sectors. A 10% increase is 4,839 people.)</i></p> <p>Responsible Outcome Improvement Group: Aberdeen Prosperers</p> <p>2. 90% of working people in Living Wage employment by 2026</p> <p><i>(Baseline data 2018: 85.8%)</i></p>	1.1 Diversification of the economy into other growth sectors including wider energy related sectors; tourism; food and drink; life sciences; health and social care and construction.	Increase the number of people employed in growth sectors (digital/ creative; food and drink; life sciences; tourism; social care and health and construction) by 5% by 2021.	No. of people employed by growth sector <i>(Baseline data 2017: Digital/ creative – 4,040; Food and drink – 1,250; Life sciences – 900; Tourism – 10,000; Early years – 2,570; Health and social care – 23,630; Construction – 6,000)</i>
	1.2 Developing the talent and future workforce necessary to support diversification of businesses and economy.	Stimulate a 5% increase in the number of start-up businesses in growth sectors (digital/ creative; food and drink; life sciences; tourism) by 2021.	No. business start-ups by growth sector
			% business start-ups surviving after five years by growth sector
			No. of businesses by growth sector <i>(Baseline data 2017: Digital/ creative – 855; Food and drink – 130 Life sciences – 30; Tourism - 535)</i>
			GVA per worker by growth sector <i>(Baseline data 2016: Digital/ creative – £51,064; Food and drink - £68,579; Life sciences - £97,136; Tourism - £22,921)</i>
			No. business uptake of Scottish Enterprise support
		Increase the number of Modern and Graduate Apprenticeships in priority and volume growth sectors by 5% by 2022.	No. of Scottish Enterprise account managed companies
			No. apprenticeships starts by growth sector
			No. apprenticeships available by growth sector
			No. of inward investment enquiries generated by priority growth sector

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures	
Responsible Outcome Improvement Group: Aberdeen Prospers		Increase the number of Digital and ICT SVQ level 4 qualifications achieved by 10% by 2021.	No. of SVQ Level 4 qualifications achieved in ICT and digital subject areas	
	1.3 Improving investment into Aberdeen and Aberdeen businesses.	Support 2 investments per year in priority growth sectors through Invest Aberdeen by 2022.	% of enquires resulting in investment	
			No. of jobs created through Foreign Direct Investment	
			Total turnover by growth sector (<i>Baseline data 2016: Food and drink – N/A; Life sciences – £90.2 million; Tourism – £424.6 million; Creative/digital – N/A</i>)	
	2.1 Promoting inclusive economic growth for our most disadvantaged communities.	Increase the number of people from priority localities employed by public sector partners and in major capital projects by 2022.	No. of people in low-skilled, low-paid and insecure employment	
			Increase no. of people over 50 in employment in Aberdeen by 10% by 2021.	No. of over 50s people in employment
			Increase the number of people from priority groups (care experienced young people, people with convictions, people with housing need) employed by public sector partners by 2021.	No. of people from priority groups employed by public sector partners
No. of people in low-skilled, low-paid and insecure employment				
	Increase employer sign up to the Real Living Wage by 2021 and year on year to achieve Real Living Wage City Status by 2026.	No. of employers paying the Real Living Wage		

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
		Increase the impact and measured value of Partnership wide community benefits programme by 2022.	Value of Partnership wide community benefits programme
			No. of community groups participating in co-design of community benefits
		80% of young people will successfully complete their Modern Apprenticeship programme by 2022.	% of those achieving a modern apprenticeship of all those leaving an MA <i>(Baseline data 2017: 75% - Aberdeen City and Aberdeenshire)</i>
			No. of young people on foundation apprenticeships
			% of young people achieving positive destinations post-school <i>(Baseline data 2017: 89.4%)</i>
	2.3 Ensuring access for all employers to skilled labour.	90% of employers reporting that they have appropriately skilled people in their workforce by 2026.	% of employers reporting skills gaps <i>(Baseline data 2017: 14%)</i>
			Educational attainment at NVQ4 and above of resident population aged 16-64 <i>(Baseline data 2017: 51.7%)</i>
		Increase the number of people entering employment from Stage 4 employability activity to 80% by 2021.	% of people entering employment from six skills academies within 13 weeks of completion <i>(Baseline data 2017: 12% - 21%)</i>
			No. of people entering employment from stage 4 employability activity
		Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	% of public service employees with a standard level of digital skills
	% of school leavers and students who have high levels of digital skills		
	% of citizens who feel comfortable using digital tools		

LOCAL SUPPORTING STRATEGIES

[Regional Economic Strategy 2015-2025](#)

[Regional Economic Strategy Action Plan 2018](#)

[City Region Deal 2015-2025](#)

[Scottish Enterprise Business Plan 2018-19](#)

[Aberdeen City and Shire Regional Skills Strategy](#)

[North East Scotland College Strategic Plan 2018-2021](#)

[North East Scotland College Outcome Agreement 2017-18](#)

[North East Scotland College Curriculum Strategy](#)

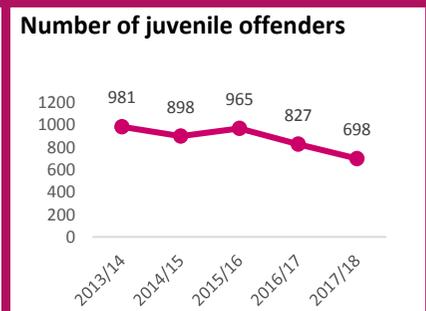
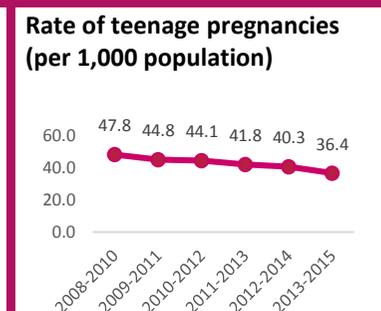
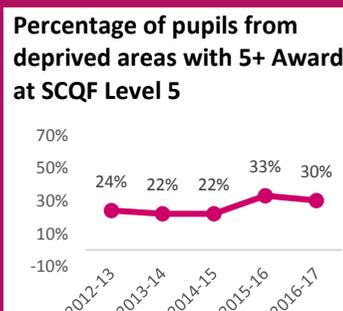
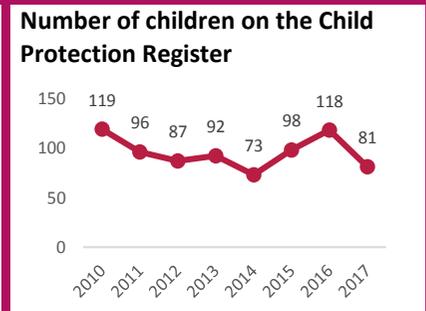
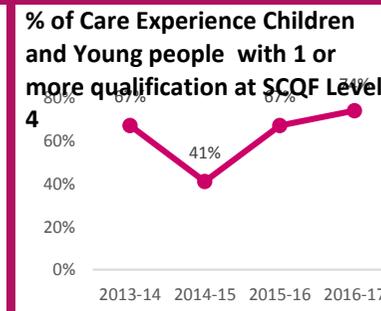
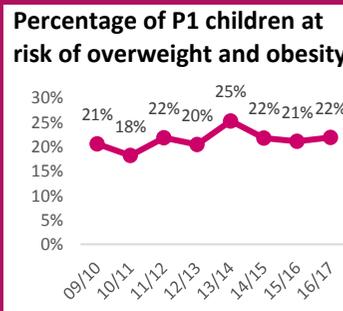
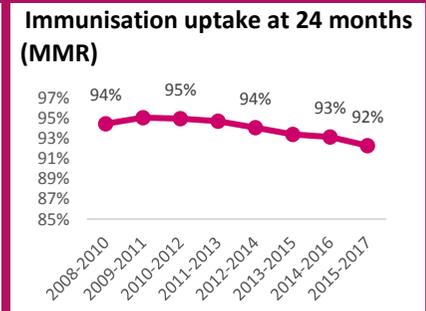
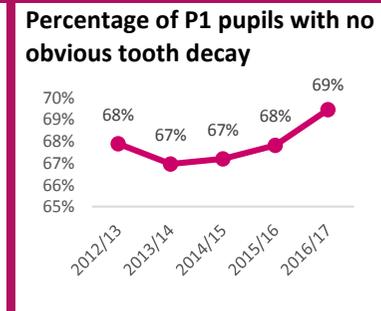
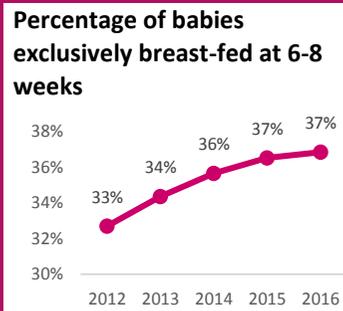
PROSPEROUS PEOPLE (CHILDREN & YOUNG PEOPLE)

Investment in children is one of the best and most valuable long-term investments we can make. Investing shared resources to target early intervention and prevention for children and young people is central to tackling inequality and improving life chances.

Our ambition is to support every child, irrespective of their circumstances, to grow, develop and reach their full potential. We want Aberdeen to be a city where there is equality of outcomes and opportunities for all our children and young people and that children's aspirations are not limited by their background or circumstances. This drives the Partnership to collaborate to maximise the long-term outcomes of those who need extra care and protection.

Our stretch outcomes reflect the importance we place on supporting equity of access to education, supporting families to provide the best care they can for their children and the need to invest in the health, including mental health, of our children and young people. Critically we want our children to be safe and protected from harm. This agenda will be driven forward by the Child Protection Committee which works in parallel with the Integrated Children's Services Board and, through a reciprocal sharing of information, ensures improvement activity is aligned.

POPULATION NEEDS ASSESSMENT DATA:



We will also make a particular effort to support our care experienced young people to ensure that they gain the same opportunities as their peers. To support them and our other children at risk, for example children who have had adverse childhood experiences, we will make sure that we put addressing inequality in education and positive destinations at the forefront of our aims. Our work with young people to reduce their involvement in offending behaviour will be through appropriate and effective interventions aimed at supporting them to more positive destinations.

As we work together to deliver the promises we have made in the LOIP we continue to collaborate to achieve UNICEF Child Friendly City status. This programme will enable our children and young people to shape strategic decision making across the Partnership and engender a culture of collaboration in our future community leaders.

STRETCH OUTCOMES

3. 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026.
4. 90% of children and young people will report that they feel mentally well by 2026.
5. 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026.
6. 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026.
7. Child Friendly City which supports all children to prosper and engage actively with their communities by 2026
8. 25% fewer young people (under 18) charged with an offence by 2026.



LEAD PARTNERS:

- **Aberdeen City Council**
- **Aberdeen City Health and Social Care Partnership**
- **Active Aberdeen Partnership**
- **ACVO**
- **Children's Hearings Scotland**
- **NHS Grampian**
- **Police Scotland**
- **Scottish Children's Reports Association**
- **Scottish Fire and Rescue Service**
- **Skills Development Scotland**

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>3. 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026</p> <p><i>(Baseline to be established)</i></p> <p>Responsible Outcome Improvement Group: Integrated Children's Services Board</p>	<p>3.1 Ensuring that families receive the parenting and family support they need.</p>	<p>Reduce the rate of teenage pregnancies [under 16s] across the city by 3%, by 2021.</p>	<p>Rate per 1,000 mothers for all pregnancies under 16 <i>(Baseline 2014/16: 3.9 – 3 year aggregate)</i></p>
		<p>Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021.</p>	<p>Rate per 1,000 mothers for all pregnancies under 16 by locality area <i>(Baseline 2014/16: Aberdeen South and Central 46 per 1000; Aberdeen North and West 18 per 1000; Woodside 90 per 1000)</i></p>
		<p>Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022.</p>	<p>% of young people who remain in education during pregnancy</p>
			<p>% of young people who remain in education after pregnancy</p> <p>% of schools which have support and planning processes in place for young people to remain in education</p>
	<p>Increase the number of families who request additional support and receive an offer of an appropriate service within 30 days of receipt of the Child's Plan to 80% by 2021.</p>	<p>No. of young people resuming full time education within 1 month of the birth</p> <p>% of Families offered a service within 30 days <i>(Baseline: 76%)</i></p>	
	<p>3.2 Keeping young children safe.</p>	<p>Reduce the number of births affected by drugs by 0.6 %, by 2022.</p>	<p>No. of births affected by drugs <i>(Baseline 2015: 17)</i></p>
			<p>% of all live births affected by drugs <i>(Baseline 2015: 1.5%)</i></p>
		<p>Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69% by 2021.</p>	<p>No. emergency hospital admissions for unintentional injury to children under 5 years (rate per 100,000) <i>(Baseline 2014-17: Aberdeen 1,381 Scotland 1,081)</i></p>
<p>Increase in the MMR vaccine uptake for children at 24 months by 3.9% by 2020.</p>		<p>% of uptake of MMR vaccine for eligible children at 24 months (3 year rolling average) <i>(Baseline 2015-17: 92%)</i></p>	

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures	
		Reduce number of children who are witness to domestic abuse by 2022.	Number of health visitor routine inquiry's that indicate domestic abuse in the home Number of domestic abuse reports with children regarded as present	
		3.3 Supporting early speech, language and literacy	Increase the number of 27-30 month reviews completed for eligible children by 5.2% by 2021.	% of eligible children who had a 27-30 month review (Baseline 2016/17: 84.1%)
	% of children reviewed that had at least one developmental concern recorded (Baseline 2016/17: 8.2%)			
	% of eligible 2's accessing Early Learning and Childcare provision			
	3.4 Improving health and reducing inequalities	Increase in the uptake of Healthy Start Scheme and Vitamins by 4% by April 2020.	% of uptake for eligible households (Baseline 2017/18: 56%)	
			Reduce child obesity at Primary 1 stage by 10% by 2022.	% of primary 1 children (with a valid height and weight recorded) whose BMI is within the top 5% of the 1990 UK reference range for their age and sex (Baseline 2016/17: 69.4%)
			Reduce the number of pregnant mothers who smoke by 10% by 2022.	% of women recorded as a 'current smoker' at first antenatal booking appointment
			Increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021.	% of babies exclusively breastfed at 6-8 week review: (Baseline 2018: City wide – 39.3%; 20% most deprived areas – 24%)
			Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022.	% of babies reported by parent as being exposed to second-hand smoke at 6-8 week review (3-year rolling average) (Baseline 2014/17: 13.7%)

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>4. 90% of children and young people will report that they feel mentally well by 2026</p> <p>(Baseline data 2013*: Warwick Edinburgh Mental Wellbeing Scale - S2 Girls: 76%; S2 Boys: 83% S4 Girls: 72%; S4 Boys: 80% *Most recent data available)</p> <p>Responsible Outcome Improvement Group: Integrated Children’s Services Board</p>	<p>4.1 Improving the knowledge, understanding and skill of the universal workforce to recognise and respond to emerging mental wellbeing vulnerability.</p>	<p>Increase the confidence of school-based staff to recognise and respond to children who require support and directing them to the school Nursing Service to 90% by 2021.</p>	<p>No. of staff trained in mental health first aid and/or Adverse Childhood Experiences.</p> <p>No. of appropriate referrals to the school Nurse for targeted support</p>
		<p>Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022.</p>	<p>No. of young people who report being able to recognise symptoms of poor mental health among their peers</p> <p>No. of young people self-reporting being bullied</p> <p>No. of peer support opportunities in schools</p> <p>No. of parents raising mental wellbeing concerns with identified Named Person</p>
	<p>4.2 Increasing children’s knowledge and understanding of their own physical and mental wellbeing</p>	<p>Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022.</p>	<p>Level of contact school Nurses have with pupils presenting with mental wellbeing concerns</p> <p>No. of young people being supported who have a family history suicide or a family history of diagnosed mental health disorder</p> <p>No. of young people referred to CAMHS for specialist support</p> <p>Level of support provided by school nurses to the whole school</p> <p>No. of Care Experienced children and young people referred to school nursing service</p>
	<p>4.3 Early intervention and prevention of self harming behaviours through timely and effective support for those with mental health issues.</p>	<p>Reduce the number of children and young people who are exhibiting self-harming behaviours by 2022.</p>	<p>No. of young people who have a repeat presentation at A&E due to self-harming – including alcohol and drug overdose</p> <p>No. of young people placed in a specialist residential provision where mental health is a primary concern.</p> <p>% of care experienced young people who die before age 26</p> <p>% of re-referrals for tier 3 and 4 CAMHS</p>
		<p>Reduce number of requests for specialist support because demand has been diverted from children’s social work in partnership forums by 5% by 2020.</p>	<p>Number of referrals to children’s social work</p> <p>Number of partners in each partnership forum</p> <p>Number of children and young people identified as needing support</p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>5. 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026</p> <p><i>(Baseline 2016/17: Positive Destinations- 63.3%</i> 4 or more SCQF awards at Level 3 - 56.7%)</p> <p>Responsible Outcome Improvement Group: Integrated Children’s Services Board</p>	<p>5.1 Improving education outcomes for care experienced children and young people</p>	<p>Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022.</p>	<p>% of care experienced young people (S4-6) who leave school and go to a sustained positive destination <i>(Baseline 2016/17: 63.33%)</i></p> <p>% of achievement in Curriculum for Excellence Levels for reading <i>(Baseline 2016/17: P1: 46.67%; P3: 46.15%; P7: 28.57%; S3: 40.91%)</i></p> <p>No. of complementary Tariff Points Aberdeen City (AC) compared to virtual comparator (VC): <i>(Baseline 2016/17: Lowest Attaining 20% - AC: 21/ VC: 87 Middle Attaining 60% - AC: 270/VC: 405 Highest Attaining 20% - AC: 804/VC: 977)</i></p> <p>% of care experienced school leavers attaining SCQF Level 3 in Literacy and Numeracy <i>(Baseline 2016/17: 63.33%)</i></p> <p>% of care experience young people leaving school with 4 or more SCQF awards at Level 3 <i>(Baseline 2016/17: 56.67%)</i></p> <p>No. of exclusions of care experienced young people <i>(Baseline 2016/17: Primary: 25;Secondary: 206)</i></p> <p>No. of care experienced pupils excluded <i>(Baseline 2016/17: Primary: 14; Secondary: 104)</i></p> <p>No. of care experienced children and young people attending school on a part time basis <i>(Baseline 2017: 7)</i></p> <p>% of care experienced pupil school attendance <i>(Baseline 2016/17: Primary: 89.2%; Secondary: 78.3%)</i></p>
	<p>5.2 Supporting care experienced children and young people who sustain care placements which meet their needs and sense of identity</p>	<p>Increase in the number of inhouse foster and kinship placements by 2021.</p> <p>Reduce the number children who experience more than 1 placement over a year by 2022.</p>	<p>No. of kinship placements <i>(Baseline 2018: 37% [of all care experienced children and young people])</i></p> <p>No. of care placement moves</p> <p>No. of children who have not moved care placement</p> <p>No. of children who have 2 placements</p> <p>No. of children who have 3+ placements</p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
		Increase the number of care experienced people who receive appropriate support when accessing their records by 2022	No. of care experienced people who tell us they feel supported to access their records
			No. of care experienced people who access their records
		Increase the number of children and young people remaining in a placement between 16-18 years old by 2021.	No. of children and young people remaining in care placement
	5.3 Supporting children and young people to understand and access multiagency throughcare and aftercare services	Increase the number of care experienced young people receiving appropriate multiagency throughcare by 2021.	No. of care leavers with a pathway plan
			No. of care leavers who receive throughcare and aftercare support
			No. of young people we offer targeted support linked to tenancy sustainment
			% of care leavers accessing their benefit entitlement
	5.4 Improving physical and emotional health outcomes for care experienced young people	Increase the number of staff, including carers who report increased understanding and skills to respond to children who have adverse childhood experiences (ACE) by 20% by 2021.	No. of Placements on an unplanned basis
			No. of staff and carers trained in trauma skills and knowledge
			No. of carers who self-report increased confidence and skill in meeting the needs of children who have adverse childhood experiences
			No. of children that report being happy in their care placement
			% of care experienced children and young people who report feeling mentally well
			Establish a baseline for care experienced children and young people who report feeling mentally well
No. of young people waiting longer than 4 weeks to have a CAMHS appointment			
No. of children and young people being provided with individualised therapeutic intervention from a range of agencies			
Reduce the length of time that care experienced children and young people wait for an initial Child and Adolescent Mental Health Service (CAMHS) appointment to less than 4 weeks by 2021.		No. of children and young people who have a health needs assessment undertaken within 4 weeks of being accommodated	

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>6. 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026</p> <p>Incremental improvement planned: 87% by 19/20; 90% by 21/22 93% by 23/24.</p> <p>(Baseline: 83.57% in 16/17)</p> <p>* this relates to children living in the 30% most deprived areas in area.</p> <p>Responsible Outcome Improvement Group: Integrated Children's Services Board</p>	<p>6.1 Improving pathways to education, employment and training for identified groups (including Care Experienced Young People and those with Additional Support Needs)</p>	<p>Increase the number of young people who effectively transition from primary school to secondary school by 2021.</p>	<p>% of pupils with a transition plan</p> <p>Attendance of pupils with a transition plan</p> <p>Exclusions of pupils with a transition plan</p>
		<p>Increase the range and number of accredited courses being provided by schools & partners by 25% by 2021.</p>	<p>No. of courses presented per school</p> <p>No. of relevant work-related learning experiences for all secondary pupils</p> <p>% of S3-S5 pupils identified as 'at risk' of disengaging that stay on</p> <p>% of primary school attendance by areas of deprivation (Baseline 2016/17: Quintiles 1,2 and 3 – 92.5 -94% Quintiles 4 and 5 – 95.7-96.5%)</p> <p>% of secondary school attendance by areas of deprivation (Baseline 2016/17: Quintiles 1,2 and 3 – 87.2 -91.1% Quintiles 4 and 5 – 92.8- 94.7%)</p> <p>% difference between 30% most and least deprived for literacy and numeracy (Baseline 2016/17: 30% most deprived areas - Literacy/Numeracy Level 4: 80.92% 30% least Deprived areas - Literacy/Numeracy Level 4: 94.77% Variance: 13.85%)</p>
		<p>Increase the number of young people taking up foundation apprenticeships to 142 by 2021.</p>	<p>No. of foundation apprenticeships</p>
		<p>Reduce the number of winter leavers with no positive destination by 50% by 2021.</p>	<p>No. of winter leavers with no positive destination (Baseline: 50)</p>
		<p>Increase the number of young people who leave school with a minimum of SVQ 3 in literacy and numeracy and 4</p>	<p>% Attaining Literacy Level 3: (Baseline 2016/17: Aberdeen City: 96.58% Virtual Comparator: 96.00%)</p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures	
	6.2 Supporting young people, families, carers and communities to better understand the opportunities available to their children upon leaving school	other qualifications to 98% 2021.	% Attaining Numeracy Level 3: (Baseline 2016/17: Aberdeen City: 94.99% Virtual Comparator: 95.75%)	
		Increase the number of young people living in Quintiles 1,2 and 3 who achieve a sustained positive destination by working with communities to 90% 2022.	No. of young people leaving school with no qualifications	
			% Difference between the 30% most and least deprived school leavers in positive destinations [Aberdeen City (AC) compared to Virtual Comparator (VC)] (Baseline 2016/17: Most Deprived 30%: Aberdeen City (AC):83.57% Virtual Comparator (VC):90.05% Middle 40% by Deprivation: AC: 88.65% VC: 90.05% Least Deprived 30%: AC: 96.08% VC: 95.96% Variance: AC: 12.51% VC: 5.91%)	
			No. of developing young workforce programmes available to young people	
			% of young people engagement with Skills Development Scotland from S1	
			No. of opportunities to further skills for life, learning and work across a community	
			No. of community mentors available per 100 young people in our priority localities (Baseline 2018: 0)	
			Increase the number of curricular offerings shaped by school communities by 20%, by 2021.	No. of city-wide engagement opportunities for children, young people, parents, carers and families (Baseline 2018: 0)
				No. of local engagement opportunities for parents, carers and families
			Mean no. of opportunities for children and young people to shape the curricular offering in local school communities	

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
		Increase the number of opportunities for parents and carers to gain an insight into how to meaningfully contribute to the educational progress of their children and young people by 30% by 2021.	No. of opportunities for parental involvement.
		Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021.	Mean no. of registration and usage of My World of Work in each secondary school No. of staff trained to support young people and families to identify their preferred careers choices % school staff who report increased understanding of the routes into work
	6.3 Ensuring children, young people and families understand the pathways available to them and skills required for future.	Increase children, young people and families' awareness and understanding of future skill requirements by June 2021.	No. of offers to Aberdeen Guarantees members per week <i>(Baseline 2018: Employment opportunities: 10 Apprenticeships: 5)</i>
			No. of employer engagement opportunities both face to face and virtually
			No. of face to face opportunities for parents, carers and the community
			No. of opportunities to engage with the city campus digitally <i>(Baseline 2018: 0)</i>
7. Child Friendly City which supports all children to prosper and engage actively with their communities by 2026	7.1 Secure required six UNICEF badges to gain Child Friendly City status Equality and Inclusiveness	Achieve badges in: Health Equality and Inclusiveness Participation And 3 more to be identified by 2022.	No. of badges achieved
		Detailed improvement projects to be confirmed following feedback from UNICEF	

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>8. 25% fewer young people (under 18) charged with an offence by 2026</p> <p><i>(Baseline data: 965 young people charged in 2015-16; 827 in 2016-17; 698 in 2017/18. A 25% reduction is 175 young people)</i></p> <p>Responsible Outcome Improvement Group: Community Justice Group/ Integrated Children’s Services Board</p>	<p>8.1 Young people receive the right help at the right time through provision of a strong universal offer alongside availability of multi-disciplinary targeted interventions (using a trauma-informed approach) to improve outcomes for young people at risk of becoming involved in the Justice System</p>	<p>Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.</p>	<p>% of young people identified as at risk who are receiving a targeted intervention to support participation and engagement</p> <p>No. of school exclusion incidents for ‘General or persistent disobedience’ <i>(Baseline data: 17/18: 206)</i></p> <p>Unauthorised absence levels</p>
		<p>Reduce the number of young people referred to the Children’s Reporter on offence grounds as a result of appropriate and effective interventions by 2021.</p>	<p>No. of young people referred to the Children’s Reporter on offence grounds <i>(Baseline data:16/17 – 90;17/18 – 81)</i></p> <p>No. of young people referred by SCRA to relevant services</p> <p>No. of residential care home workers who are aware of the Police Scotland Protocol in relation to responses to children who are care-experienced</p>
		<p>Increase by 10% the number of young people who are jointly reported to SCRA and COPFS who are offered robust alternatives to entering the statutory system by 2021.</p>	<p>No. of care experienced children and young people appropriately diverted from the adult Criminal Justice System.</p>
		<p>Increase by 20% the number of young people identified as being at risk of becoming involved in offending behaviour who are engaged in targeted community-based activities by 2021.</p>	<p>No. of young people engaged in activity programmes aimed at diverting away from offending behaviour</p>
			<p>No. of offences committed by 8-15 year olds:</p> <p>i) Group 3 offences - e.g. shoplifting, housebreaking, theft of motor vehicles. <i>(Baseline data:16/17 – 367; 17/18 – 260)</i></p>
			<p>ii) Group 6 offences - e.g. common assaults and breach of peace <i>(Baseline data:16/17 – 465; 17/18 – 254)</i></p>
			<p>No. of offences committed by 16 & 17 year olds:</p> <p>i) Group 3 offences - e.g. shoplifting, housebreaking, theft of motor vehicles. <i>(Baseline data: 16/17 – 293; 17/18 – 167)</i></p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
			ii) Group 6 offences - e.g. common assaults and breach of peace. (Baseline data: 16/17 – 234; 17/18 – 192)
			No. of young people involved in three or more Police CrimeFiles (Baseline data: 16/17 – 100; 17/18 – 71)
		i) Increase the number of awareness-raising events relating to ‘digital’ offending by 2021, and then ii) reduce the number of ‘digital’ offences from 2021 – 2026.	No. of awareness-raising events regarding ‘digital’ offending e.g. sexting (Baseline data: 16/17 – 105; 17/18 - 128)
			No. of ‘digital’ offences committed by under 18s (Baseline data: 16/17 – 40; 17/18 – 65)

LOCAL SUPPORTING STRATEGIES

[Aberdeen City Council Strategy for Parental Involvement 2018-21](#)

[Aberdeen City Strategy for Autism 2014-24](#)

[Aberdeen City Community Learning and Development Plan 2018-21](#)

[Aberdeen City Council Strategic Business Plan Refresh 2017-18](#)

[Integrated Children's Service Plan 2017-20](#)

[NHS Grampian Local Delivery Plan 2016-17](#)

[National Guidance for Child Protection in Scotland 2014](#)

PROSPEROUS PEOPLE (ADULTS)

All people in Aberdeen are entitled to live within our community in a manner in which they feel safe and protected from harm, supported when necessary and fully included in the life of the city. All citizens are equally entitled to enjoy these aspirations, and it is recognised that people may, at times become vulnerable. People sometimes need others to support their achievement of a full, active, safe citizenship.

We need to reduce the number of people and communities affected or harmed by crime by working with those who get involved in offending behaviour, which can be for a myriad of reasons, including environmental and social factors. Evidence has shown that managing and supporting people who have offended in the community, rather than through short term prison sentences, is more likely to lead to reduced reoffending. Family, social and employment links can be maintained in the community, and individuals can be supported, through appropriate and effective interventions, to turn their behaviour around and become contributors to society.

To improve outcomes for people we need to move away from a fix and treat approach within public sector agencies. We need to focus on anticipation, early intervention, prevention and self-management.

POPULATION NEEDS ASSESSMENT DATA:



The key causes of preventable ill health should be tackled at an early stage and be cross sector in approach to create a culture in which healthy behaviours are the norm starting with the early years and persisting throughout our lives. The importance of physical and mental health as well as the need to address underlying conditions which effect health such as social, economic and education can only be achieved by key public and third sector organisations working together.

It is not just about services provided, but what individuals want and those around them- families and carers - we need to design supports for individuals, families and communities. Improving health literacy is a critical empowerment strategy to increase people's control over their health, their ability to seek out information and their ability to take responsibility. Our efforts are to help individuals and communities look after their health, particularly through the choices they make and lifestyles they adopt. Building community resilience will have long term effects on the health of our population, ease the pressure on public services and improve our physical environment. We have paid particular attention to the importance of nature, our environment and socialisation in addressing mental well-being.

Our plans stem from working with nurseries, schools to workplaces and communities – getting people involved, caring and collaborating in looking after themselves, their neighbours and their environment. This includes joined up efforts to respond quickly when individuals and families are in need of support as well as extending efforts to identify where early intervention may be needed.

STRETCH OUTCOMES

9. 25% fewer people receiving a first ever Court conviction each year by 2026.
10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026.
11. Healthy life expectancy (time lived in good health) is five years longer by 2026.
12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.



LEAD PARTNERS:

- Aberdeen City Council
- Aberdeen City Health and Social Care Partnership
- Active Aberdeen Partnership
- ACVO
- Alcohol and Drugs Partnership
- Civic Forum
- Crown Office and Procurator Fiscal Service
- NHS Grampian
- North East Scotland College
- Scottish Fire and Rescue Service
- Police Scotland
- Skills Development Scotland
- Scottish Prison Service
- Scottish Courts and Tribunals Service

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>9. 25% fewer people receiving a first ever Court conviction each year by 2026</p> <p><i>(Baseline data: 40 young people aged under 18 in 2016-17; 796 people aged 18+ in 2016-17)</i></p> <p>Responsible Outcome Improvement Group: Community Justice Group</p>	<p>9.1 Taking an effective, trauma-informed, problem-solving whole system approach to offending by 16 and 17 year olds</p> <p>9.2 Tackling antisocial behaviour in problem areas with appropriate and effective interventions</p>	<p>Extend the multi-agency problem solving approach to all 16 and 17 year olds charged with an offence to reduce the likelihood of reoffending which could lead to a conviction by 2021.</p> <p>Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021.</p>	<p>% of those charged receiving appropriate police direct measures <i>(Baseline data: 16/17 – 27% 17/18 – 21%)</i></p> <p>% of those charged who were appropriately diverted from prosecution by the PF <i>(Baseline data: 16/17 – 2% 17/18 – 4%)</i></p> <p>% of young people who go to court who receive a dedicated youth service</p> <p>No. of offences committed by 16 & 17 year olds:</p> <p>i) Group 3 offences - e.g. shoplifting, housebreaking and theft of motor vehicles. <i>(Baseline data: 16/17 – 293 17/18 – 167)</i></p> <p>ii) Group 6 offences - e.g. common assaults and breach of peace. <i>(Baseline data: 16/17 – 234 17/18 – 192)</i></p> <p>Number of antisocial behaviour / youth annoyance cases:</p> <p>i) Reported to the Council <i>(Baseline data: 16/17 - 3,881 17/18 - 4,670)</i></p> <p>ii) Reported to Police <i>(Baseline data: 16/17 - 1,869 17/18 - 1,827)</i></p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
			Number of active cases
			Reduce number of repeat complaints (Baseline data: 16/17 - 55 17/18 - 34)
		Reduce the number of wilful fires by 20% by 2021.	Incidences of wilful fire raising: Overall (Baseline data: 16/17 - 346 17/18 - 355) Involving children and young people (under 25)
	9.3 Ensuring a targeted approach to diverting over-18s from prosecution to effective interventions aimed at reducing the likelihood of reoffending, where appropriate	Increase the number of cases of people appropriately diverted from prosecution by 2021.	% (number) of charges for which appropriate police direct measures were given as alternatives to arrest (Baseline data: 16/17 – 4% (747 of 19,671) 17/18 – 7% (1,314 of 19,671)
			% (number) of charges for which appropriate Fiscal Direct Measures were given, as alternatives to formal Diversion from Prosecution, and to prosecution: - Warnings (Baseline data: 16/17 – 2% (438 of 19,671) - Fines/Compensation/Penalties (Baseline data: 16/17 – 6% (1,219 of 19,671) - Fiscal Work Orders (Baseline data: 16/17 – 0% (66 of 19,671) 17/18 – 0% (76 of 19,671)
			No. of cases of people who were appropriately Diverted from Prosecution by the PF aged: 18-25 (Baseline data: 16/17 – 20; 17/18 – 21) 26+ (Baseline data: 16/17 – 32; 17/18 – 54)

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
	9.4 Changing attitudes about domestic abuse in all its forms	Using a whole population approach: i) Increase awareness of domestic abuse by 2021; ii) reduce number of children who are witness to domestic abuse by 2022; ii) decrease number of reported incidents by 30% by 2026 iii)	Number of awareness-raising events tackling domestic abuse across Aberdeen City <i>(Baseline data: 17/18 – 12)</i> % secondary schools with mentors in violence prevention scheme in place <i>(Baseline data: 0)</i> Number of reported domestic abuse incidents <i>(Baseline data: 16/17 – 2,513 17/18 – 2,757)</i>

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026</p> <p>(Baseline data: 40.7% of people under 18 reconvicted within one year; and 27.6% of people aged over 18 (2015-16 cohort))</p> <p>Responsible Outcome Improvement Group: Community Justice Group</p>	10.1 Taking targeted interventions aimed at specific offending	Reduce no. of repeat convictions of 16 and 17 year olds, and 18+ year olds, as a result of targeted focus on specific offending behaviour, and use of appropriate and effective interventions by 2021.	Reconviction rate relating to under 18s: Group 4 offences - Criminal Damage (including fire-raising offences) <i>(Baseline data: 2015-16 cohort: 54.5%)</i>
			Group 3 offences - e.g. shoplifting, housebreaking and theft of motor vehicles <i>(Baseline data: 2015-16 cohort: 46.2%)</i>
		Increase the number of individuals charged with hate crimes who undertake effective interventions by 30% by 2021.	Reconviction rate relating to over 18s: Group 3 offences - e.g. shoplifting, housebreaking and theft of motor vehicles <i>(Baseline data: 2015-16 cohort: 49.1%)</i>
			No of Police Scotland Hate Crime Reports <i>(Baseline data: 16/17 - 242 17/18 - 257)</i>
			No of individuals who undertake effective interventions
			No. of cuckooing* reports
Increase the number of individuals who are involved in cuckooing* incidents who undertake effective interventions or who are referred to relevant support services in priority localities by 2021.	No. of individuals who undertake effective interventions		
	No of post-intervention drugs supply charges against those who have been through the cuckooing process/intervention		
	No of partner staff awareness/training sessions		

*Cuckooing is a term used to describe criminals taking over a person's home by intimidation or other means, for the purposes of using the premises in the course of criminality (e.g. drug dealing)

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures	
	10.2 Ensuring people on community sentences and liberated from prison have better access to services	Extend the multi-agency problem solving approach to all 16 and 17 year olds charged with an offence to reduce the likelihood of reoffending by 2021.	% of young people at risk of secure care/custody who are assessed for suitability for high impact community supports	
			No of young people progressing to secure care/custody	
			% of young people at high risk of harm being appropriately managed and supported	
			% of young people appropriately supported on liberation from secure care/ custody	
		Increase % of individuals indicating an improvement in at least one area* at the end of their Community Payback Order Supervision by 2021.	% of individuals indicating an improvement in at least one area* at the end of their Supervision (*Housing, Education and Employment, Drugs, Alcohol, Personal Relationships, Self Esteem, Mental Health, Physical Health, Money Issues, Coping Skills)	
			<i>(Baseline data: Q1 and 2 18/19 - 87%)</i>	
			Increase % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021.	% of non-statutory prisoners who received relevant voluntary support on release from HMP Grampian
				<i>(Baseline data: 16/17 – 65% 17/18 – 70%)</i>
				% registered with a GP
				% having suitable accommodation
<i>(Baseline data: 16/17 – 66% 17/18 – 73%)</i>				
% had a benefits eligibility check prior to release				
% had a Making Every Opportunity Count conversation				
<i>(Baseline data Oct 17/Mar 18: 13)</i>				
Increase no. of individuals who are on a custodial sentence, CPO Supervision or Diversion from Prosecution are being supported to make progress on the Employability Pipeline by 2021.	No. of individuals being supported to make progress on the Employability Pipeline.			

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures	
		Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.	No. of people who take up drug / alcohol treatment whilst in the justice system	
			No. of people (who are in community drug / alcohol treatment at the point of entering the justice system) that continue their drug / alcohol treatment whilst in the justice system	
			No. of people who are receiving drug / alcohol treatment whilst in the justice system who continue community based drug / alcohol treatment within 7 days of being liberated from the justice system	
			No. of staff reports indicating a breakdown in the transition of care between community and justice system	
			No. of people retained in community based drug treatment for at least 12 months after liberation from custody	
10.3 Ensuring people in the Justice System diagnosed with mental illness or suffering from mental ill health receive access to the right support at the right time		Increase number referred for appropriate assessment/support/ treatment/services in relation to mental health issues: - in Police custody - on a community disposal - in HMP Grampian By 2021.	% of people with a diagnosed/ undiagnosed mental health issue referred for treatment - in police custody - on a community disposal - in HMP Grampian	
			Increase the uptake and retention of people in the Justice System with a diagnosed mental illness in specialist services by 2021.	% of people with a diagnosis having a multi-agency continuity of care plan in place: - from community settings to prison - in prison - on liberation from prison
			Increase number of young people who need support in relation to trauma and bereavement having access to such support by 2021.	% of young people who need support in relation to trauma and bereavement having access to such support
			Increase in number of calls by Criminal Justice professionals for advice/support to an expert helpline relating to mental health issues.	No. of calls by Criminal Justice professionals for advice/support to expert helpline

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
	10.4 Supporting family members and promoting positive family relationships	Increase the number of family members of people in HMP Grampian and HMYOI Polmont who received appropriate and timely support from Families Outside, Family Centre & Help Hub (Action for Children), and Alcohol & Drugs Action by 20% by 2021.	No. of family members of individuals in HMP Grampian and HMYOI Polmont indicating they received appropriate and timely support from three key partners <i>(Baseline data: Aug – Sept 17/18 – 223)</i>
	10.5 Increasing use of Problem Solving Justice	Increase number of people engaged in a person-centred multi-agency problem solving approach as part of a community sentence.	No. of people engaged in a person-centred multi-agency problem solving approach as part of a community sentence <i>(Baseline data: 17/18 – 28)</i>

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures	
<p>11. Healthy life expectancy (time lived in good health) is five years longer by 2026</p> <p>(Baseline data 2009-2013: Males – 65 years Females 67.4 years)</p> <p>Responsible Outcome Improvement Group: Resilient, Included, Supported Group</p>	11.1 Supporting vulnerable and disadvantaged people, families and groups	Increase the number of unpaid carers participating in support programme reflecting healthy life choices by 25% by 2021.	No. of people enrolled on course	
		No. of people completing and appropriate course		
		No. of unpaid carers engaged in physical exercise once or more per week		
		Mean wellbeing score (WEMWBS) for unpaid carers		
		No. of unscheduled hospital admissions for unpaid carers		
		Increase the number of distress brief intervention opportunities for people with mental health issues by 10% by 2021.	No. of staff within public and 3 rd sector organisations trained in distress brief interventions	
	11.2 Building community resilience through a peer supported approach to health literacy distributed	11.1 Supporting vulnerable and disadvantaged people, families and groups	Improve health and wellbeing outcomes for at least 50% of homeless people participating in the Housing First programme by 2021	No. of recorded interventions
			Reduce suicide rates amongst men in Aberdeen to below 2016 levels (20) by 2021.	Levels of substance misuse
				No. of episodes of rough sleeping and homelessness
				No. of health and mental health presentations
				No. of incidents of criminal and anti-social behaviour
			Increase the number of people with autism who are supported to be in education, employment or training by 2021.	No. of suicides in Aberdeen <i>(Baseline data:</i> 2015 – 34 (Males 28, Female 6) 2016 – 20 (Males 16, Female 4) 2017 – 19 (Males 17, Female 2) 2018 - 26 (Males 22, Female 4)
No. of people suicide talk trained in their local communities				
11.2 Building community resilience through a peer supported approach to health literacy distributed	11.1 Supporting vulnerable and disadvantaged people, families and groups	Extend link working approach across primary care to support 3,000 people to attain their own identified	No. of people with autism who are in: Education Volunteering Employment Other training	
			No. of referrals to link practitioners	
			Positive outcomes reported by people accessing link workers	
			% increase in health literacy in Aberdeen City (Baseline to be established by Health literacy measurement tool)	

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
	amongst social networks	outcomes by 2021.	% of residents reported that feel they have influence and a sense of control (Baseline 2017/18: 50%)
			% of tenancies sustained for 12 months
			No. of people taking up social prescriptions
		Increase the number of groups for people with long term conditions which are co-produced with service users by 2021.	No. of volunteers
			No. of people attending
			No. of peer support groups that cease requiring support/organisation by public sector bodies
			% volunteers who report they have the knowledge and confidence to advise promote and advocate
		Increase number of people in local communities promoting wellbeing and good health choices by 2021.	No. of repeat hospital admissions
			No. people attending awareness raising sessions for health issues in their community
	No of community run groups promoting wellbeing and good health choices (such as Jog Scotland groups, social connections groups, etc.)		
	No. of unplanned pregnancies in priority locality areas		
	11.3 Increasing satisfaction and use of community facilities and green environment to increase the health and well-being for older people and people managing long term conditions	Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021.	Measure of sexual health to be confirmed.
			Uptake of activities
			No. of related social prescribing referrals
		Increase the number of community run green spaces that are organised and self-managed, particularly in priority localities where satisfaction and use is low by 2021.	% of older people engaging in physical activity
% of residents reported as being satisfied or fairly satisfied with their local green space (City Wide and priority localities) (Baseline data city wide: 16/17 – 44%; 17/18 – 70%)			
Use of green space based on 'open space audit'			
Feedback on 'natural space' from Place Standard Tool			
Pollution removed by vegetation per kg (data from ONS)			
No. of partners and volunteers involved in parks and bloom groups (Baseline data: 17/18 – 3,802)			
No. of Green Flag awards			

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
	11.4 Encouraging adoption of healthier lifestyles	Reduce % of men and women who are obese to 20% by 2021.	% of people who are overweight
			% of men and women who are obese (<i>Baseline data: 2017 – 25%</i>)
			No. of partners providing healthy food outlet provision
			No. of partners providing baby friendly premises and workplaces
			% of people who exercise regularly
	Reduce tobacco smoking by 5% overall by 2021.	No. of people who smoke (<i>Baseline data 2017: women 19%; and men 26%</i>)	
		No. of partners who have adopted smoke free ground policies	
		No. of partners who have adopted 'smoke free place' policies	
		No. of partners who have signed the ASH charter for a Tobacco Free Generation	
11.5 Working with staff, professionals and employers to provide individuals and communities with the social resources needed to make informed decisions about health and lifestyle.	Increase the number of people who are engaged with citizens in areas which impact on lifestyle and health that are trained in Teachback techniques by 100% by 2021.	No. of organisations accessing training in use of the Teachback techniques.	
		No. of people trained.	
	Increase number of people accessing community based hubs (including digital social hubs) to increase citizens health literacy by 2021.	No. of hubs available (digital and physical)	
		No. of citizens accessing hubs	
		% increase in health literacy in Aberdeen City (<i>Baseline to be established by Health literacy measurement tool</i>)	
	Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention by 2021.	No. of frontline staff trained in overall MeOC approach	
		Numbers of agencies/services trained	
No. of tier 2/3 interventions (e.g. sustained programmes for health literacy, distress brief intervention, alcohol brief intervention) in identified areas of need			
	Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021.	No. of community opportunities for people who are retired	
		No. of community developed activities run by retired volunteers	
		No. of volunteers who are retired	

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures	
<p>12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026</p> <p>(Baseline data: 2014-17 – % of people drinking to hazardous/harmful levels Aberdeen – 29% Scotland – 25%</p> <p>2017 - 3 year average drug related deaths per 1,000 pop: Aberdeen – 0.21 Scotland – 0.16)</p> <p>Responsible Outcome Improvement Group: Alcohol and Drugs Partnership/ Integrated Children Services</p>	<p>12.1 Increase support for children and young people at risk of developing drug and alcohol problems by working with Integrated Children Services</p>	<p>Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021.</p>	<p>% of Care experienced children and young people received educational input</p> <p>% of Care experienced children and young people receiving support input</p>	
		<p>100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.</p>	<p>% of schools using a progressive framework in evidence</p> <p>% of associated school groups with an agreed pathway through progression</p> <p>% of schools using relevant and up to date resources</p> <p>No. of 15 year olds drinking weekly (SALSUS*)</p> <p>No. 15 year olds reporting drug use in the last month (SALSUS*)</p> <p>No. 15 year olds reporting drug use in the last year (SALSUS*)</p>	
		<p>12.2 Reduce levels of harmful alcohol consumption across the whole population through “making every opportunity count” approaches</p>	<p>Increase % of the population who feel informed about using alcohol responsibly by 2021.</p>	<p>% of population who know what a unit of alcohol is</p> <p>No. of community planning partners promoting harm reduction information</p>
			<p>Increase by 10% the percentage of adults in Aberdeen City who are non drinkers or drink alcohol in a low risk way by 2021.</p>	<p>Number of adults regularly drinking 14 units of alcohol or less</p> <p>Number of adults regularly drinking 14 units of alcohol or more</p> <p>No of ABIs delivered</p> <p>No of ABIs in pregnancy delivered</p> <p>Increase the number of people seeking help and advice regarding alcohol consumption from services</p> <p>Increase the number of very harmful drinkers entering recovery support</p> <p>Number of emergency department presentations / admission for alcohol intoxication</p> <p>Number of alcohol related deaths</p>
		<p>Increase the number of alcohol licensed premises awarded Best Bar None status by 2021.</p>	<p>Number of alcohol licensed premises awarded Best Bar None status</p>	

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
	12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol	Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021.	No. of people trained to provide alcohol brief interventions
			No. of alcohol brief interventions delivered across key sectors <i>(Baseline data 17/18: Primary care – 2556 Wider setting – 1406)</i>
			No. of alcohol brief interventions delivered in locality areas
			No. of alcohol related hospital admissions
		Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021.	Increase uptake of alcohol treatment programmes
			Increase uptake of alcohol treatment programmes from locality areas
			No. of alcohol related hospital admissions
			Rate of retention in alcohol treatment/ post detox support
		Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	Increase distribution of naloxone for those in / not in treatment
			Total no. of supplies of naloxone made <i>(Baseline data: 17/18 – 2850)</i>
			No. of first supplies made <i>(Baseline data: 17/18 – 1523)</i>
			Repeat supplies <i>(Baseline data: 17/18 – 271)</i>
			% of target population reached <i>(Baseline data: 17/18 – 89%)</i>
			No. of supplies made in locality areas
		Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	No. of people tested
			No. of places that people can access testing for BBVs: <ul style="list-style-type: none"> • Clinical setting • Non-clinical setting • Within substance misuse services
		Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.	No. of people in drug treatment programmes
Increase no. of people in drug treatment programmes from locality areas			
Rate of retention in drug treatment and support			

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
	12.4 Increase visibility and support of recovery in our communities	Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2021.	No. of people supported in recovery No. of people supported in recovery from locality areas No. of recovery support groups

LOCAL SUPPORTING STRATEGIES

[Aberdeen Alcohol and Drugs Partnership Drugs Strategy 2011-21](#)

[Aberdeen City Local Policing Plan 2014-2017](#)

[Local Fire and Rescue Plan - Aberdeen City 2018](#)

[NHS Grampian Local Delivery Plan 2016-17](#)

[NHS Grampian Clinical Strategy 2016-21](#)

[Aberdeen City Strategy for Autism 2014-24](#)

[Health and Social Care Partnership Carers Strategy 2018-21](#)

[Strategy for an Active Aberdeen 2016-2020](#)

PROSPEROUS PLACE

The place where we live can significantly influence the ability of individuals and communities to live in healthy, sustainable ways. Our environment is therefore integral to the quality of life enjoyed in Aberdeen City and is vital in encouraging the wellbeing of our citizens. We recognize that working to end poverty and other deprivations must go hand-in-hand with strategies that improve health and reduce inequality. Therefore while framing our response to these challenges, we have aligned our aims with the United Nations Sustainable Development Goals which share our vision to create prosperity for people now and into the future.

To support our ambitions we will harness the capabilities of our communities and develop and support efforts to make our green spaces more productive. Our focus will include educational support for gardening, cooking and trading and working to improve food resilience while promoting a holistic approach to health and well-being. We also aim to increase food resilience at individual and community level by establishing self-governing community co-operatives to offer ways of providing food and developing skills in cooking, budget management and employability. This includes establishing sustainable contingency arrangements to support families during times when the chances of food poverty are highest.

POPULATION NEEDS ASSESSMENT DATA:



Building strong and resilient communities is vital to achieve our aims and this means building capability in our communities to take more control of their own lives – economically, environmentally and socially. Listening to what matters to our communities in relation to resilience will help us to develop a bottom up approach, encouraging greater ownership and independent action. This will be supported by using and developing partner-wide intelligence, providing user-friendly materials and raising awareness of the resources that are available to help communities think about self-management and community led action. To help achieve our ambitions we aim to increase local food growing and improve access to community pantries by co-ordinating the efforts of multiple partners and volunteers to improve the skills, information and training opportunities available.

A key priority is increasing Active Travel and improving the sustainability of our communities and we will work together to complement the aims of the 'Aberdeen Active Travel Action Plan' by, amongst other things, establishing an Active Travel Hub in Aberdeen by 2021. We will also seek to increase access to successful grant funding opportunities to further support the improvement work of our partners and communities.

STRETCH OUTCOMES

13. No one in Aberdeen will go without food due to poverty by 2026.
14. Addressing climate change by reducing Aberdeen's carbon emissions by 42.5% by 2026 and adapting to the impacts of our changing climate.
15. 38% of people walking and 5% of people cycling as main mode of travel by 2026.



LEAD PARTNERS:

- Aberdeen City Council
- Active Aberdeen Partnership
- ACVO
- CFINE
- Civic Forum
- NESTRANS
- NHS Grampian
- Police Scotland
- SEPA
- Scottish Fire and Rescue Service
- Scottish Natural Heritage

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>13. No one in Aberdeen will go without food due to poverty by 2026</p> <p><i>(Baseline data 2018: 8% of residents reported that there was a time during the last 12 months when they were worried they would not have enough food to eat)</i></p> <p>Responsible Outcome Improvement Group: Sustainable City Group</p>	<p>13.1 Increasing food resilience at individual and community level by establishing self-governing community co-operatives to offer further supportive ways of providing food.</p>	<p>Increase the number of people using community pantries by 2021.</p>	<p>No. of pantries established</p> <p>% of community volunteers</p> <p>Range of skills & training offered</p> <p>No. of people signposted to other services</p> <p>No. of people using community pantries</p> <p>No. of people using food banks</p> <p>No. of community pantries established: Total In priority localities</p>
	<p>13.2 Developing and supporting community efforts in making our green space productive and resilient.</p>	<p>Increase community food growing in schools, communities and workplaces by 2021.</p>	<p>No. of new community growing places: Total Localities</p> <p>No. of schools actively embedding food growing within their curriculum</p> <p>Value of sales and donations from community grown produce</p> <p>No. of people participating in food growing activities in community spaces</p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>14. Addressing climate change by reducing Aberdeen's carbon emissions by 42.5% by 2026 and adapting to the impacts of our changing climate</p> <p>(Baseline for city wide emissions: 2005 – 1,867,497 KTCO_{2e})</p> <p><i>*Most recent data available shows that as of 2014 we have reduced emissions to 1,532,256 KTCO_{2e}*</i></p> <p>Responsible Outcome Improvement Group: Sustainable City Group</p>	<p>14.1 Reducing emissions across the city through delivery of Aberdeen's Sustainable Energy Action Plan 'Powering Aberdeen'.</p>	<p>Reduce Aberdeen's carbon emissions by 30% by 2021.</p>	<p>No. of public sector workforce ambassadors of low carbon living and working</p>
		<p>No. of people taking part in environment / sustainability educational activities</p>	
		<p>% of staff/ community uptake of active travel to work/in work</p>	
		<p>% of staff utilising flexible working to reduce travel</p>	
		<p>% reduction in energy use</p>	
	<p>14.2 Developing a bottom up approach to community resilience to encourage greater ownership and independent action towards preventing and mitigating impact of climate change.</p>	<p>Reduce the generation of waste in Aberdeen by 2021.</p>	<p>Household and commercial waste generated (Ts)</p>
		<p>Community led resilience plans in place for area most vulnerable to flooding (Deeside, Peterculter, Bridge of Don and Denmore) by 2021.</p>	<p>No. of community resilience plans in Aberdeen (Baseline data 2017/18: 2)</p>
		<p>Community led resilience plans in place across all areas of Aberdeen by 2026.</p>	<p>No. of community visits to raise awareness of resilience issues in localities</p>
		<p>Increase the completeness of data within the 'at risk database' to identify those people most vulnerable.</p>	<p>No. of community members attending and involvement of local businesses</p>
		<td> <p>No. of people displaced from their homes due to: flooding; snow/ ice; and other severe weather incidents</p> </td>	<p>No. of people displaced from their homes due to: flooding; snow/ ice; and other severe weather incidents</p>
<td> <p>No. of community facilities (supermarkets, schools, community centres etc) closed due to: flooding; snow/ ice; and other severe weather incidents</p> </td>	<p>No. of community facilities (supermarkets, schools, community centres etc) closed due to: flooding; snow/ ice; and other severe weather incidents</p>		
<td> <p>No. of people whose physical and or mental health is affected by: flooding; snow/ ice; and other severe weather incidents</p> </td>	<p>No. of people whose physical and or mental health is affected by: flooding; snow/ ice; and other severe weather incidents</p>		
<td> <p>Cost of damages due to flooding; snow/ ice; and other severe weather incidents</p> </td>	<p>Cost of damages due to flooding; snow/ ice; and other severe weather incidents</p>		
<td> <p>No. of blue, green infrastructure initiatives delivered</p> </td>	<p>No. of blue, green infrastructure initiatives delivered</p>		
<td> <p>Uptake in property level protection and water efficiency measures</p> </td>	<p>Uptake in property level protection and water efficiency measures</p>		
<td> <p>No. of people captured in database to support those at risk of vulnerability to severe weather</p> </td>	<p>No. of people captured in database to support those at risk of vulnerability to severe weather</p>		

Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures
<p>15. 38% of people walking and 5% of people cycling as main mode of travel by 2026</p> <p><i>(Baseline data 2017/18 % of people using active travel as main mode: Walking – 28%) Cycling – 2.4%)</i></p>	<p>15.1 Supporting different ways for active travel in everyday journeys, using partners and volunteers to address safety, infrastructure, fitness, well-being and confidence.</p>	<p>Increase % of people who walk as main mode of travel to 31% by 2021.</p> <p>Increase % of people who cycle as main mode of travel to 3% by 2021.</p>	<p>% of people who walk as main mode of travel <i>(Baseline 2017: 28% – Scottish Household Survey)</i></p> <p>% of people who cycle as main mode of travel <i>(Baseline 2017: 2.4% – Scottish Household Survey)</i></p> <p>% of people using active travel for work <i>(Baseline data 2017: 26.1% – Scottish Household Survey)</i></p> <p>No. of volunteers supporting the work of the Active Travel Hub</p> <p>Uptake of Active Travel Hub services: Bike hire at key locations Community bike scheme Community health walks Neighbourhood food scheme (linked to community pantries)</p> <p>Value of new funding to support Active Travel hub developments</p> <p>NOx and PM10 levels in areas with greatest air quality issues: PM10 levels: Anderson Drive Wellington Road City Centre</p>

LOCAL SUPPORTING STRATEGIES

[Aberdeen City Waste Strategy 2014-25](#)

[Aberdeen Local Development Plan 2022](#)

[Local Transport Strategy 2016-21](#)

[Nestrans Regional Transport Strategy 2013-35](#)

[North East Flood Risk Management Strategy](#)

[Core Paths Plan](#)

[Open Space Strategy](#)

[Granite City Growing; a food growing strategy for Aberdeen 2019-2024](#)

[Granite City Good Food Plan - Plan of the Sustainable Food City](#)

[Partnership Aberdeen](#)

[Aberdeen Adapts' - Climate change adaptation plan for Aberdeen](#)

[Powering Aberdeen: Aberdeen's Sustainable City Action Plan](#)

HOW WE WILL ACHIEVE OUR OURCOMES?

By Working Together

Demand for our services are increasing throughout the city, this continues to stretch the public sector, meaning that much provision is diverted to crisis response. It is difficult therefore as individual organisation to provide **early intervention and prevention**.

This is an issue that we all share and the LOIP represents an opportunity for greater joint effort, in order to work towards **early intervention and prevention**; working in partnership we can better help each other to improve outcomes for our citizens. For example, we can develop shared, whole and targeted population campaigns on issues within the LOIP to bolster our improvement efforts. This **whole systems approach** to our **shared leadership** and increasingly closer delivery means that we can capitalise on the knowledge, skills and tools used across the workforce and communities to meet the needs of changing circumstances.

We already have a shared approach to Quality Improvement which is being used by our multi-agency Outcome Improvement Groups to take forward the LOIP improvement projects. We will encourage further **learning and working together** to continue to build a shared approach to delivering real improvement.

We will work across the CPA to build a shared intelligence unit, bringing together our understanding of the needs and data across partners. This will also involve sharing our data, understanding the full picture of our population, analysing and understanding demand more fully. Through regular review and scrutiny we will be able to quickly determine and adapt our services and solutions as we progress to meet changing need.

It is essential to the future of the city that our workforce and citizens have the skills to thrive, can **exploit digital technologies** and can interact using modern tools and platforms in order to ensure that we can more effectively redirect our resources. Our data will become an enabler, supporting and driving the re-design of customer focused services responding to evolving needs and the growing opportunities of digital technologies.

Achieving the ambition of our LOIP is going to require a movement to embed the LOIP across all partners. This will mean the LOIP running through individual partners planning and into individual team and staff objectives. This will be the judgement of real time and skills being deployed to deliver our shared strategy.

Community Planning Aberdeen is the only strategic forum where partners in Aberdeen are able to jointly plan how to deploy **collective resources** to achieve the agreed priorities set out in the Local Outcome Improvement Plan (LOIP). CPA continues to develop its approach to joint resourcing to ensure the LOIP is the focal point for the planning and deployment of resources

To fulfil the LOIP ambition we are going to need to marshal our forces and work together to focus on the right improvement projects. This is going to require a different approach to resource management and a greater sharing of **capability and capacity**.

By Working With Our Communities

Effective engagement with people and communities about how local services are planned and delivered will be integral to how we deliver our plan. Our **Community Empowerment, Engagement and Participation** Strategy ensures we are united in our approach to work with people to help them achieve their aspiration for their communities.

We are committed to becoming a **City of Learning** means capitalising on the vast opportunities, resources and potential for enabling people to learn and develop themselves in ways that meet their needs, interests and ambitions. In this way they can participate more fully in their own lives and in the life of the City to help their families and communities prosper.

It is by focussing on geographies and communities of interest most in need to build **community resilience** that we will achieve better outcomes across our whole city. Our improvement work will be targeted to support these communities initially so we can learn what works for our most vulnerable people before we scale up and spread across the City.

We already have made significant progress through our three priority localities. The focus on these areas will continue to be vital because of their levels of need as demonstrated in our **Population Needs Assessment**. What will be different is the way we wrap services around these areas and build even stronger and more resilient communities.

People can also face barriers because of their race, gender, age, disability, sexual orientation, religion or belief. In delivering this plan, the Partnership will seek to tackle inequality in the city and within individual communities in whatever form it manifests itself, through clear and coordinated approaches. This includes **tackling stigma** in all its forms by working in partnership to take forward behavioural campaigns and explore other ways of promoting positive change in people's attitudes. We need to do this in partnership with local media outlets.

By Working With the Private Sector

Greater opportunities for **Private Sector involvement** in the Local Outcome Improvement Plan will allow perspectives and experiences from this sector to be more widely utilised than they have perhaps previously. Whatever methods used to involve the private sector, the objectives for their involvement in Community Planning Partnerships should be mutually supporting - to ensure that businesses fully contribute to the well-being of local communities and, in turn, that the conditions exist for business to thrive and develop in that community thus benefiting the whole community.

OUR GOLDEN PYRAMID

Our golden pyramid depicts our determination to ensure that Community Planning Aberdeen works together as a whole to enable and empower local people, communities and partnerships to be the makers of their own improved outcomes.

Of topmost importance is the realisation of local partnerships forged by local people and local communities. We are committed to working with people in their 'places' – their homes, their streets and their neighborhoods to support them to plan, resource and deliver community led approaches which will deliver improved local outcomes at a community and city-wide level.

Each of the Community Planning Partners plan the delivery of their services in a range of ways. For example, by Police division, Council function, NHS Boards and Scottish Fire and Rescue Service hubs. As partners we accept these differences in delivery structures, but are united in our commitment to working together and with local people to achieve improved outcomes.

This Local Outcome Improvement Plan (LOIP) represents our ambitions city wide, but is very much grounded in the needs of our most disadvantaged communities. It is by working with these communities to take forward our improvement activity that we will learn how we can change, how we can improve and how we can scale up and spread what works. That is how we will make the difference in Aberdeen and achieve our vision of a Place where all people can indeed prosper.

Review of localities: The Partnership is currently undertaking a review of localities to ensure consistency between Community Planning and Health and Social Care Partnership Localities. This will involve revisiting the boundaries of Community Planning Aberdeen to ensure they reflect natural community boundaries.



GOVERNANCE & ACCOUNTABILITY

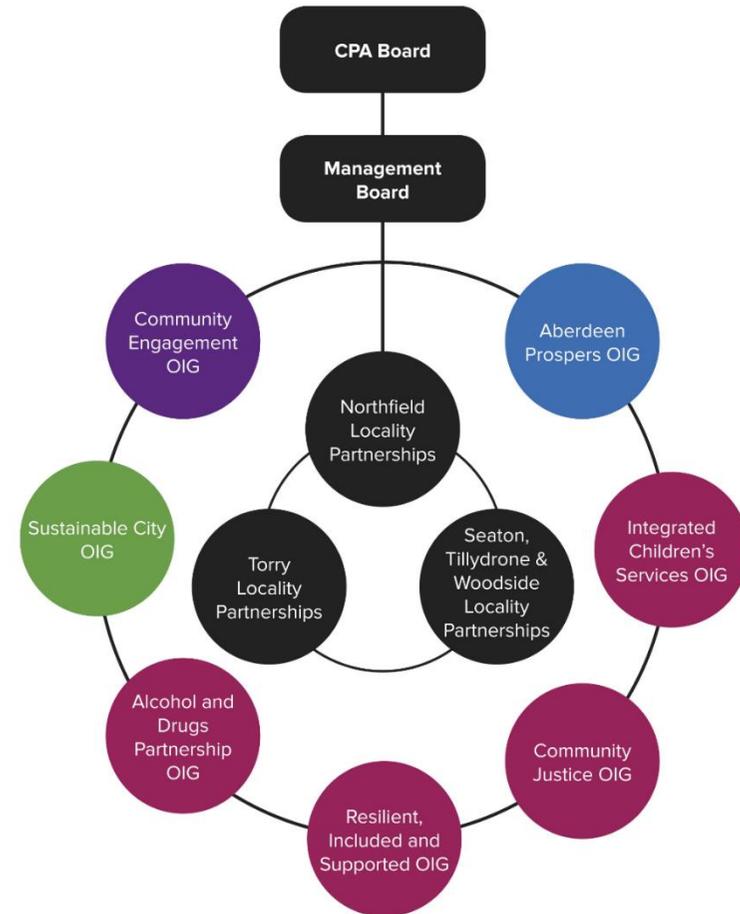
Community Planning Aberdeen Accountability Structure

The CPA Board provides strategic leadership and direction for Community Planning across Aberdeen. It will scrutinise overall delivery of progress against this Local Outcome Improvement Plan (LOIP) and the underpinning Locality Plans to ensure improved outcomes across all areas of Aberdeen.

The CPA Management Group is accountable to the CPA Board and oversees the delivery of progress by our seven themed Outcome Improvement Groups.

These groups facilitate effective joint working across Community Planning partners and with communities to ensure delivery of the LOIP and locality plans remain on track, and to advise the CPA Board of any additional action required to overcome barriers.

Locality Partnerships oversee the delivery of Locality Plans with communities to ensure that improved outcomes are being achieved for our most disadvantaged communities in Aberdeen.



Improvement and Innovation

CPA will use Quality Improvement (QI) and the Model for Improvement framework for driving improvement activity across the Partnership. This provides us with a systematic approach to improvement which focuses on doing things better at the system level. It can be used for any area of business and is designed to break down change into manageable chunks. Each change idea is tested to make sure that actions taken are leading to improvement. Designed by the Institute of Health Improvement (IHI), this approach is used widely across Scotland as part of the [3 Step Improvement Framework for Scotland's Public Services](#).

In line with the methodology, initiation of every improvement project listed in this LOIP commences on approval of a project charter. The project charter sets out specifically what we are trying to achieve, by how much and by when. It includes the business case for undertaking the improvement project, drawing on national research to evidence how it supports prevention and early intervention to maximise the use of future resources. Using data is an essential component of the methodology and charters outline the range of process, output and outcome indicators which will be used to assess performance improvement.

To support staff to use the improvement methodology we have developed a comprehensive 'Innovate and Improve' programme to build capacity and capability in QI and the Model for Improvement across our Partnership and Communities. The programme is led by an Improvement Faculty consisting of members from across the Partnership who are committed to sharing their knowledge and expertise in Quality Improvement.



Evaluation and performance management

Ultimately, improving outcomes will be the test of our success. We have included a carefully chosen list of improvement measures and aims within this document. However, in some areas, for example the early years work, the results may take up to five years to demonstrate success in achieving longer term significant outcomes. It is therefore critical that we use evidence based self-evaluation to ensure we are measuring the impact and outcomes we are having in taking forward this plan. As part of our performance management arrangements we will produce an annual performance report detailing progress against this plan.

CHANGE LOG

This change log provides record of all approved changes made to the Local Outcome Improvement Plan following approval of the original document by the Community Planning Aberdeen Board on 22 August 2016. Significant changes to the LOIP require approval by the CPA Board prior to incorporating into the document. The latest versions of the LOIP is available online at www.communityplanningaberdeen.org.uk.

Version	Changes	Page Number	Approved By	Date
1	Local Outcome Improvement Plan.	1-34 and 42-61	CPA Board	22 August 2016
2	People are resilient, included and supported when in need section added.	35-41	CPA Board	12 December 2016
	Updated governance and accountability structure following approval of the Final Report for the Review of CPA Infrastructure.	59	CPA Board	12 December 2016
3	Priority community justice drivers incorporated into People are resilient, included and supported when in need section.	35-41	CPA Board	24 April 2017
4	Amendments as proposed in 2016/17 Annual Outcome Improvement Report pages 81-82.	16-59	CPA Board	4 December 2017
5	Refresh of Local Outcome Improvement Plan 2016-26 following revised Population Needs Assessment 2018. The refresh introduces 15 new Stretch Outcomes which clearly quantify the scale of Partnership’s ambition to address key issues. The refresh also includes the specific improvement project aims that Outcome Improvement Groups will be working towards in an effort to achieve our stretch outcomes. The Board was asked to approve these projects based on their confidence that these are the projects that will yield improved outcomes and scalable results.	1-55	CPA Board	Will be asked to approve on 26 February 2019

ENDORSEMENTS

This document is endorsed by the following Community Planning Partners:



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Community Planning
Aberdeen

APPENDIX 2 MAPPING OF ABERDEEN STRETCH OUTCOMES AGAINST NATIONAL PUBLIC HEALTH PRIORITIES

Public Health Priorities					
1 - Vibrant, healthy and safe places and communities	2- Early Years	3 - Mental health and wellbeing	4 - Tobacco, alcohol and other drugs	5 - Sustainable, inclusive economy with equality of outcomes for all	6 - Diet and physical activity
Community Planning Aberdeen Stretch Outcomes					
<i>8. 25% fewer young people (under 18) charged with an offence by 2026.</i>	<i>3. 95% of children (0-5years) will reach their expected developmental milestones by the time of their child health reviews by 2026.</i>	<i>4. 90% of children and young people will report that they feel mentally well by 2026.</i>	<i>12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.</i>	<i>1. 10% increase in employment across priority and volume growth sectors by 2026.</i>	<i>11. Healthy life expectancy (time lived in good health) is five years longer by 2026.</i>
<i>9. 25% fewer people receiving a first ever Court conviction each year by 2026.</i>	<i>5. 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026.</i>	<i>5. 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026.</i>	<i>11. Healthy life expectancy (time lived in good health) is five years longer by 2026.</i>	<i>2. 90% of working people in Living Wage employment by 2026.</i>	<i>13. No one in Aberdeen will go without food due to poverty by 2026.</i>
<i>10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026.</i>				<i>5. 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026.</i>	<i>14. Addressing climate change by reducing Aberdeen's carbon emissions by 42.5% by 2026 and adapting to the impacts of our changing climate.</i>
<i>14. Addressing climate change by reducing the Aberdeen's carbon emissions by 42.5% by 2026.</i>				<i>6. 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026.</i>	<i>15. 38% of people walking and 5% of people cycling as main mode of travel by 2026.</i>
<i>7. Child Friendly City which supports all children to prosper and engage actively with their communities by 2026.</i>					

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Appendix 3 Discontinued Partnership Improvement Projects

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Reason for project being discontinued
Electronic Wellbeing and Resilience Assessment Tool for Young People	Mar 18 – Aug 18	2.0	<ul style="list-style-type: none"> • Test the extent to which the electronic wellbeing assessment tool is welcomed by young people and facilitates sharing their views. • Test the extent to which improved assessment and planning for young people improves their outcomes. • Test the use of an electronic tool to aide assessment and planning for young people across ICS for a range of purposes. • Test the appropriateness of output/data on individual young people from the electronic tool for Secondary Schools to track and evaluate Pupil Equity Fund (PEF) pupils. 	Emma Powell – Integrated Children’s Services Group	The initial protocol was tested with young people and further refined. The value of the tool is not tool is now been used and will be instrumental in gathering data for future improvement projects.
Raising Aspirations – Primary Programme.	May 18 – Jun 18	1.0	<ul style="list-style-type: none"> • Working with SDS to improve accessibility and awareness of career related online resources. 	Carol Sneddon – Integrated Children’s Services Group	The project was not approved by the ICS Board due a lack of definition around what the project was aiming to achieve and how it would know if it had improved.
Increase representation of Young People’s Views in ICS Strategic Planning.	Jun 18 – Dec 18	1.0	<ul style="list-style-type: none"> • Improving accessibility and involvement with the Integrated Children’s Services Outcome Group for young people. • Spread the use of a checklist (To assess the extent that the groups currently involve young people. 	Maggie Hepburn ACVO – Integrated Children’s Services Group	This improvement project is now being taken forward as part of the wider Child Friendly City programme of work.
Place Standard Tool: To improve the response of ‘seldom heard’ groups in the use of the Place Standard tool by 10% By December 2018 to better inform planning and understanding of community resilience.	Dec 17 – Dec 18	2.0	<ul style="list-style-type: none"> • Digital online survey • Targeted focus groups delivered by CPA partners who already work with these groups to maximise existing resource. • Research and Information team will provide training to CPA partners who are undertaking focus groups. • Community Events will be held to encourage additional quantitative and qualitative feedback (supported by ACC in CPA localities and Community Organisations in other neighbourhoods.) 	Gail Woodcock – Resilient, Included, Supported Group	This improvement project does not directly support the delivery of the stretch outcomes within the refreshed LOIP. However, place standard will continue to be used as a tool for data collection and the Partnership’s Community Engagement Group will continue to promote the use of the tool to communities.
Intergenerational Project – Nursery and Care Homes.	Oct 17 – TBC	1.0	<ul style="list-style-type: none"> • TBC 	Gail Woodcock / Susie Downie – Resilient, Included, Supported Group	This project does not directly support the delivery of the stretch outcomes within the refreshed LOIP and no project charter has been produced since it started.

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Reason for project being discontinued
Referral Service at Point of Arrest - To increase the number of referrals to relevant services at point of arrest (Kittybrewster Custody Suite) by 10% by end March 2018.	Jul 17 – Mar 18	2.5	<ul style="list-style-type: none"> Testing referral routes for individuals brought to Kittybrewster Police Custody Suite who are rough sleeping (or at high risk) to Cyrenians Assertive Outreach Service – from week commencing 31st Jan 18. Testing a Housing Drop-in at Kittybrewster – from week commencing 31st Jan 18. Testing a Questionnaire to be left at Custody Suite for completion by police. 	Claire Duncan – Community Justice Group	This project is on hold pending progression by Police Scotland of the pilot of a multi agency 'Hub' at the Custody Suite.
Care Home Links Project - reduce social isolation using digital connectivity called 'Care Home Links.	Aug 18 – TBC	1.0	<ul style="list-style-type: none"> The project looks to train staff and residents by an Apple technical support team and introduce iPads for recreation and communication to decreased feeling of social isolation and loneliness in care homes. 	Gosia Duncan, Scottish Care – Resilient, Included, Supported Group	This project will be taken forward the Health and Social Care Partnership as a single system issue.
Sustainable Demand Responsive Transport - By 1st April 2019 we will reduce unmet demand for demand responsive transport for Aberdeen City residents from 17% of total requested journeys to under 10%.	Oct 18 – Apr 19	1.0	<ul style="list-style-type: none"> Test the impact of a patient centred appointment booking system (tests have been completed recently within a different project but the impact of this has yet to be demonstrated); Test the impact of more clinic activity being completed remotely (sexual health services have had recent success in this area). The project will also test changes to work with existing providers within the system to improve service efficiency in order to increase capacity within the system. 	Stephen McNamee – Resilient, Included, Supported Group	This project will be taken forward the Health and Social Care Partnership as a single system issue.
Eco Schools Green Flag Parks Project.	TBC	1.0	<ul style="list-style-type: none"> TBC 	TBC	This project will be taken forward by Aberdeen City Council as a single system issue.
Aberdeen School Garden Project - To increase 'garden-time' for Aberdeen's primary school children, in the localities, by an average of 1 hour per child by end of 2019.	Oct 17 – Dec 19	4.0	<ul style="list-style-type: none"> Create 3 school gardens in three primary schools. One in each locality. Each class has a one hour dedicated session on garden related activities every week. Install pilot 'Edible Green Walls' in four primary schools by March 2018. Develop a methodology for engaging with schools and teachers which is locally relevant. Develop and deliver age-appropriate, garden-centred lessons which strongly link to the National Curriculum. Develop and deliver CPD sessions for teachers as required. Develop links to the Eco-Schools Scotland initiative to facilitate more schools achieving Green Flag status. Specialist visits to talk to classes about gardening. Class competition for garden logo & name to encourage participation. 	Bob Donald, One Seed Forward – Sustainable City Group	This project will be taken forward by Aberdeen City Council as a single system issue.

1 Background Information

Community planning is a way of working which means public bodies work together with communities to plan and provide better public services. Together these public bodies form a community planning partnership (CPP), in Aberdeen the CPP is called Community Planning Aberdeen (CPA). The partners are:

- Aberdeen City Council
- Aberdeen Civic Forum
- Aberdeen City Health and Social Care Partnership
- Active Aberdeen Partnership
- ACVO
- NHS Grampian
- North East Scotland College
- NESTRANS
- Police Scotland
- Skills Development Scotland
- Scottish Enterprise
- Scottish Fire and Rescue Service
- Our communities

2 Communication Aim

To create and maintain awareness of the Local Outcome Improvement Plan to all communities in Aberdeen. A key priority is that communities are informed. It is also an opportunity to create a suite of communication materials to support consistent messages across key audiences. Communications will take place where time appropriate and will be planned ahead to ensure dissemination of information by partners to the relevant audiences to maximise community involvement.

3 Stakeholders/Target Audience

- Community Planning Aberdeen partners
- Citizens of Aberdeen
- CPA employees
- Elected members and political representatives
- Third sector
- Business community
- Local media

4 Partnership Communications Plan

Date	What	Communications Activity	Target Audience	Responsible Officers
January				
29/01/2019	Refreshed LOIP to go before the Strategic Commissioning Committee for members to endorse it.	<p>A media release will be issued following the report being heard then endorsed by the committee. The release will be issued to the media and shared on the ACC website and social media.</p> <p>Media release to be sent to CPA partners in order that they can share on their website, social media etc.</p>	All	<p>Stella Evans</p> <p>Elisabeth Manners</p>
February				
w/c 4/02/2019 or w/c 11/02/2019	Create short video to be released following Community Board Meeting on 26 Feb 2019.	The short video will be done in the style of an informal chat with Aberdeen City Council Co-Leader Councillor Jenny Laing, Chair of CPA Board and Chief Sup Campbell Thomson, Vice Chair of the CPA Board.	All	Stella Evans / Norman Adams / Elisabeth Manners
w/c 4/02/2019	Social media strategy	Development of social media strategy which can be shared with wider CPA comms team. Infographics to be developed for use on social media.	All	Stella Evans / Elaine Gibb / Elisabeth Manners
26/02/2019	Refreshed LOIP to go before Community Planning Aberdeen Board for approval	<p>Members of the CPA Board will consider the refreshed LOIP. Once approved a media release with soundbites from the Chair and Vice Chair of the Board will be issued to the media and shared on the ACC website and social media.</p> <p>The media release to be sent to CPA partners in order that they can share on their website, social media etc.</p>	All	<p>Stella Evans</p> <p>Stella Evans</p>

Date	What	Communications Activity	Target Audience	Responsible Officers
26/02/2019	Social media campaign	Tweets to be posted on a theme over four days (economy, children & young people, adults and place)	All	Stella Evans / Elaine Gibb / CPA Comms Group
27/02/2019	Circulation of LOIP to staff across CPA	Press release and short information bulletin circulated to staff across the Partnership	All	Elisabeth Manners
27/02/2019	Circulation of LOIP to staff across CPA	Email cascade through internal staff networks	CPP Staff	Elisabeth Manners
27/02/2019	External circulation of LOIP	LOIP hosted on partner websites	All	CPA Comms Group
27/02/2019	External circulation of LOIP	Email cascade through partners networks	All	CPA Comms Group
28/02/2019	Blog post	ACC Co-Leader and ACC Chief Executive blogs	All	ACC Comms Group
28/02/2019	ACC internal comms	Update for elected members and council staff on the refreshed LOIP	ACC internal	Stella Evans / Elisabeth Manners
28/02/2019	ACC internal comms	Posters and Banners across Council sites	ACC internal	Stella Evans / Elisabeth Manners
28/02/2019	Circulation of LOIP to localities	Social media posts (twitter, facebook) on locality accounts	Localities	Jo Mackie / Martin Smith / Paul Tytler
March				
01/03/2019	ACVO newsletter	Update on refreshed LOIP	Third Sector	Ali Simpson
07/03/2019	Circulation of LOIP to staff across CPA	Presentations (pit stops) providing updates on refreshed LOIP for colleagues across the partnership	CPA Staff	Elisabeth Manners / Michelle Cochlan
11/03/2019	ACC internal comms	Presentations (pit stops) providing updates on refreshed LOIP for colleagues across the partnership	ACC internal	Elisabeth Manners / Michelle Cochlan
21/03/2019	ADP newsletter	Update on refreshed LOIP	All	Simon Rayner
March 2019	Sport Aberdeen Active News	Update on refreshed LOIP	All	Jill Franks

Date	What	Communications Activity	Target Audience	Responsible Officers
March 2019	Letter to Scottish Government, Audit Scotland and Improvement Service	Letter to highlight updated LOIP to relevant organisations	TBC	Michelle Cochlan / Frank McGhee
March 2019	Third Sector Event	Event with ACVO to inform the third sector about the refreshed LOIP	Third Sector	Joyce Duncan / Frank McGhee
Ongoing throughout 2019/20				
07/05/2019	ACC internal comms	Presentations (pit stops) providing updates on refreshed LOIP for colleagues across the partnership	Elected Members	Elisabeth Manners / Michelle Cochlan
03/06/2019	ACC internal comms	Presentations (pit stops) providing updates on refreshed LOIP for colleagues across the partnership	Elected Members	Elisabeth Manners / Michelle Cochlan
13/06/2019	Circulation of LOIP to staff across CPA	Presentations (pit stops) providing updates on refreshed LOIP for colleagues across the partnership	All CPA staff	Elisabeth Manners / Michelle Cochlan
07/09/2019	ACC internal comms	Presentations (pit stops) providing updates on refreshed LOIP for colleagues across the partnership	Elected Members	Elisabeth Manners / Michelle Cochlan
09/10/2019	Circulation of LOIP to staff across CPA	Presentations (pit stops) providing updates on refreshed LOIP for colleagues across the partnership	All CPA staff	Elisabeth Manners / Michelle Cochlan
April	Community Roadshows	Presentations on the LOIP for community members	Communities	Elisabeth Manners / Michelle Cochlan
TBC	Business Community	Event to be held with Business Community and linking with Chamber of Commerce	Business community	Richard Sweetnam / Matt Lockley
Ongoing	Circulation of LOIP to localities	LOIP circulated to community councils	Communities	Jo Mackie / Martin Smith / Paul Tytler
Ongoing	Circulation of LOIP to localities	LOIP on locality partnership agendas	Localities	Jo Mackie / Martin Smith / Paul Tytler

Date	What	Communications Activity	Target Audience	Responsible Officers
Ongoing	Features	Targeted features in local media and trade press to highlight CPA / LOIP initiatives.	All	CPA Comms Group
Ongoing	Videos	Working with council videographer and CPA comms group members to create short videos about improvement projects.	All	CPA Comms Group
Quarterly	CPA Comms	Quarterly comms update	All	CPA Comms Group

5 Delivery of Communications Plan

- Implementation through the Community Planning Partnership Communications Group
- Each partner comms representative responsible for completing actions on behalf of Partner organisations
- Group to meet quarterly
- All comms should include the CPA logo (below) and hashtag #communityplanningaberdeen.

Name	Organisation	Email
Elsie Manners	ACC	emanners@aberdeencity.gov.uk
Stella Evans	ACC	sevans@aberdeencity.gov.uk
Graham Lawther	ACHSCAP	GLawther@aberdeencity.gov.uk
Ali Simpson	ACVO	Alasdair.Simpson@acvo.org.uk
Becky Hunter	Police Scotland	Becky.Hunter@Scotland.pnn.police.uk
Darren Riddell	SFRS	Darren.riddell@firescotland.gov.uk
Jamie Bell	Scottish Enterprise	jamie.bell@scotent.co.uk
Jill Franks	Sport Aberdeen	JFranks@sportaberdeen.co.uk
Lesley Meldrum	NHS Grampian	lesley.meldrum@nhs.net
Louise Calder	NESTRANS	louise.calder@aberdeenshire.gov.uk
Rhonda Fraser	NESCOL	r.fraser@nescol.ac.uk

6 LOIP Key Messages for Communications

- The refreshed Aberdeen City Local Outcome Improvement Plan (LOIP) 2016-26 was endorsed by the Community Planning Partnership on 26 February 2019.
- The LOIP identifies how Community Planning Aberdeen – a multi-agency partnership – will work together to ensure Aberdeen is a place where all people can prosper, regardless of their background or circumstances.
- The refreshed LOIP reflects a refocus of the partnership on priority issues, which were identified from data available from the Population Needs Assessment, partnership performance data, City Voice and data from improvement activity.
- Through early intervention and prevention, the Partnership aims to support future generations to be prepared for school, work, parenthood and life itself.
- Particular attention will be paid to care experienced children, young offenders, children of offenders and those living in poverty – because their levels of risk of poorer outcomes are higher than other children and young people of their age.
- The refreshed LOIP has been structured around three strategic themes of Economy, People and Place, and 15 outcomes that the Partnership aims to achieve by 2026.
- The LOIP also details the multi-agency improvement projects which the Community Planning Partnership believes will help secure these improved outcomes for the people of Aberdeen.

Our stretch outcomes:	How will we do it?
Economy	
<ol style="list-style-type: none"> 1. 10% increase in employment across priority and volume growth sectors by 2026 2. 90% of working people in Living Wage employment by 2026. 	<p>Diversify the economy, developing the workforce (start-up businesses, modern and graduate apprenticeships), improving investment into the city, inclusive economic growth for priority areas and a skilled workforce.</p>
People (Children and Young People)	
<ol style="list-style-type: none"> 3. 95% of children (0-5years) will reach their expected developmental milestones by the time of their child health reviews by 2026 4. 90% of children and young people will report that they feel mentally well by 2026 5. 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026 6. 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026. 7. Child Friendly City which supports all children to prosper and engage actively with their communities by 2026 8. 25% fewer young people (under 18) charged with an offence by 2026 	<p>Support for vulnerable families (e.g. teenage parents; additional support needs, substance misuse, domestic abuse);</p> <p>Reduce inequalities of outcome (care experienced children, priority localities); Improve physical and emotional health outcomes (obesity, smoking, mental health, self harming);</p> <p>Improve education and post-school pathways (attainment, apprenticeships, positive destinations);</p> <p>Gain UNICEF Child Friendly City status</p>
People (Adults)	
<ol style="list-style-type: none"> 9. 25% fewer people receiving a first ever Court conviction each year by 2026 10. 2% less people reconvicted within one year of receiving a community or custodial sentence by 2026 11. Healthy life expectancy (time lived in good health) is five years longer by 2026 12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026 	<p>Early intervention for young people at risk of becoming involved with the justice system);</p> <p>targeted interventions aims at specific offending; support people and families affected;</p> <p>improve outcomes for vulnerable and disadvantaged people; build community resilience through health literacy, improved community facilities and improved partnership working;</p>

Our stretch outcomes:	How will we do it?
	support children and young people at risk of developing drug and alcohol problems; early intervention and preventative treatment; and access to community support.
Place	
13. No one in Aberdeen will go without food due to poverty by 2026 14. Addressing climate change by reducing Aberdeen's carbon emissions by 42.5% by 2026 15. 38% of people walking and 5% of people cycling as main mode of travel by 2026	Reduce food poverty (extending food provision, community pantries, community food growing); Reduce Aberdeen's carbon footprint (Leading behaviour change in the public sector, waste reduction, fuel poverty); increase community resilience (severe weather, 'at risk database', community resilience projects); Support active travel across Aberdeen (Travel hubs, bike hire, funding).

7 Communication Risks

- Information not being shared appropriately with the communications team or in a structured manner, detracting from the resources available.
- Information not being shared with the communities in a timely manner could lead to the relevant communities disengaging with Community Planning Aberdeen.

8 Evaluation

ACC media team will collate a social media report highlighting activity, significant media coverage and any other relevant statistics, some of which can be used to update partners on progress and success in traditional and social media.

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Community Planning Aberdeen

Progress Report	Update on Leadership of Outcome Improvement Groups
Lead Officer	Frank McGhee, Director of Commissioning, Aberdeen City Council
Report Author	Michelle Cochlan, Community Planning Manager
Date of Report	6 February 2019
Governance Group	CPA Board, 26 February 2019

Purpose of the Report
This report provides an update on the Chair and Vice Chair Appointments to the Community Planning Management Group and Outcome Improvement Groups.

Summary of Key Information		
1 LEADERSHIP OF OUTCOME IMPROVEMENT GROUPS		
CPA Group	Chair	Vice Chair
Management Group	Frank McGhee, ACC	Graeme Duncan, Police Scotland
Aberdeen Prospers	Matt Lockley, ACC	Allison Carrington, SDS
Integrated Children's Services	Rob Polkinghorne, ACC	Neil Cowie, North East Scotland College
Resilient, Included and Supported	Sandra Ross, ACHSCP	Derek McGowan, ACC
Alcohol and Drugs Partnership	Richard Craig, Police Scotland	Alex Purdie, SFRS
Community Justice Group	Derek McGowan, ACC	Elaine Logue, Police Scotland
Sustainable City	Jillian Evans, Public Health, NHSG	Gale Beattie, ACC
Community Engagement	Darren Riddell, SFRS	Jonathan Smith, Chair of Civic Forum

Recommendations for Action
It is recommended that the CPA Board:
<ul style="list-style-type: none"> i) Approve Frank McGhee as new Chair of CPA Management Group; ii) Approve Derek McGowan as new Chair of Community Justice Group

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Community Planning Aberdeen

Progress Report	Community Planning Aberdeen Innovate and Improve Programme
Lead Officer	Frank McGhee, Director of Commissioning, Aberdeen City Council
Report Author	Michelle Cochlan, Community Planning Manager Sacha Will, Improvement Programme Manager
Date of Report	13 February 2019
Governance Group	CPA Board – 26 February 2019

Purpose of the Report

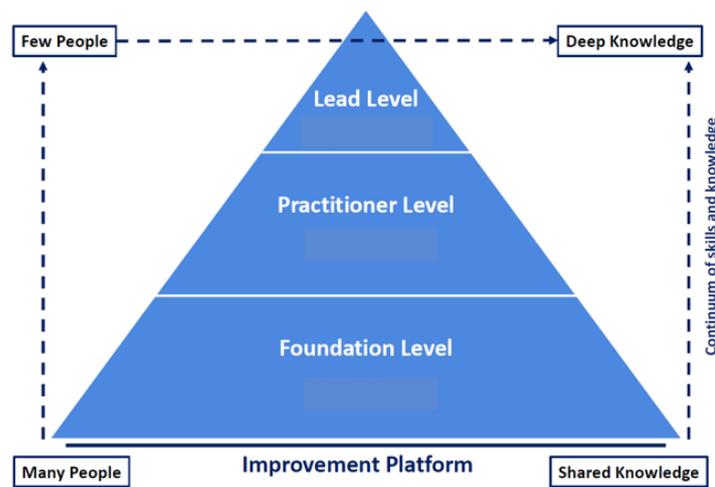
This report provides an update regarding the Innovate and Improve Programme for Community Planning Aberdeen. The aim of the programme is to ensure a coordinated approach is taken to support colleagues and communities across Community Planning Aberdeen to build knowledge, skills and expertise to use Quality Improvement (QI) methodology and associated improvement frameworks and tools. This support is critical to the delivery of the refreshed Aberdeen City Local Outcome Improvement Plan and Locality Plans.

Summary of Key Information

1 BACKGROUND

- 1.1 Since 2016, Community Planning Aberdeen (CPA) has made significant progress in creating the conditions for change to the way that public services work together across the City to achieve improvement for our communities. The Local Outcome Improvement Plan (LOIP) 2016-26 sets out the shared vision of the Partnership and details the improvement activity that the Partnership will take forward to achieve this vision. First produced in August 2016, the plan has been refreshed during 2018 to take account of our Population Needs Assessment 2018 to ensure the Partnership continues to focus on the priority issues facing the people and communities of Aberdeen. Our Locality Plans ensure that the Partnership’s city-wide vision of Aberdeen as a place where all people can prosper is a reality for even the most disadvantaged communities in Aberdeen.
- 1.2 In line with the Partnership’s agreed Outcome Management and Improvement Framework, CPA continues to use Quality Improvement (QI) methodology (including the Model for Improvement framework) to carry out improvement work, with progress reported to the CPA Board and Management Group quarterly. The approach taken in Aberdeen is consistent with the national commitment set out in the 3 Step Framework for Scotland’s Public Services (Appendix 1). This ensures that CPA can make use of national learning programmes as an additional resource to build QI capacity locally.

- 1.3 The Innovate and Improve Programme has been running since March 2017 and aims to help staff across the Partnership to develop improvement habits (Appendix 2); understand and use QI methodology and other tools in their daily work to enable the delivery of the improvement aims within the LOIP and Locality Plans.
- 1.4 The Innovate and Improve faculty, a cross partnership group of people with improvement expertise, was also established to oversee the delivery of Innovate and Improve Programme and to enable knowledge and skills to be developed at different levels across the CPP to embed a QI culture.



- 1.5 This report evaluates the success of the current Innovate and Improvement Programme and sets out the revised programme for 2019-2020.

2 EVALUATION OF OUR 2016-2018 LEARNING PROGRAMME

- 2.1 A significant focus of the current programme is on supporting staff and communities to use the Model for Improvement, CPA's chosen improvement methodology. The ability of staff to understand, use and engage with the model is a critical success factor in the achievement of the ambitions set out within the Local Outcome Improvement Plan 2016-26 and Locality Plans 2017-27.
- 2.4 Almost everything which is offered on the programme capitalises on willingness of staff across the Partnership to share their expertise and time for the benefit of colleagues and exemplifies best practice in joint resourcing. The Innovate and Improve programme is predominantly delivered by community planning staff for community planning staff. This creates opportunities which go beyond attendance at a learning event – such as networking, sharing of good practice and identifying potential for collaborative working, both within the Partnership and beyond.

- 2.5 The Programme provided a range of learning opportunities during 2016-2018 which included one to one improvement coaching for individuals and teams carrying out improvement projects. The QI coaching programme was developed collaboratively by Aberdeen City Council and ACVO by drawing on the expertise of staff and volunteers skilled in quality improvement methodologies across the Partnership.
- 2.6 Since March 2017, a total of 298 colleagues have attended Innovate and Improve learning events provided by Aberdeen City Council. Most of these have attended the one day 'Model for Improvement Bootcamp'. All participants attending these events were asked to provide an evaluation immediately after the event. The evaluations received indicate that all participants report increased levels of confidence in understanding and using the Model for Improvement and key QI tools. A survey carried out in November 2018 sought to understand how many of those participants were still making use of the skills and knowledge. Fifty percent of respondents reported that they were using the Model for Improvement and tools introduced at these sessions in their work. Respondents suggested follow up sessions or additional support from colleagues would improve progress of their improvement projects. (Appendix 3)
- 2.7 Forty-three colleagues participated in a Quality Improvement Practitioner Programme provided by Aberdeen City Council. This programme consists of four full day learning events over a five-month period and expects participants to be actively working on an improvement project during the programme. Participants are asked to self-assess their knowledge and skills during the programme. All participants reported increased knowledge and skills. Seventy four percent of participants were able to report progress with an improvement project during the programme and stated that the support of a QI Coach was a key enabler of their progress. (Appendix 4)
Having completed the programme, eleven of these participants have volunteered as QI Coaches or developed their skills and knowledge to become Improvement Advisors so they can provide support to others. One of the projects supported through this programme during 2017 was recently awarded a national Quality Improvement Award.
In addition to the above, nine colleagues have participated in the Quality Improvement Practitioner Programme delivered by NHS Grampian.
- 2.8 Four colleagues from the Partnership have been supported to complete the Scottish Improvement Leaders (ScIL) programme provided by NHS Education for Scotland (NES). This programme aims to develop QI capacity at lead level. There are five colleagues participating in the current ScIL programme. Four colleagues have completed the Scottish Quality and Safety Fellowship (SQSF). The Fellowship is targeted at Clinicians to develop skills to transform health care delivery. (Appendix 8)
- 2.9 Our learning during 2016-2018 and that of other organisations confirms the importance of having a learning programme which enables the development of QI knowledge and skills across the Partnership at foundation, practitioner and lead levels. It also highlights the importance of growing a team of Improvement Advisors and Coaches who can provide support to individuals and teams undertaking improvement projects. Providing opportunities for QI

Practitioners and QI Leads to collaborate and continue to learn together is also key to ensure we continue to gain from their growing knowledge and skills.

3 INNOVATE AND IMPROVE LEARNING PROGRAMME 2019-2020

- 3.1 People are at the heart of our improvement journey and it is through them that real change is achieved. The Innovate and Improve Programme for 2019-2020 aims to offer an effective platform for staff and communities across the partnership to tackle the challenges ahead by growing capacity for change and improvement. The learning events are designed to be flexible to support individual needs and develop capacity at Foundation, Practitioner and Lead Level. They also provide opportunities to develop QI Coaches and for QI Practitioners and QI Leads to continue to develop their skills through networking events and project surgeries. (Appendix 6).
- 3.2 The programme for 2019 -2020 includes learning events each month scheduled to offer a number of opportunities to participate. These sessions are available to all Community Planning employees, and of note is the willingness of those leading the sessions to give their time and energy. The experiences will be evaluated to ensure they are meeting learners requirements and increasing our capacity and capability in QI.
- 3.3 In addition to the Innovate and Improve learning events, our online resources have been developed, including a QI Handbook, to support staff and teams to access training materials at their convenience.

4 IMPROVEMENT FACULTY AND PRACTITIONERS NETWORK

- 4.1 Community Planning Aberdeen has an Improvement Faculty which will lead the ongoing development of the Innovate and Improvement Programme. The Improvement Faculty will also work with leaders and staff across the Community Planning Partnership to support the delivery of improvement projects which will help realise the improvement aims within the LOIP and Locality Plans. (Appendix 5)
- 4.2 We have identified 12 Improvement Advisers, all of whom have completed QI Lead level programmes; 12 Improvement Coaches, who have completed QI Practitioner Level Programmes and Improvement Facilitators who have expertise in core skills related to Quality Improvement. This brings together key individuals who are involved in supporting learning in the various service and professional areas to provide a wide QI network across the Partnership.
- 4.3 The network will collectively build capacity for improvement by developing a shared focus and use of the wide range of expertise in existence within the Council, and across the Community Planning Partnership. This will enable us to maximise available resources and build capacity to support the innovation and improvement required to deliver the LOIP/ Locality Plans.

4.4 The Innovate and Improve Faculty and Programme will be supported by Aberdeen City Council Improvement Programme Manager and the Community Planning team. Insights from research into effective large-scale transformation and systems change identify that the provision of ‘backbone’ support along with a common agenda are two key elements to success. The Improvement Programme Manager and Community Planning team will provide ‘backbone’ support by fulfilling a key role in convening partners and facilitating cross functional collaboration and coordination between partners to achieve our shared aims.

5 NATIONAL COLLABORATION TO BUILD QI CAPACITY & CAPABILITY

5.1 Building relationships between local and national professionals devoted to learning, sharing, and teaching improvement across Scotland is a priority for CPA Improvement Faculty to ensure the Partnership continues to build the capacity required to make real improvement happen.

5.2 Our collaboration with NHS Education for Scotland (NES) has led to the development of a Scottish Improvement Leaders (SciL) programme exclusively for participants from the North East of Scotland. This will provide increased opportunity to build capacity at a Lead Level across the Partnership and is the first ‘geographically delivered’ SciL programme in Scotland. (Appendices 6 & 7)

6 NEXT STEPS

6.1 An evaluation of the success of the Innovate and Improve Programme 2019 will be completed and findings will be reported to the CPA Management Group at the beginning of 2020.

Recommendations for Action

It is recommended that members of the CPA Board:

- i) Note the current innovate and improve development programme; and
- ii) Note that the programme will be updated on an ongoing basis to reflect emerging development needs and opportunities.

Opportunities and Risks

Our ability to support individual and collective learning has a direct impact on our ability to grow and develop as a Community Planning Partnership. The improvement methodology may seem common sense and appear obvious, but it is easy to become distracted by daily demands and continue to deliver in the same way as things have always been done. Increasing knowledge, skills and capacity in the use of QI methodology is vital to achieve real and lasting change.

Consultation

The following people were consulted in the preparation of this report:
CPA Improvement Faculty (See Appendix 5 for members)
Lead Contacts Group (See Appendix 5 for members)
Laura Allison, Head of Quality Improvement, NHS Education for Scotland (NES)
Fiona Montgomery, Head of Leading Improvement Team, Scottish Government

Background Papers

The following papers were used in the preparation of this report.

[Outcome Management and Improvement Framework, CPA Board 27 Feb 2017](#)

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The 3-Step Improvement Framework for Scotland's Public Services



‘Changing The World’

The 3-Step Improvement Framework for Scotland’s Public Services

Introduction

We want to change Scotland’s place in the world and to do this we must find new and better ways to achieve the outcomes we want. This 3-Step Improvement Framework has been developed to help unlock and channel the collective knowledge and energy of our people towards a common goal of real and lasting improvement across our public services.

The Framework is designed to prompt self-assessment and debate. It is about getting started and ‘doing’: creating conditions for and implementing the improvements that will make a difference.

Summary of strategic context

The Scottish Government is embarking on an ambitious programme of change and in response to the independent Christie Review of Public Services it set out the following ‘Four Pillars of Public Service Reform’:

- a decisive shift towards prevention
- greater integration of public services at a local level driven by better partnership, collaboration and effective local delivery
- greater investment in the people who deliver services through enhanced workforce development and effective leadership
- a sharp focus on improving performance, through greater transparency, innovation and use of digital technology

These changes are taking place at a time when the global recovery is fragile, economic growth is muted and prospects in the labour market are becoming tougher, particularly for young people. Wages and public spending are being reduced in real terms and positions are being lost in the public and voluntary sectors.

This reality will require more from us than driving better value for money and securing incremental improvement in existing services. The public spending climate has increased the appetite to find new ways of doing things, including developing new forms of partnership and new approaches to complex problems. Our capacity to innovate, to design and to implement transformational change will be significantly tested in a period of financial stringency.

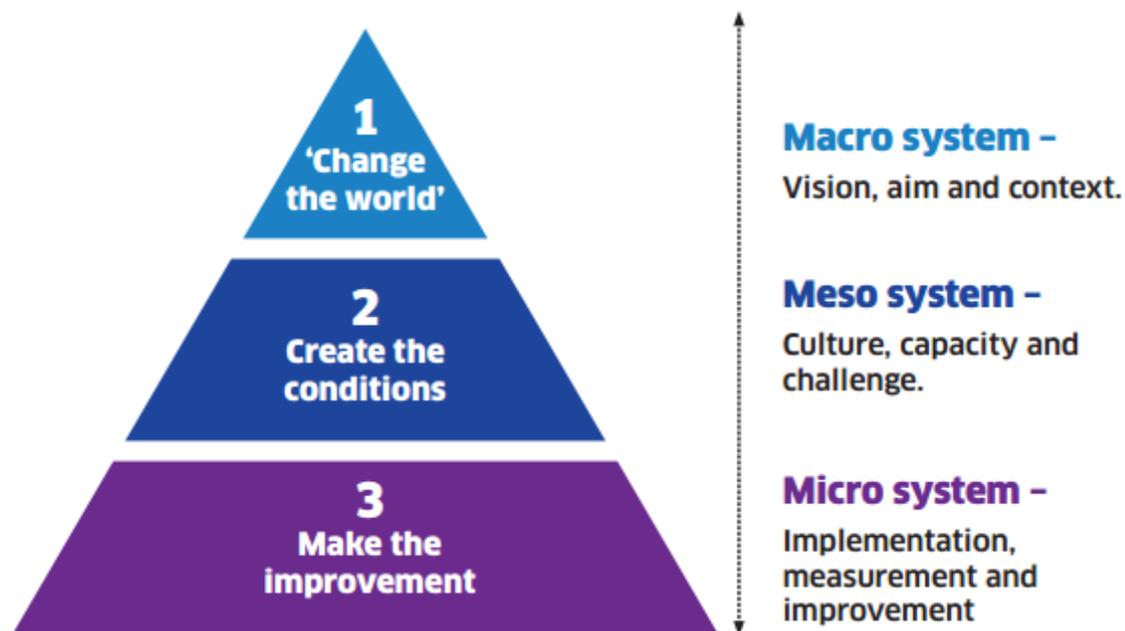
Now more than ever we need to have a strong set of commonly shared and evidence based principles to succeed. They need to cover large scale strategic change, the management of complex systems¹ and the specifics of improvement methods to provide a guide for action to use at every stage of our change programmes.

The 3-Step Improvement Framework that follows may seem common sense and appear obvious, but we know how easy it is to become distracted by a series of assumptions based on how things have always been.

The full strategic context of our approach to improvement can be found in *'Changing the World' An Approach to Public Services Improvement in Scotland - The Strategic Context* that can be accessed on Saltire, the Scottish Government intranet site.

Additional information to support you on your improvement journey can be found in the Improvement pages on Saltire, the Scottish Government intranet site.

The 3-Step Improvement Framework for Scotland's Public Services



To ensure transformational change the following key characteristics must be in place in any change programme:

Step 1 - Seven points to 'change the world'

- **A vision** - capable of stirring the heart of the community and able to serve as a constant reference and anchor point as the change moves forward
- **A story** - to enable people to recognise where they have been and where they are going
- **A set of actions** - to take us to the next steps towards releasing the vision
- **A clear framework for improvement**
- **A strategy to engage and empower the workforce** - to provide the stimulation, development and opportunity our staff need to fully release their deep commitment to public service
- **An understanding of how the change will work locally (everywhere)** - recognising communities are different and creativity should be nurtured and released at a local level
- **A guiding coalition** - a team of key people to drive the change when the going gets tough, and to sustain support.

Step 2 – Creating the conditions

- We need to consider how to create the right conditions for improvement, including how to empower and engage local leaders and think about the characteristics leaders should demonstrate to deliver the outcomes we want.
- We must communicate the changes, empower the citizens and workforce, model and change the culture.
- We should ask all six questions below to test whether the right conditions exist to support true improvement.

The six questions to be asked of EVERY change programme:

1 Aim Is there an agreed aim that is understood by everyone in the system?	2 Correct changes Are we using our full knowledge to identify the right changes and prioritising those that are likely to have the biggest impact on our aim?	3 Clear change method Does everyone know and understand the method(s) we will use to improve?
4 Measurement Can we measure and report progress on our improvement aim?	5 Capacity and capability Are people and other resources deployed and being developed in the best way to enable improvement?	6 Spread plan Have we set out our plans for innovating, testing, implementing and sharing new learning to spread the improvement everywhere it is needed?

Remember, improvement is unlikely to occur without clarity around these questions.

Step 3 - Making the improvement - Aim big - start small

- This is the implementation phase: all improvement happens locally.
- Will and ideas are not enough at this level - we need implementation. We need a theory of change (**what** we will change to improve) and the ability to test and implement the changes.
- We also need to determine **how** we will change and ensure we have a clear method. The methods we use may include; Collaboratives, User/Community empowerment and performance management.
- Getting on and testing change can influence our ideas about change and improvement – leading to new learning and opportunities to spread and scale-up.

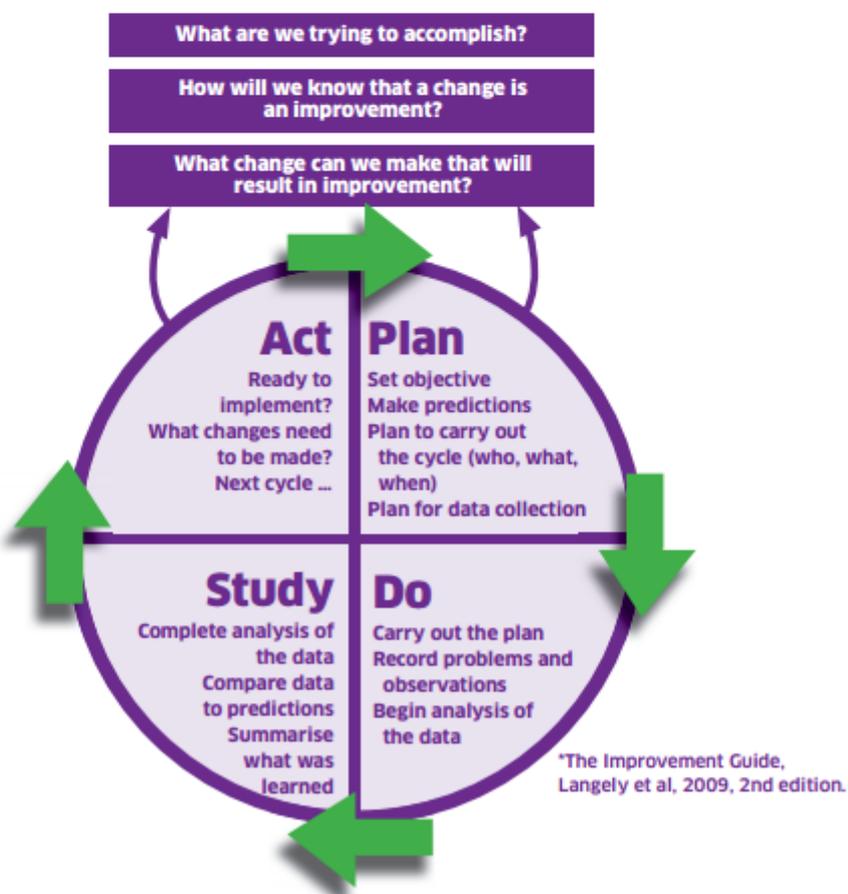
We must choose the improvement methods (locally) that best meet our needs and stick with them for the long haul.

All our improvement action should be based on the simple formula of aims, measures, testing and changes.

The following Model for Improvement* provides an overarching approach to testing improvement at the local level, but we recognise there are also other approaches that work.

Model for Improvement*

The cycle can be used to turn ideas into action and connect action to learning so that the right changes can be developed and spread to maximise improvement.



APPENDIX 2

Habits of an Improver



“Spend any time with someone for whom improvement is an intrinsic part of their job and you realise that they think and act in different ways from those who are simply set on routine service delivery. Improvers are constantly curious, wondering if there is a better way of doing something. They want to extract the learning from any experience. Never content with keeping ideas to themselves, they are out there talking to and persuading others that an issue is worth exploring. They have well-honed influencing skills. Aware of the likelihood of disagreement they are prepared for and deal well with conflict. They have a positive mindset which can remain resilient in the face of inevitable adversity. They are constantly generating ideas and then inviting critical scrutiny of their thinking. They see strength in collaboration”

<https://www.health.org.uk/sites/health/files/TheHabitsOfAnImprover.pdf>

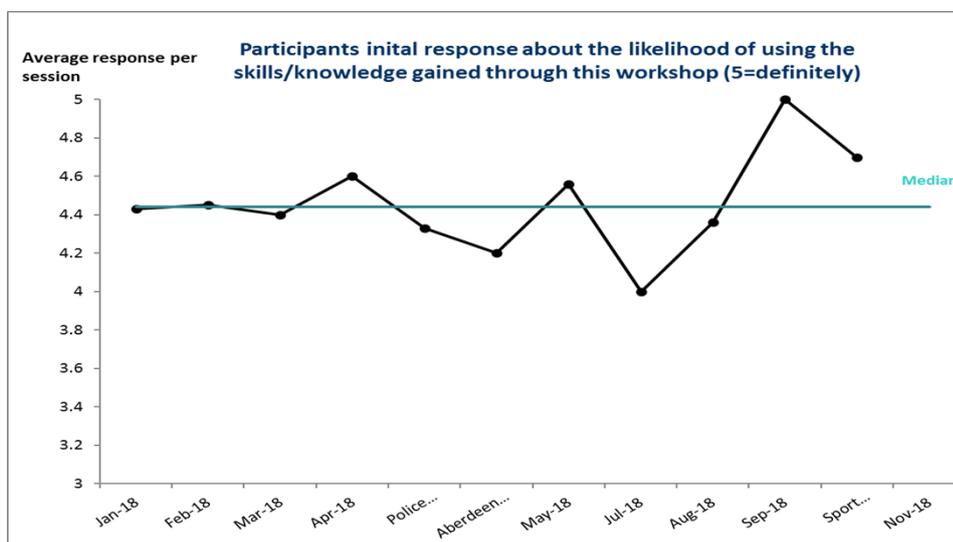
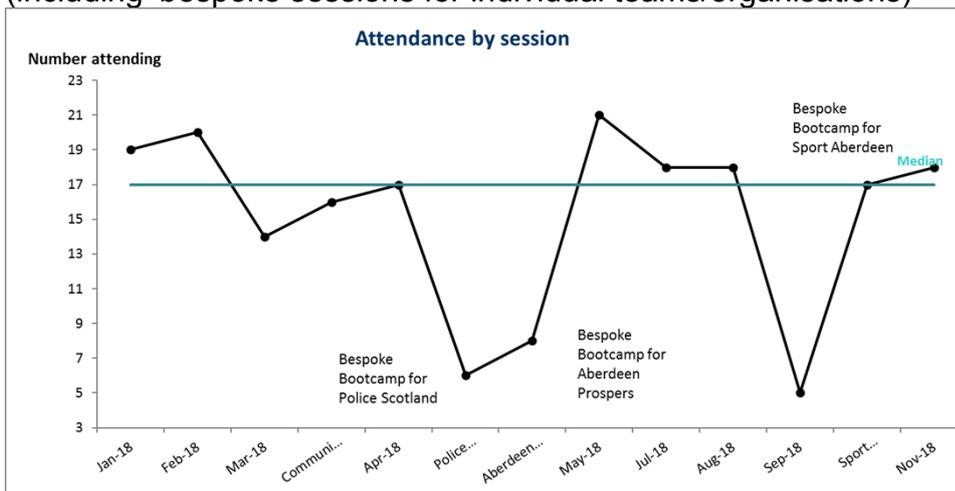
APPENDIX 3

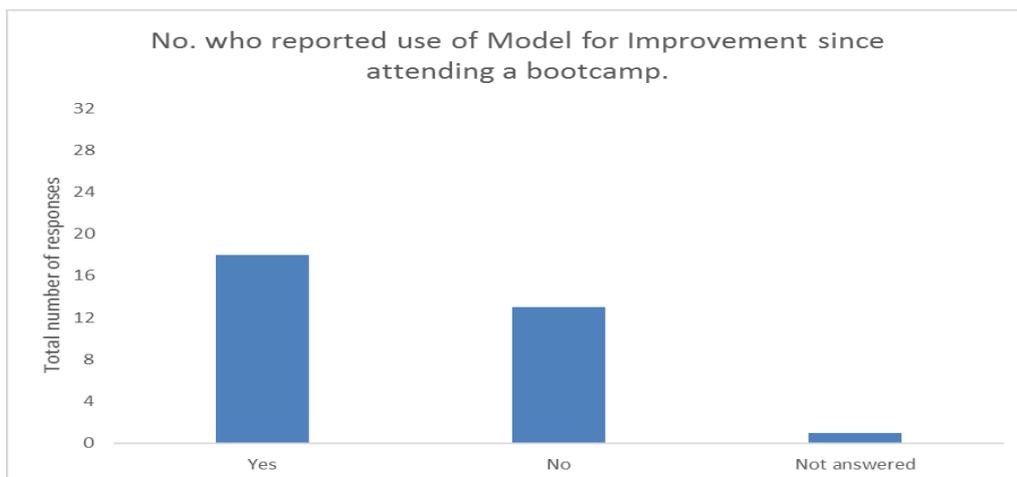
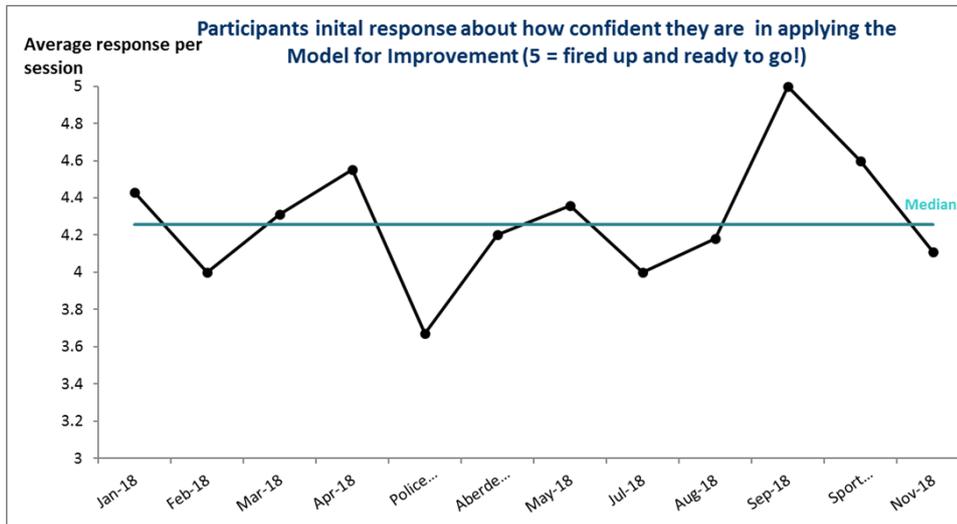
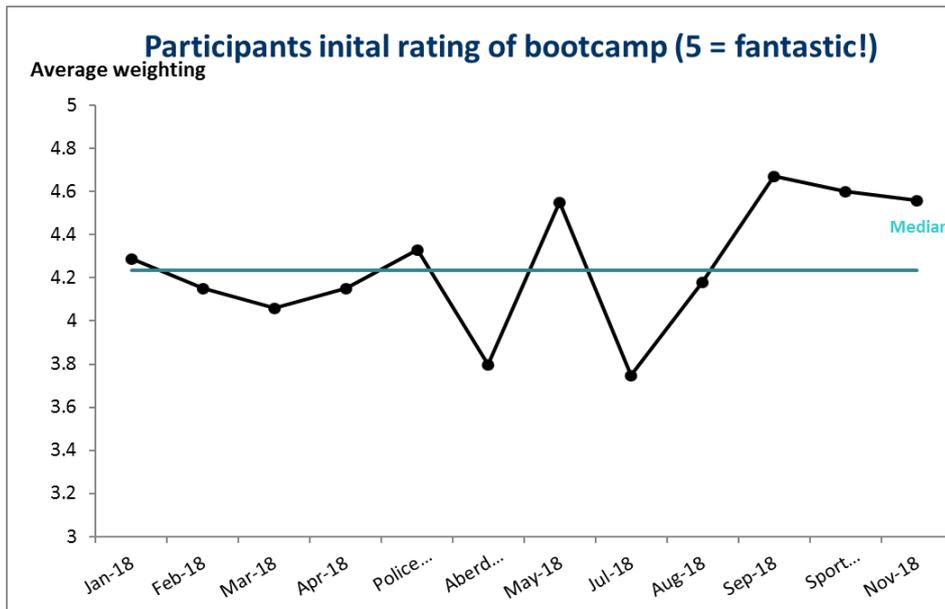
Data to illustrate output and outcomes of Innovate and Improve Learning Events during 2017 & 2018

Total number of partnership colleagues engaged in learning events:



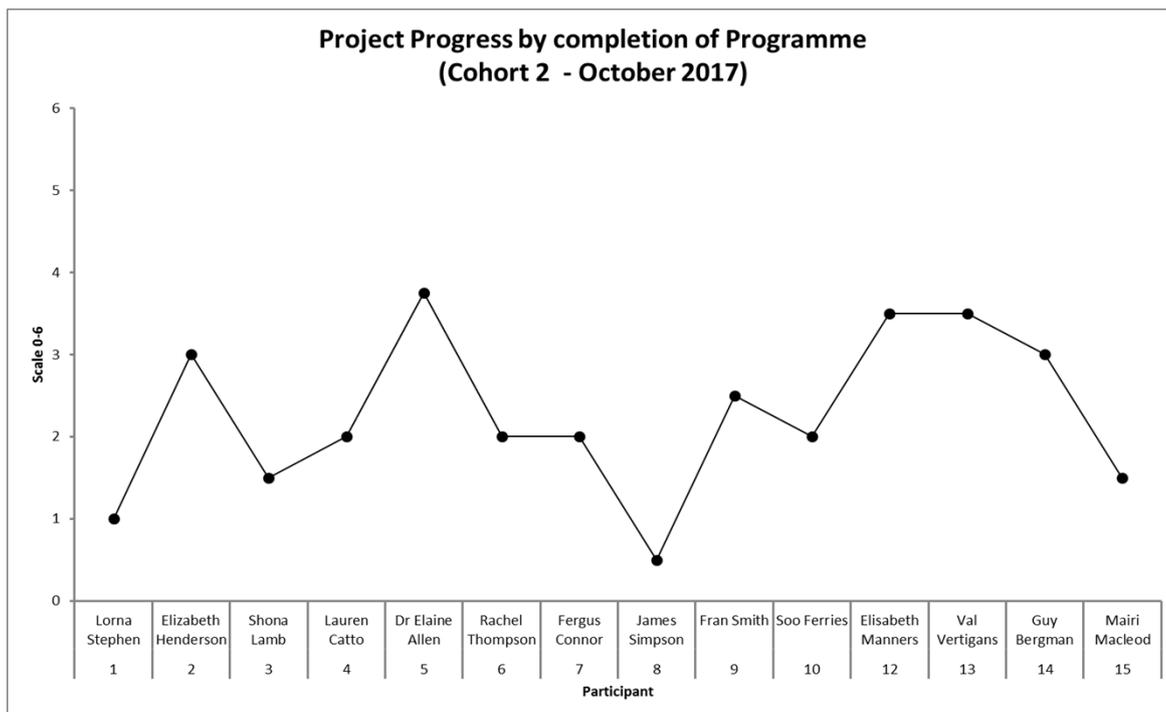
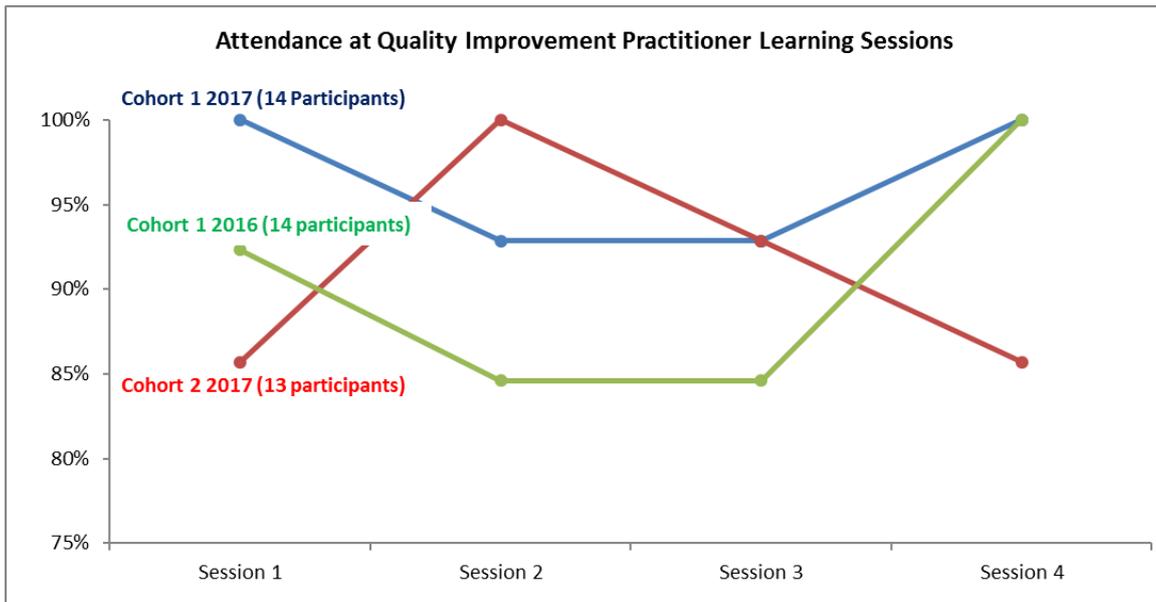
Process and Outcome Data in relation to QI Foundation Level 'bootcamp' (including 'bespoke sessions for individual teams/organisations)



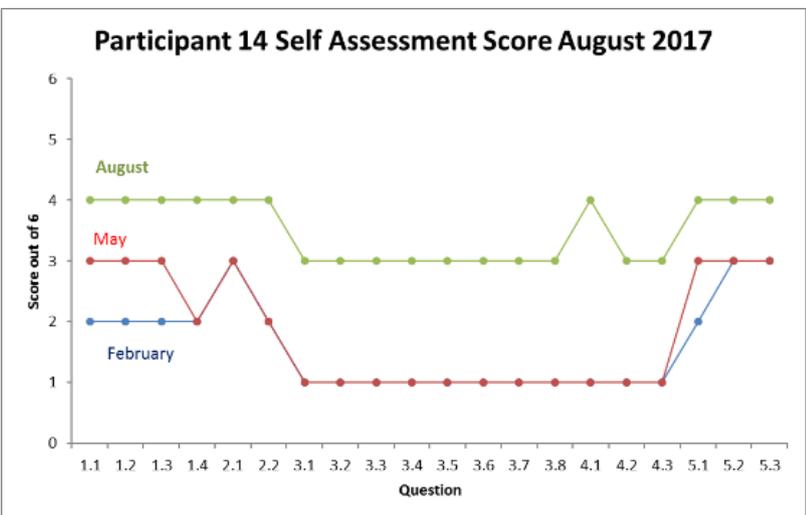
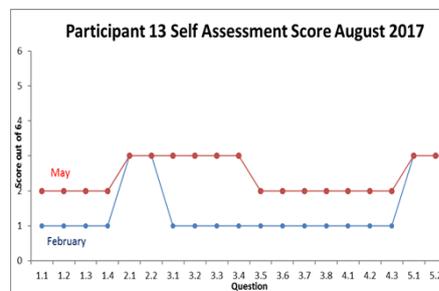
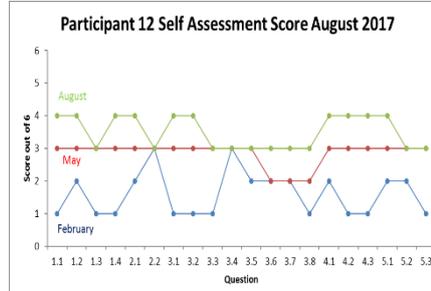
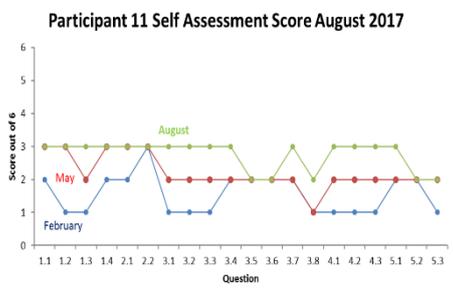
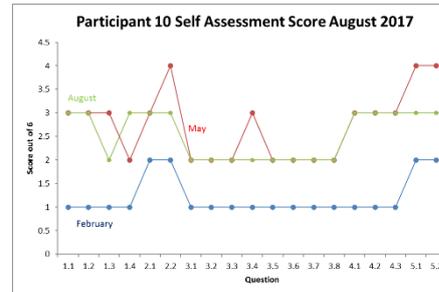
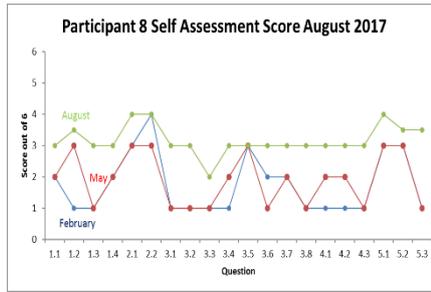
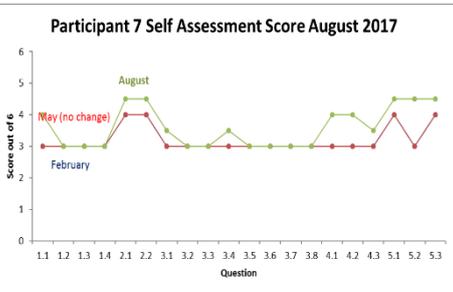
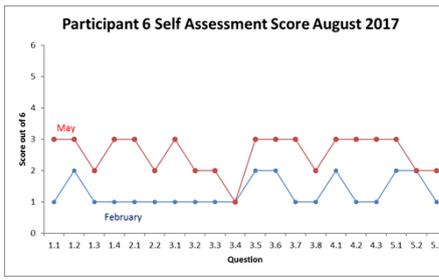
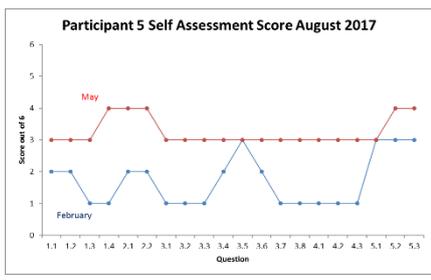
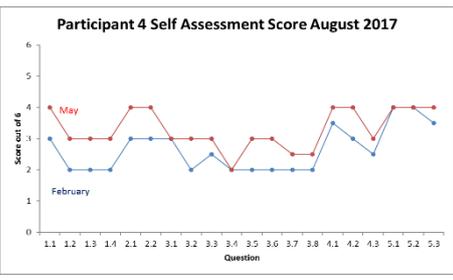
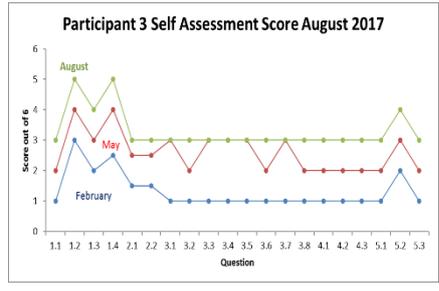
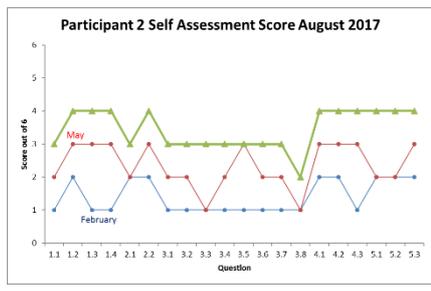
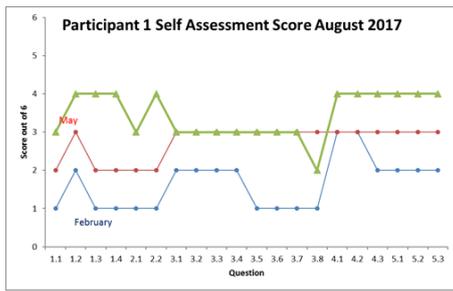


APPENDIX 4

Process and Outcome Data in relation to QI Practitioner Level Programme (delivered by Aberdeen City Council 2016, 2017)



Participant Self-Assessment Scores at Beginning (Blue), Mid Point (Red) and End of Programme (Green) Cohort 1, 2017:



Community Planning Aberdeen Improvement Faculty

Community Planning Aberdeen's Improvement Faculty is a group of staff across the Partnership devoted to learning, sharing and teaching expertise in quality improvement. The Improvement Faculty will work with leaders and staff across the Community Planning Partnership to support the delivery of improvement projects which will help realise the improvement aims within the Local Outcome Improvement Plan and Locality Plans.



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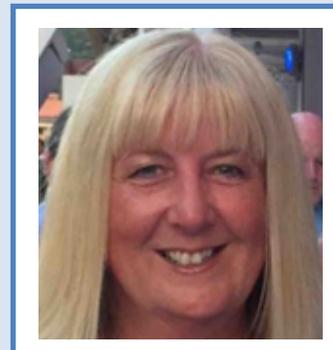
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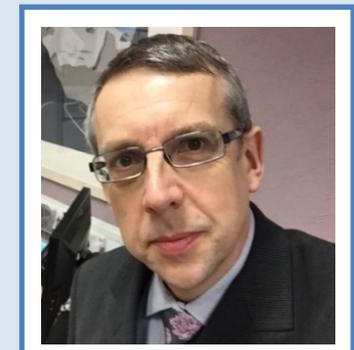
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Improvement Advisors

Improvement Advisors work along with the CPA Improvement Faculty to offer support to improvement teams across Community Planning Aberdeen. They have completed 'lead level' professional development programmes in Quality Improvement and have expertise in the practical application of quality improvement methodology in a variety of settings across the public sector. Improvement Advisors can be contacted for advice and guidance on every aspect of your improvement work.

Name	Organisation	Accreditation	Contact
Linda Caie	NHS Grampian	Scottish Improvement Leader Programme	linda.caie@nhs.net 07876258906
Dr Steven Close	NHS Grampian	Clinical Lead/ Consultant Chair of North East Scotland Quality Improvement Network	steven.close@nhs.net
Michelle Cochlan	ACC	IHI Certified Improvement Adviser	mcochlan@aberdeencity.gov.uk 01224 522791
Rosie Cooper	ACHSCP	Scottish Quality & Safety Fellow	rosie.cooper@nhs.net 01224 558399
Kelly Hickman	ACC	Scottish Improvement Leader Programme	khickman@aberdeencity.gov.uk 01224 522085
Jenny Ingram	NHS Grampian	IHI Certified Improvement Adviser	jenny.ingram@nhs.net 07825 385593
Matt Lockley	ACC	Scottish Improvement Leader Programme	mlockley@aberdeencity.gov.uk 01224 522940
Stephen McNamee	ACHSCP	Scottish Improvement Leader Programme	SMcNamee@aberdeencity.gov.uk
Gwen Robertson	VSA	Scottish Improvement Leader Programme	Gwen.Robertson@vsa.org.uk
Ann Smith	ACHSCP	Scottish Improvement Leader Programme	asmith34@nhs.net
Linda Smith	NHS Grampian	Scottish Improvement Leader Programme	lindaj.smith@nhs.net
Val Vertigans	ACC	Scottish Improvement Leader Programme	vavertigans@aberdeencity.gov.uk 07342060939
Sacha Will	ACC	IHI Certified Improvement Adviser	sacwill@aberdeencity.gov.uk 01224 522021

Improvement Coaches

Improvement coaches work along with the CPA Improvement Faculty and Improvement Advisors to offer support to improvement teams across Community Planning Aberdeen. They have expertise in the practical application of quality improvement methodology in a variety of settings across the public sector. Improvement Coaches can be contacted for advice and guidance on almost every aspect of your improvement work.

Name	Organisation	Accreditation	Contact
Guy Bergman	ACC	Quality Improvement Practitioner Programme, ACC Certified	GBergman@aberdeencity.gov.uk 01224 392367
Catriona Mallia	ACC	QI Practitioner Programme PhD Applied Health Sciences	CMallia@aberdeencity.gov.uk
Mark Hearn	ACC	Scottish Coaching and Leading for Improvement Programme, Scottish Government Certified	mahearns@aberdeencity.gov.uk 01224 523124
Alison Hurrell	ACVO	Quality Improvement Practitioner Programme Master in Research	alisonhurrell@yahoo.com 01569 765944
Cherry Lawson	ACC	Quality Improvement Practitioner Programme, ACC Certified	ChLawson@aberdeencity.gov.uk 01224 523977
Yvonne Leathley	ACVO	Quality Improvement Practitioner Programme, ACC Certified	yvonne.leathley@virgin.net 07932 032 905
Jade Leyden	ACC	Quality Improvement Practitioner Programme, ACC Certified	jleyden@aberdeencity.gov.uk 01224 498166
Laura Lister	ACVO	Quality Improvement Practitioner Programme, ACC Certified	llmlister@gmail.com
Charlie Love	ACC	Scottish Coaching and Leading for Improvement Programme, Scottish Government Certified	chalove@aberdeencity.gov.uk 01224 522287
Elsie Manners	ACC	Quality Improvement Practitioner Programme, ACC Certified	emanners@aberdeencity.gov.uk 01224 523969
Sarah Scott	ACC	Quality Improvement Practitioner Programme, ACC Certified	sarscott@aberdeencity.gov.uk 01224 523832
James Simpson	ACC	Quality Improvement Practitioner Programme, ACC Certified	jamessimpson@aberdeencity.gov.uk 01224 522187

Improvement Facilitators

Our improvement facilitators come from a range of disciplines across the Community Planning Partnership. They are experts in the skill sets which are critical to the success of any improvement project/ activity. Improvement facilitators are an invaluable in supporting improvement teams to progress improvement project using key tools.

Core Skill Set	Name	Organisation	Contact
Knowing your system			
Understanding the golden thread	Michelle Cochlan	Aberdeen City Council	mcochlan@aberdeencity.gov.uk 01224 522791
Conducting Service Review	Reyna Stewart	Aberdeen City Council	reystewart@aberdeencity.gov.uk 01224 523826
	Jan Gordon	Aberdeen City Council	jangordon@aberdeencity.gov.uk 01224 489189
Process mapping	David Leslie	Aberdeen City Council	dleslie@aberdeencity.gov.uk 01224 522772
	Jan Gordon	Aberdeen City Council	jangordon@aberdeencity.gov.uk 01224 489189
Fishbone Diagram	Kelly Hickman	Aberdeen City Council	khickman@aberdeencity.gov.uk 01224 522085
Force Field Analysis	Kelly Hickman	Aberdeen City Council	khickman@aberdeencity.gov.uk 01224 522085
Pareto Charts	Jenny Ingram	NHS Grampian	jenny.ingram@nhs.net 07825 385593
Planning improvement projects			
Project charters	Michelle Cochlan	Aberdeen City Council	mcochlan@aberdeencity.gov.uk 01224 522791
	Guy Bergman	Aberdeen City Council	GBergman@aberdeencity.gov.uk 01224 522367
Driver diagrams	Michelle Cochlan	Aberdeen City Council	mcochlan@aberdeencity.gov.uk 01224 522791
	Maggie Hepburn	ACVO	maggie.hepburn@acvo.org.uk 01224 686056
Innovative thinking	Mark McEwan	NHS Grampian	mark.mcewan@nhs.net 01224 558676
Project management	David Leslie	Aberdeen City Council	dleslie@aberdeencity.gov.uk 01224 522772
Risk assessing your improvement ideas	David Leslie	Aberdeen City Council	dleslie@aberdeencity.gov.uk 01224 522772
Improvement measures and aims	Sacha Will	Aberdeen City Council	sacwill@aberdeencity.gov.uk 01224 522021

Core Skill Set	Name	Organisation	Contact
	Jan Gordon	Aberdeen City Council	jangordon@aberdeencity.gov.uk 01224 489189
Carrying out improvement work			
PDSA Cycle	Jenny Ingram	NHS Grampian	jenny.ingram@nhs.net 07825 385593
Community engagement	Madelene Macsween	Community Planning Aberdeen	mmacsween@aberdeencity.gov.uk 01224 812073
Human side of change	Kelly Hickman	Aberdeen City Council	khickman@aberdeencity.gov.uk 01224 522085
Studying and presenting your results			
Data analysis	Reyna Stewart	Aberdeen City Council	reystewart@aberdeencity.gov.uk 01224 523826
	Jan Gordon	Aberdeen City Council	jangordon@aberdeencity.gov.uk 01224 489189
	Gavin Grewer	Marine Scotland	Gavin.Grewar@gov.scot 01224 876544
Information Management Data visualisation/ infographics	Reyna Stewart	Aberdeen City Council	reystewart@aberdeencity.gov.uk 01224 523826
Collecting data by survey	Sharon Wilkinson	Aberdeen City Council	swilkinson@aberdeencity.gov.uk 01224 523179
Benchmarking	Reyna Stewart		reystewart@aberdeencity.gov.uk 01224 523826
Pentana Performance	Beth Smith	Aberdeen City Council	bsmith@aberdeencity.gov.uk 01224 523418
	Claudine Mackie	Aberdeen City Council	01224 522088 claudinm@aberdeencity.gov.uk

Each Outcome Improvement Group of Community Planning Aberdeen has a dedicated Improvement Facilitator who will support the Group to progress the improvement projects aligned to the delivery of the themes within the Local Outcome Improvement Plan and Locality Plans for which they are responsible for delivering

CPA Group	Name	Organisation	Contact
Outcome Improvement Group			
Aberdeen Prospers	Ishbel Lavery	ACC	ilavery@aberdeencity.gov.uk 01224 522605
Integrated Children's Services	James Simpson	ACC	jamessimpson@aberdeencity.gov.uk 01224 522187
Resilient, Included and Supported	Gail Woodcock	ACHSCP	01224 655748 gwoodcock@aberdeencity.gov.uk
Sustainable City	Kelly Wiltshire	Nestrans	KWiltshire@nestrans.org.uk 01224 346686
Digital City	Wendy Robertson	ACC	wenrobertson@aberdeencity.gov.uk 01224 522840
Community Engagement Group	Elsie Manners	ACC	emanners@aberdeencity.gov.uk 01224 523969
Community Justice Group	Val Vertigans	ACC	vavertigans@aberdeencity.gov.uk 07342 060939
Torry Partnership	Jo Mackie	ACC	jomackie@aberdeencity.gov.uk 01224 522732
Tillydrone, Seaton, Woodside Partnership	Paul Tytler	ACC	ptytler@aberdeencity.gov.uk 01224 523656
Northfield, Mastrick, Seaton, Heathryfold, Middlefield	Martin Smith	ACC	martinsmith@aberdeencity.gov.uk 01224 88538

Faculty members from beyond Aberdeen City

National colleagues also play an important role in supporting our improvement priorities

Name	Organisation	Role	Contact
Laura Allison	NHS Education for Scotland	Head of Quality Improvement	laura.allison@nes.scot.nhs.uk Tel: 01316564266 Mobile: 07973622043  @lallison2002
Doreen Redfern	Education Scotland	Attainment Advisor (Aberdeen City)	07540677121 doreen.redfern@gov.scot

To join our network of improvement advisers, coaches and facilitators, contact communityplanning@aberdeencity.gov.uk



Community Planning Aberdeen

To book an event please go to:

<https://www.eventbrite.co.uk/e/model-for-improvement-bootcamp-tickets-41459700079> or contact Sacha Will swill@aberdeencity.gov.uk.

Innovate and Improve Learning Events 2019

Date	Time	Category	Session Title	Target Audience	Venue	Delivered By
January						
15 January	4pm – 6pm	Quality Improvement (Practitioner Level)	QI Coaches Programme	QI Coaches	ACVO	Sacha Will, ACC
29 January	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
February						
4 February	2pm – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Network and Project Surgery	QI Practitioners & those leading improvement projects	Marischal College	
7 February	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Elsie Manners, Jade Leyden, Val Vertigans, ACC
19 February	4pm – 6pm	Quality Improvement (Practitioner Level)	QI Coaches Programme	QI Coaches	ACVO	Sacha Will, ACC
21 February	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC

Date	Time	Category	Session Title	Target Audience	Venue	Delivered By
March						
5 March	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Guy Bergman, Val Vertigans, James Simpson, ACC and Maggie Hepburn, ACVO
7 March	10.30am – 12.30pm	Quality Improvement (Lead Level)	North East Scotland Quality Improvement Network	CPP – QI Leaders	Conference Room, Suttie Centre	Dr Stephen Close, NHSG
19 March	4pm – 6pm	Quality Improvement (Practitioner Level)	QI Coaches Programme	QI Coaches	ACVO	Sacha Will, ACC
27 March	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
April						
4 April	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Elsie Manners, Jade Leyden, James Simpson, ACC
18 April	4pm – 6pm	Quality Improvement (Practitioner Level)	QI Coaches Programme	QI Coaches	ACVO	Sacha Will, ACC
29 April	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
May						
7-9 May	Workshop 1 – 3 full days	Quality Improvement (Lead Level)	Scottish Improvement Leader programme	CPP (via application process)	Aberdeen - TBC	Jenny Ingram, NHSG
8 May	2.30pm-4.30pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Network and Project Surgery	QI Practitioners & those leading improvement projects	Marischal College	Sacha Will, ACC
9 May	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Val Vertigans, Jade Leyden, ACC and Maggie Hepburn, ACVO
June						
4 June	4pm-6pm	Quality Improvement (Practitioner Level)	QI Coaches Programme	QI Coaches	ACVO	Sacha Will, ACC
5 June	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
5 June		Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	NHS Grampian (via application process)	201, Suttie Centre	Matt Jobson, NHSG

Date	Time	Category	Session Title	Target Audience	Venue	Delivered By
6 June	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Elsie Manners, Val Vertigans, James Simpson, ACC
July						
24 July		Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	NHS Grampian (via application process)	201, Suttie Centre	Matt Jobson, NHSG
August						
20-22 August	Workshop 2 – 3 full days	Quality Improvement (Lead Level)	Scottish Improvement Leader programme	CPP (via application process)	Dundee- TBC	Jenny Ingram, NHSG
20 August	4pm-6pm	Quality Improvement (Practitioner Level)	QI Coaches Programme	QI Coaches	ACVO	Sacha Will, ACC Maggie Hepburn, ACVO
22 August	10.30am – 12.30pm	Quality Improvement (Lead Level)	North East Scotland Quality Improvement Network	CPP – QI Leaders	Conference Room, Suttie Centre	Dr Stephen Close, NHSG
28 August	2pm – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Network and Project Surgery	QI Practitioners & those leading improvement projects	Marischal College	Sacha Will, ACC
29 August	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	
September						
4 September		Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	NHS Grampian (via application process)	201, Suttie Centre	Matt Jobson, NHSG
17 September	4pm – 6pm	Quality Improvement (Practitioner Level)	QI Coaches Programme	QI Coaches	ACVO	Sacha Will, ACC Maggie Hepburn, ACVO
25 September	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
26 September	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	
October						
9 October		Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	NHS Grampian (via application process)	201, Suttie Centre	Matt Jobson, NHSG

Date	Time	Category	Session Title	Target Audience	Venue	Delivered By
29 October	4pm – 6pm	Quality Improvement (Practitioner Level)	QI Coaches Programme	QI Coaches	ACVO	Sacha Will, ACC Maggie Hepburn, ACVO
30 October	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
31 October	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	
November						
19 November	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
27 November	2pm – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Network and Project Surgery	QI Practitioners & those leading improvement projects	Marischal College	Sacha Will, ACC
27 November		Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	NHS Grampian (via application process)	Celebration Event -TBC	Matt Jobson, NHSG
28 November	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	
December						
3 December	4pm – 6pm	Quality Improvement (Practitioner Level)	QI Coaches Programme	QI Coaches	ACVO	Sacha Will, ACC Maggie Hepburn, ACVO
11 December	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
12 December	10.30am – 12.30pm	Quality Improvement (Lead Level)	North East Scotland Quality Improvement Network	CPP – QI Leaders	Conference Room, Suttie Centre	Dr Stephen Close, NHSG
January 2020						
28-30 January	Workshop 3 – 3 full days	Quality Improvement (Lead Level)	Scottish Improvement Leader programme	CPP (via application process)	Aberdeen - TBC	Jenny Ingram, NHSG

To book an event please go to:

<https://www.eventbrite.co.uk/e/model-for-improvement-bootcamp-tickets-41459700079> or contact Sacha Will swill@aberdeencity.gov.uk.

Session Descriptions

QUALITY IMPROVEMENT AND THE MODEL FOR IMPROVEMENT

Community Planning Aberdeen has committed to using the Institute of Health Improvement (IHI) Model for Improvement framework to help deliver the improvement aims within the Aberdeen City Local Outcome Improvement Plan and Locality Plans. This model has been adopted by the Scottish Government for public service reform and is widely used across Scotland to make improvements in public services. The learning events offered under this category are designed to provide training, guidance and support to staff across CPA to use Quality Improvement methodology and the Model for Improvement framework for their improvement activities.

Introduction to the Model for Improvement (Bootcamp)

This session introduces the Model for Improvement and is aimed at all staff who want to make improvements to their area of work. During this one-day session, programme participants will be introduced to the Model for Improvement framework and supported to develop confidence and capability in using key quality improvement tools. Bespoke sessions can be arranged for organisations, teams, outcome improvement groups and other strategic groups who are responsible for delivering improvement priorities within the Local Outcome Improvement Plan.

Quality Improvement Practitioner Learning Programme

The aim of the programme is to 'Support participants to develop confidence and capability in quality improvement so they are able to lead improvement projects, and support others to develop their knowledge and skills'. The programme includes five learning sessions which allow participants to develop quality improvement knowledge and skills whilst leading an improvement project within their own service.

Quality Improvement Coaches Programme

This programme is for Improvement Advisors and Improvement Coaches. It supports the development of improvement coaching skills and provides a networking opportunity for QI Improvement Advisors and Coaches.

Quality Improvement Practitioner Network & Project Surgery

The aim of this network is to support QI practitioners to continue to develop confidence and capability in quality improvement. It also provides those leading projects with a project surgery drop in where they can seek support with their improvement projects.

Scottish Improvement Leaders Programme (North East)

The Scottish Improvement (SciL) programme is a key part of Scotland's innovative approach to address increasing demand for lead level QI capacity and capability across public services. It develops individuals who are in key roles to be able to design, develop and lead improvement initiatives, generate support for change and provide expert support and advice.

North East of Scotland Quality Improvement Network (NESQIN)

This network brings together colleagues from across the North East of Scotland who have completed a lead level QI learning programme. The network provides an opportunity for collaboration and continued professional learning.



Whole System National Approach to Building Quality Improvement Skills

Background

Scotland's Public Services workforce plays a key role in responding to opportunities and challenges associated with Public Sector Reform.

Quality Improvement (QI) has been applied in health care in Scotland since 2007 and has seen areas of sustainable change. Our challenge is to build on that learning to spread and embed a QI approach across Scotland's public services, expanding from Health into Social Care, as part of integration, and beyond e.g. Government and Education, to improve outcomes for Scottish people.



Ambition

NES has worked with national and local partners to develop a suite of QI education resources targeted at different areas of the public-sector workforce across Scotland.

Key components of this ambition were to build in sustainability from the outset by:

- Starting to build capacity at all levels of the system and not focusing on a single staff group
- Developing core Scottish Faculty to deliver the programmes wherever possible, reducing reliance on external providers and utilising limited financial resources effectively
- Aligning the development of the programmes and ensuring the right content is developed for the right people, and delivered in the most effective way
- Making high quality resources freely accessible to QI communities across Scotland to avoid duplication of effort, e.g. e-Learning resources



Scottish Improvement Foundation Skills (SIFS) programme

SIFS is a new innovative QI learning programme delivered entirely in a virtual learning environment. It is designed for anyone working in the public sector in Scotland, including the third and volunteer sector, who wants to learn how to contribute to the improvement of local services.

- By completing the programme people can:
 - Explain what quality improvement is and why it is important
 - Describe commonly used improvement science concepts and tools for understanding systems, developing aims changes and measures and reporting improvements
 - Practically apply key quality improvement concepts to a small local project
 - Contribute to local improvement work with more confidence

Scottish Leading and Coaching for Improvement (SCLIP) programme

The Scottish Leading and Coaching for Improvement Programme is a 3-month QI learning programme designed for people who will coach and facilitate improvement teams to support achievement of improvement strategies within their organisation.



Participants are expected to apply the principles of coaching and leadership to support a team or teams to apply improvement methodology and share their experiences with other programme participants.

Following completion of the programme individuals will be expected to contribute to the development of others through local improvement team coaching and facilitation.



Scottish Improvement Leader (ScIL) programme

The ScIL Programme is a key part of Scotland's innovative approach to address increasing demands across our public services by developing lead-level QI capacity and capability.

The 10-month Programme blends structured study with workplace learning and mentor support, while enabling participants to develop support networks.



ScIL enables individuals to:

- design, develop and lead improvement projects
- lead and generate support for change
- provide expert QI support and advice in their organisations throughout the improvement journey

Scottish Quality and Safety Fellowship (SQSF) programme

The Fellowship is an international programme which over 10 successful years has developed more than 220 Fellows, enhancing their individual capacity for leadership in patient safety and quality improvement.

The Fellowship is targeted at Clinicians looking to develop the skills to transform care delivery and is delivered over a 10-month period.

By completing an individual project, participants demonstrate skills acquired, and the impact the improvement work has had, focusing on the people who benefit.



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Community Planning Aberdeen

Progress Report	Fairer Aberdeen Annual Report
Lead Officer	Derek McGowan, Head of Early Intervention and Community Empowerment
Report Author	Susan Thoms, Programme Coordinator
Date of Report	6 February 2019
Governance Group	CPA Board – 26 February 2019

Purpose of the Report
To provide CPA with the Fairer Aberdeen Fund Annual Report 2017-18 detailing progress and achievements over the year.

Summary of Key Information
<p>1 BACKGROUND</p> <p>1.1 The Fairer Aberdeen Fund is allocated by Aberdeen City Council, and is aimed at tackling poverty and inequality. Funding supports initiatives and services for the most disadvantaged communities and vulnerable people across the City. The programme delivers early intervention and prevention initiatives to address locally identified issues around unemployment, welfare reform and financial inclusion, improving health and enabling more sustainable and empowered communities.</p> <p>1.2 The initiatives and programmes being funded support frontline services that are provided by the Council, Community, Voluntary and other public sector partners.</p> <p>1.3 The Fairer Aberdeen Board, which represents a partnership, participatory approach, comprises of the Chair of Community Planning Aberdeen, three Aberdeen City Elected Members, one representative from Aberdeen Council for Voluntary Organisations, one representative from Aberdeen Health and Social Care Partnership, one representative from Police Scotland, seven representatives from priority regeneration areas (appointed through the Regeneration Matters Group), and three representatives from the Aberdeen Civic Forum.</p>

- 1.4 Following consultation with the Fairer Aberdeen Board and Locality Partnerships, it has been agreed that Fairer Aberdeen criteria will be aligned with the LOIP and Locality Plan themes and community representatives from Locality Partnership be asked to participate in sub groups considering applications for funding and make recommendations to the Fairer Aberdeen Board. The monitoring framework will be aligned to the Locality Plan themes and progress reported to Locality Partnerships twice a year.

2 FAIRER ABERDEEN FUND ANNUAL REPORT

- 2.1 The Annual Report, at Appendix 1, details how the Fund was used and the impact it had during 2017-18. £1.6m was allocated by Council to the Fairer Aberdeen Fund, to be dispersed by the Fairer Aberdeen Board, to support work in priority areas and across the City with vulnerable groups and individuals.

Funding was awarded to 45 projects within the main programme, as well as a Community Support Fund to support community engagement, an Employment Support Fund to support costs associated with getting people back into work, and a Participatory Budgeting event to reduce social isolation in the communities of George Street, Castlehill & Pittodrie and the city centre.

Grants ranged from £200 to £155,000 in value. A total of 27,069 people were involved in, or benefited from, funded initiatives, 4,648 of them were under 16 years old. 971 volunteers contributed 126,500 hours of volunteering time with a value of over £1.9m, more than doubling the value of the Fund.

Over the year 3,196 people received money advice or income maximisation advice, with a total financial gain of £3,484,436, an average of £1,090 per person.

280 people moved into work. 180 young people were involved in activities designed to increase their opportunities to move into positive destinations and 95 of them moved onto employment, education or training

415 tonnes of free food was distributed, 30 families in priority areas were supported to prevent further crisis and family breakdown, and 5 families moved out of Social Work support. 557 people accessed 4,809 sessions of counselling provision in 7 priority areas

Community Flats in Cummings Park, Seaton and Tillydrone and Middlefield Youth Flat were funded and used by many organisations to deliver services within the areas. 2,189 people participated in activities and services provided in these facilities.

130 people were involved in producing community media, including community magazines in 7 priority areas, 176 young people were involved in producing youth media, 14 of them secured a Saltire Award and 3 moved on to

employment, 150 people took part in classes to promote positive parenting and 150 older people were supported to use technology and engage online.

The Fairer Aberdeen Board held another PB (Participatory Budgeting) event in March 2018, covering the George Street, Castlehill & Pittodrie and City Centre areas. The areas chosen reflects the desire of the Fairer Aberdeen Board to allocate funding to neighbourhoods with pockets of deprivation but out with the priority areas that usually receive funding. 21 proposals were received, and £25,000 allocated to 14 projects that received most votes at the public voting event. These included George Street Farmers Market, support to LGBT groups, upgrading of Aberdeen Life Saving Club premises, and a variety of activities for young people.

£25,000 was allocated to a further PB event for 2018-19, which was held in Kincorth during October. 18 proposals were received, and funding awarded to 15 of them, including the Boys Brigade and Scouts for activities for their members, Kincorth Community Centre for equipment for the Centre, Mikey's Charity for a fundraising event and fun day, Mark Bush Court and Margaret Clyne Court for outings for their residents, TLC Food Bank, Claire Rose for Sensory Stay and Play, and Crafty Lassies.

Voting in the most recent PB event was extended to include sheltered housing complexes to ensure that older and isolated people would be included.

Recommendations for Action

It is recommended that members of the Group:

- i) Note the Annual Report for 2017-18, at Appendix 1, and advise the Fairer Aberdeen Board of any comments on the report;

Opportunities and Risks

Many of the funded projects are valued and appreciated within local communities for the support they provide residents and the positive impact they have. Over 28,000 beneficiaries and volunteers would be negatively impacted, and services significantly reduced, if funding was unavailable.

Failure to continue to address the needs of Aberdeen's most disadvantaged communities would have a detrimental effect for the individuals and communities involved and potentially increase costs in the long term for public services. Supporting people into employment, maximizing people's income, providing early intervention in relation to education and health is not only a better outcome for individuals but reduces the costs involved in responding to the effects of poverty in the long run.

The Board regularly monitors the programme to ensure there is no duplication of provision and will continue to review projects as necessary and appropriate.

Consultation

The following people were consulted in the preparation of this report:

Consultation was carried out for the Council report in December 2018, not specifically for this report.

Background Papers

Contact details:

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Fairer Aberdeen Fund Annual Report 2017-18



FAIRER ABERDEEN PRIORITY THEMES AND KEY ACTIONS

MAXIMISING INCOME

Provide access to affordable financial services and products and coordinated provision of quality advice and information services

GETTING PEOPLE INTO WORK

Access to support and skills needed to return to work, including initial engagement, personal development activity and in work support

IMPROVING HEALTH & WELLBEING

Reduce health inequalities; improve mental health and wellbeing; and increase access to affordable healthy food

BUILDING STRONGER COMMUNITIES

Improve access to services in regeneration areas and support community involvement and participation

INCREASING SKILLS AND CREATIVITY

Support learning and creative opportunities, improve literacy and encourage volunteering

For more information contact:

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27,059

people
supported

£1.6m

invested

45

funded
projects

971

volunteers

126,500

hours of
volunteering
time

£1.94m

value of
volunteering



COMMUNITY ENGAGEMENT



“Being on the Fairer Aberdeen Board is an important role; it involves a lot of money and has a big impact on the City. We need to represent our own communities but also see the bigger picture.”



Regeneration Matters is a forum of community representatives from all the regeneration and priority neighbourhoods in Aberdeen City who have been meeting since November 2006 and are active in identifying and addressing issues around poverty and deprivation. The group meets monthly and as well as discussions on particular issues they also have the opportunity to share information about each of their neighbourhoods and feedback on any meetings or conferences they have attended.

Regeneration Matters also manage the Community Support Fund on behalf of the Fairer Aberdeen Board, to support communications, training, community capacity building and community involvement in regeneration. Over the year this funded printing and delivery costs for community magazines in 7 of the regeneration areas, community galas, Seaton Pantry, Fersands Community Food Outlet and a Business Breakfast at Bramble Brae School.

Regeneration Matters elect 7 of its members to act as community representatives on the Fairer Aberdeen Board, alongside 3 representatives from the Civic Forum.

PARTICIPATORY BUDGETING



£25,000 was allocated to undertake a Participatory Budgeting (PB) process, which is a way for local people to have a direct say in how funds can be used to address local needs.

A steering group was set up to organise the process, made up of community and partner representatives. It was decided to cover the areas of George Street, Castlehill and Pittodrie, and the City centre, as these are areas with pockets of deprivation that don't usually benefit from funding directed at priority neighbourhoods.

21 proposals were presented and then voted on by residents at the voting event in March 2018. Funding was awarded to 14 projects that were most popular.

- Hanover Street Outdoor Adventures (Hanover Street Primary School)
- Connecting Cultures (Hanover Street Primary School)
- Kids in the Kitchen (CFINE)
- Awesome Tech in TX (Digital Maker CIC)
- Common Room Upgrade at Greig Court (Greig Court Tenants Association)
- Youth Activities at Froghall (Froghall Community Centre Association)
- Capoeira Martial Arts and Dance (Froghall Community Centre Association)
- Solidarity Fridges (Claire Delhumeau and Josh Willey)
- Out & About (Four Pillars)
- Grampian T Folk (Four Pillars)
- Girls Club @ Cruyff Court (Active Girls Committee, Active Schools, Sport Aberdeen)
- Improvements to ASLSC Changing Huts (Aberdeen Surf Life Saving Club)
- Replace Doors in Changing Huts (Aberdeen Surf Life Saving Club)
- Farmers Market and May Day Fun Day (Greater George Street Traders Association)

“It gives people the chance to directly influence how funding is allocated.”



The Fairer Aberdeen Fund is allocated by Aberdeen City Council to tackle poverty and deprivation. The Fund is dispersed and managed by the Fairer Aberdeen Board, a sub group of the Community Planning Partnership, made up of representatives from the regeneration areas, the Civic Forum, the Council, NHS Grampian, Police Scotland and ACVO (Aberdeen Council of Voluntary Organisations). In 2017-18 funding of £1,632,000 was made available to support work in regeneration areas and across the City with vulnerable groups and individuals, fitting with the main priorities decided by the Board.

Funding was awarded to 45 projects within the main programme, as well as a Community Support Fund to support community engagement, an Employment Support Fund to support costs associated with getting people back into work, and a Participatory Budgeting event.

Grants ranged from £200 to £155,000 in value. A total of 27,069 people were involved in, or benefited from, funded initiatives, 4,648 of them were under 16 years old. 971 volunteers contributed 126,500 hours of volunteering time with a value of over £1.9m*, more than doubling the value of the Fund.

*Volunteering time is generally valued as the average hourly pay rate in the area, in Aberdeen this was £15.33. (Office of National Statistics, the Annual Survey of Hours and Earnings (ASHE))



The Fund focuses on neighbourhoods that fall within the most deprived 0-15% in Scotland, according to the Scottish Index of Multiple Deprivation, as well as supporting vulnerable groups and individuals across the City.

PRIORITY NEIGHBOURHOODS

- Cummings Park**
- Middlefield**
- Northfield**
- Seaton**
- Tillydrone**
- Torry**
- Woodside**

PRIORITY GROUPS

- People living in poverty**
- Lone parents and families with children**
- Unemployed people**
- Children and young people**
- People with health issues**
- Older people**
- Minority groups with an identified need**



“PB is community empowerment at its best.”

Jenny Laing, Council Leader

U DECIDE

Now is your chance to VOTE for new projects that aim to improve your area!

George Street, Castlehill & Pittodrie and City Centre
Saturday 10 March, Hanover Primary School, 10am.

Funding will be awarded to the projects that get the most votes. Everyone living in the area and aged over 16 years is eligible to vote. (Children under the age of 16 must be accompanied by an adult) Lunch will be provided and successful projects announced on the day.

Registration will start at 10am and close at 10.30am. You cannot vote unless you register so please arrive on time. The event is expected to last approximately 3-4 hours.

“I really enjoyed finding out about all the things that are going on in my area and to see so many interesting proposals. Great community involvement!”

MAXIMISING INCOME

AIMS | Provide access to affordable financial services and products and coordinated provision of quality advice and information

3,196 people received money advice or income maximisation advice, with a total financial gain of £3,031,494, an average of £1,051 per person

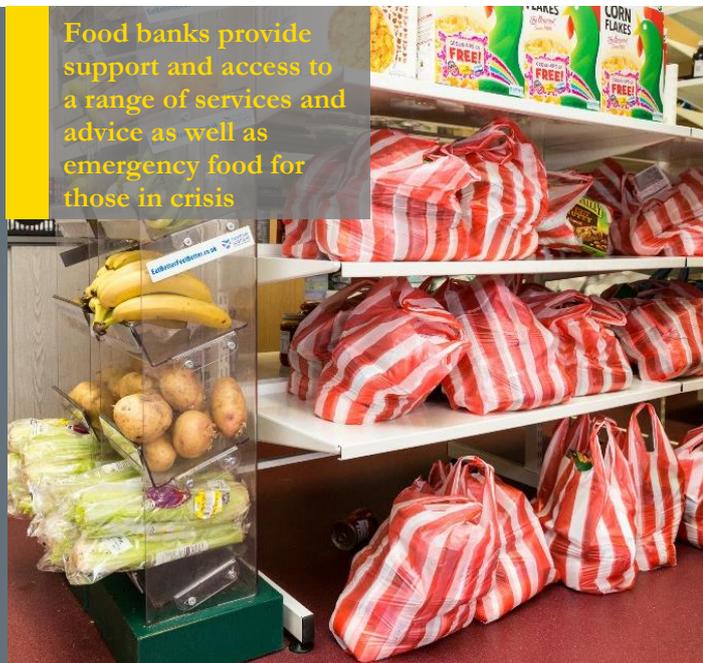
6,149 adults and 2,309 juniors saved with credit unions, depositing £2,517,659 in savings and 3,326 affordable loans totalling £2,477,052

415 tonnes of free Fareshare produce distributed, the equivalent of 96,000 food parcels or 988,095 meals

1,612 referrals to the Cash in Your Pocket database, which supports people to access the financial inclusion support they need

3,650 food bank beneficiaries signposted to other agencies for support

Food banks provide support and access to a range of services and advice as well as emergency food for those in crisis



St Machar Credit Union and North East Scotland Credit Union (NESCU)

improve access to affordable financial services and products and develop credit union membership, by providing and promoting easy access savings accounts for adults and juniors and low-cost loans within the community.

Over the year they gave out affordable loans of over £2m, meaning over 3,000 people had access to affordable credit, avoiding payday loans or doorstep lending. Over 50 volunteers staffed 12 collection points across the priority areas.

Aberdeen Illness and Disability Advice Service offers confidential, independent and impartial financial advice to anyone affected by illness, disability or a long-term health condition.

Over the year they saw total of 2008 clients, this included 460 home visits, 323 hospital visits and 1225 to their office. The total financial gain was £2,253,216, an average of £1,122 per

person. 10 volunteers contributed 13,200 of volunteer time.

Financial Capability at the Foodbank provides financial health-checks and budgeting advice, including welfare benefits advice, to beneficiaries using the CFINE Food Bank.

Money management help was given to 360 beneficiaries resulting in a total financial gain of £271,905, an average of £755 per person. 32 groups and 157 partner beneficiaries benefited from financial education and resilience training sessions.

CAB Money Advice Outreach Project provides advice and information using community centres as drop-in centres and for appointments, assisting clients to maximise their income from welfare benefits and to reduce levels of debt.

Over the year 469 clients received money advice and income maximisation advice with a total financial gain of £573,453, an average

of £1,222 per client.

Money Management for Women provides help and advice with money management, budgeting, benefits and debt, to women who are clients of Grampian Women's Aid.

Over the year there were 19 new referrals for the service and a financial gain for clients of £69,227, an average of £3,643 per client.

Food Poverty Action Aberdeen provides food for those in food poverty, as well as coordination and networking between organisations involved in food poverty work. They also provide support to address issues around health and well-being, financial capability and employment.

415 tonnes of free produce were distributed, and 12,112 food parcels were given out to 5,051 beneficiaries. 2,016 people were referred to other agencies and 360 people accessed financial support. 231 volunteers contributed 55,440 hours of volunteer time.

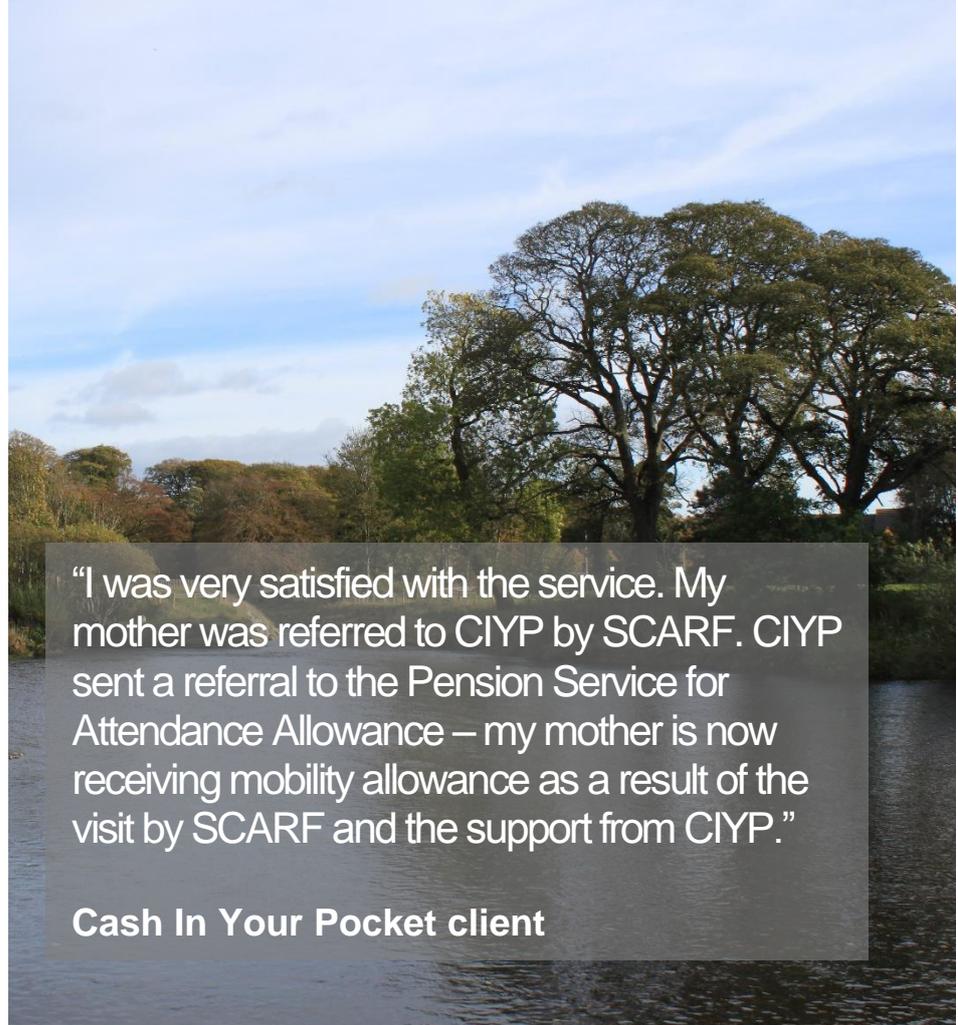
21,356 people benefitted and a total of 324 volunteers contributed 78,934 hours of volunteer time

Cash In Your Pocket (CIYP) acts as a central hub for the operation of its financial inclusion partners, delivering a one-stop referral system to allow access to the full range of organisations that can assist with financial inclusion issues, and coordinating provision.

1612 individuals were referred to Cash in Your Pocket and there were 60 organisations involved in dealing with referrals. CIYP attended 16 community events with Network promotional material where 1233 people were engaged. 1531 contacts were made with people in the community and 3400 referral issues were forwarded to partners for action.

Care and Repair provides advice and financial assistance to older people and people with disabilities, to maximise household income and raise charitable funding on behalf of individuals to carry out repairs, improvements and adaptations to the home.

Over the year 359 households were assisted with income maximisation and charitable funding, achieving a total financial gain of £413,816, an average of £1,152 per household.



“I was very satisfied with the service. My mother was referred to CIYP by SCARF. CIYP sent a referral to the Pension Service for Attendance Allowance – my mother is now receiving mobility allowance as a result of the visit by SCARF and the support from CIYP.”

Cash In Your Pocket client

FINANCIAL CAPABILITY AT THE FOOD BANK

Client S came to CFINE for help with his PIP claim after failing the medical. We are seeing a large demand for help with the appeal process and decisions made by the DWP. He had been suffering from kidney failure for several years and visits the hospital 3 times per week for dialysis. This process plays havoc with his health both physical and mental. He has been a strong active man all his life, working as a labourer and a Merchant Seaman for decades. To become so sedentary in a short space of time was a huge shift in life style.

He does not have a strong command of English and on reading his PIP application it was apparent he has some form of learning disability. This shows the need for people to have support when filling out such forms, the PIP is 50 pages long and complicated.

We appealed the decision and moved towards the tribunal process. This can be difficult for some clients, and S already has a distrust of the system due to his refusal of certain benefits. The date of the tribunal arrives, and I have to convince S to go as he sees it as another waste of time. I calm him down and reassure him to just tell the truth. He is nauseous daily, even more so after the dialysis. He feels weak and cannot do daily tasks without extreme tiredness. He vomits regularly and seems to have some undiagnosed mental health problems.

The judges at the tribunal were very understanding. They did ask a great deal of the client and he was becoming frustrated and angry. His behaviour reflected his mood and at several points I had to talk him down out of his temper. This certainly reflected on the assessment, and his mental health issues were acknowledged immediately by those at the tribunal. They also recognised that his diet is a medical treatment and he needs assistance with this from his wife, who is his carer. He received £3,000 in backdated payments and £80 per week for the next year.

He was delighted and very relieved.

GETTING PEOPLE INTO WORK

AIMS | Access to support and skills needed to return to work, including initial engagement, personal development activity and in work support

21 access centres in areas of high unemployment offered weekly employment support drop in sessions

280 people moved into work

Over 100 people accessed a support fund to help overcome financial barriers, providing clothing for interviews, transport, training and qualifications

180 young people were involved in activities designed to increase their opportunities to move into positive destinations

95 young people moved onto employment, education or training



Pathways supports residents of priority areas into employment by providing tailored support for people from the first stages of job seeking through to securing and maintaining employment. They identify and encourage participation of hard to reach residents through weekly drop-ins, work clubs, established links with partner agencies and individually tailored one to one Keyworker support.

Pathways moved premises during the year to Powis Community Centre and have now established themselves in the area. They are working closely with St Machar Academy and are hoping to secure funding to support school leavers at risk of not securing a positive destination. They also set up a Job Club (in partnership with Skills Development Scotland) aimed primarily at young people from the Powis area but which is open to everyone. They also started delivering the ESF Progress Through Positive partnerships (PTPP) project which has increased their number of keyworkers

to just over 6 full time equivalent posts. The project is designed to give clients a keyworker who identified training opportunities and refers them on.

425 people received support. Of these 237 moved into work, 177 into full time employment and 60 into part time employment. Weekly drop-ins were delivered in all the regeneration areas, with additional drop-ins arranged in areas identified as needing extra support. Key workers were in each priority area at least twice a week, offering advice and help with job searches and providing laptops to enable people to complete online applications with their support. 6 volunteers contributed 300 volunteer hours.

NESS (North East Sensory Services) Employment Service provides an employment service to blind, visually impaired, deaf or hard of hearing people who live in Aberdeen City. They provide specialist support enabling people to access relevant

employment, education and training opportunities and to sustain opportunities which have already been accessed.

They worked with 59 clients. 6 people moved into work and 26 were sustained in their current jobs. Clients were also involved with training, work placement and volunteering.

shmuTRAIN (Station House Media Unit) offers comprehensive employability support and skills development training to young people aged 14-19, using community & digital media to engage young people, increase motivation and develop core skills such as confidence, communication and team work, and to support young people to move on to a positive destination.

76 young people participated in the programme. 32 of them moved into positive destinations, 6 into work, 19 into further education and 7 into training.

664 people benefited and 6 volunteers contributed 300 hours of volunteer time

Prince's Trust Team Programme

provides a 12 week personal, social and employability skills development programme for participants aged 16-25 who are disadvantaged, with a high proportion having complex needs including offending behaviour, drug and alcohol issues, behavioural issues, problems with literacy, numeracy, mental health and homelessness.

Over the year 29 people took part in the programme, 4 moved into work and 14 moved into education, training or volunteering.

“It was fantastic, and it really helped me build experience and improve my skills”

“Gave me another path to think about”

“Built up my confidence a lot”

Princes Trust Team participants

“My Keyworker helped me find a job that I enjoy and allows me to spend time with my family. I would have struggled if it were not for Stan and Pathways.”

Pathways client

Social return on investment for every £1 of funding received by Pathways there was a return of £4.67

PATHWAYS



James was made redundant in October 2016 from a major Oil & Gas company after over 22 years of service. James had a break to spend time with family and have a well-earned rest, as he worked off the west coast of Africa for long periods of time. James came to Pathways a year after being made redundant. He was also recovering from triple heart bypass surgery.

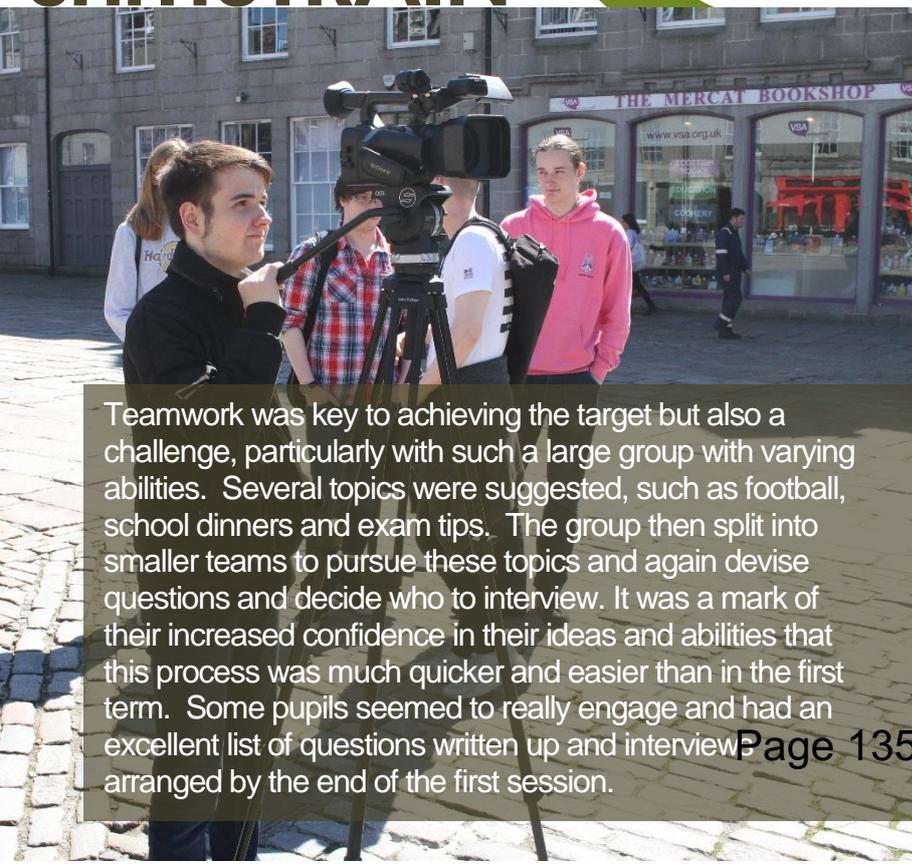
James asked for assistance to find employment within Aberdeen city due to working abroad for so many years. We discussed what he would like to do and he agreed to do some voluntary work while looking for employment. We looked at various organisations and charities that would best fit with the type of work he was interested in.

James chose CFINE and after a phone call an interview was arranged. James agreed to a few hours a week driving CFINE's Tuk In delivering street food to various location around the city. James also got involved with the warehouse and assisting with delivering food to various organisations around the city.

After around 6 weeks of volunteering James asked for assistance to apply for a position of Support Worker with SACRO. We both sat and went through the application and expressed how James was suitable for the position. James was invited for an interview.

James secured a full time position with SACRO as a Support Worker assisting residents with learning disabilities to live an independent life.

shmuTRAIN



Teamwork was key to achieving the target but also a challenge, particularly with such a large group with varying abilities. Several topics were suggested, such as football, school dinners and exam tips. The group then split into smaller teams to pursue these topics and again devise questions and decide who to interview. It was a mark of their increased confidence in their ideas and abilities that this process was much quicker and easier than in the first term. Some pupils seemed to really engage and had an excellent list of questions written up and interview arranged by the end of the first session.

IMPROVING HEALTH AND WELLBEING

AIMS | Reduce health inequalities; improve mental health and wellbeing; and increase access to affordable healthy food

67 Community Food Outlets operated in local communities, 40 of them in Sheltered Housing complexes, and 415 tonnes of free food was distributed to 138 organisations through FareShare

30 families in regeneration areas were supported to prevent further crisis and family breakdown, and 5 families no longer required Social Work support

557 people accessed 4,809 sessions of counselling provision, 179 of them were under 16 years old, and counselling was provided in 7 priority areas

180 volunteers were recruited, trained and supported to provide meals, laundry and showering facilities to rough sleepers 4 times a week

40 vulnerable people took part in recovery programmes based on community involvement, personal development, wellbeing and employability skills



CFINE support Community Food Outlets in priority areas and sheltered housing complexes, providing access to affordable healthy food

Mental Health Aberdeen provides adult counselling in Torry, where 130 Clients accessed the service and 1,083 counselling sessions were provided; and in Calsayseat Surgery, where 140 clients accessed 1,122 counselling sessions. 3 volunteers were involved in delivery of service, contributing 223 hours.

They also run ACIS Youth Counselling, where 179 young people accessed 1661 counselling sessions. ACIS Youth also operates in Torry, where 54 young people accessed 890 counselling sessions in Primary and Secondary schools. 4 volunteers were involved in delivery the service, contributing 348 hours.

Pathways to Wellbeing provides locally based, easily accessible counselling services.

They provided counselling in 7 regeneration areas, 108 people accessed 943 counselling sessions delivered. 7 volunteers contributed 300 hours of volunteering time.

Home-Start coordinate home visiting support to families identified as at risk and hard to reach, working to prevent further crisis and family breakdown.

30 families in regeneration areas were supported. 30 families reported reduced isolation, 27 reported reduced levels of family conflict or stress, and 5

families no longer required Social Work support. 19 families were supported with financial issues, 3 people moved into work or training and 31 volunteers contributed 1890 volunteering time.

CFINE (Community Food Initiatives North East) maintain and develop Community Food Outlets to provide healthy, affordable food and raise awareness of healthy cooking and eating.

Over the year they supported 67 Community Food Outlets, 40 of these in sheltered housing complexes, with a total of £83,000 sales. They provided work experience for 48 people and 180 volunteers were supported.

1,053 people benefitted and a total of 259 volunteers contributed 9,851 hours of volunteer time

Befriend A Child provide accessible group activities for children involved in the Befriend A Child scheme.

39 children and young people benefitted from regular use of the youth club, and in actively participating in organising activities. 12 volunteers contributed 1440 hours of volunteering time.

Aberdeen Foyer Reach delivers personal, social, wellbeing and employability skills development programmes, aimed at participants who are in recovery from any long-term condition e.g. substance misuse, mental illness or physical illness.

22 clients participated the course and 10 secured employment, training or education as a result. 17 volunteers contributed 290 hours of volunteer time

Cyrenians Street Alternatives provides a volunteer led service offering practical support to people in Aberdeen City who are sleeping rough or who have no access to cooking or personal care facilities.

Over the year 23 people attended session held 4 times per week. 14 community awareness raising events were held to promote the service and volunteering opportunities. 180 volunteers contributed 6,600 hours of volunteering time

Printfield Feel Good Project and Tillydrone Health & Well Being Project provide Complementary Health sessions to increase relaxation and wellbeing.

82 people accessed 485 sessions and 2 volunteers contributed 40 hours of volunteering time.

Seaton Recovery Project provides support to those recovering from alcohol/drug misuse and access to specialist support services.

Over the year they worked with 18 clients at the drop-in service. 12 of them received support with personal development and life skills, 8 took part in activities that enhance physical/mental health and wellbeing, 5 people attended classes to improve their employability skills and 10 were referred to specialist debt and financial support and advisory services.

Two of our children who are twins aged 6 are currently being befriended, both have foetal alcohol syndrome and have their own learning difficulties. One is very demanding and at times can be very disruptive and often takes his anger and frustration out on his brother.

When the boys were offered the chance of coming along to the club in Northfield it was felt by their parents it was not a good idea that both attended. It was agreed that one would attend to give the other some space. Their dad also offered to come along and volunteer while he was there. The young boy has settled in very well and enjoys his time with the other children and his confidence and his ability to engage with the other children has vastly improved.

During a conversation with dad it was suggested that he take the other child along to the club in Woodside, that way both children would get the same opportunity in engaging with other children but at different times. The dad was delighted, and he also agreed to come along and volunteer. Both children are enjoying their separate experiences and at the same time giving them both some 1-1 time at home with their mum. Hopefully in the future both boys will be able to attend the same club, but in the meantime, they are having fun with the new friends they have made.

BEFRIEND A CHILD



“As someone who sometimes suffers with depression and anxiety, I find that the health treatments leave me feeling more positive and help me focus on my physical as well as my mental health. My children have noticed a difference in me.”

BUILDING STRONGER COMMUNITIES

AIMS | Improve access to services in regeneration areas and support community involvement and participation

Community Flats in Cummings Park, Seaton and Tillydrone and Middlefield Youth Flat were funded and used by a number of organisations to deliver services within the areas

2,189 people participated in activities and services provided in Community Projects and Flats

12,889 attendances to use facilities in funded Community Flats including phone, computers, making enquiries and getting information

1,701 young people under 16 years old took part in activities

944 hours of additional police patrols engaging with sex workers reducing numbers of calls to the Police regarding on street prostitution in the City Centre and Seaton



Demolition of Middlefield Nursery, which has moved to the new Hub

Cummings Park Community Flat, Printfield Community Project Tillydrone Community Flat and Seaton Community Flat provide resources for community activity; venues for a range of organisations that offer support, information and advice; and support community capacity building and adult learning.

In Cummings Park 30 partner agencies used the Flat to deliver advice and support for a range of issues including employability and financial inclusion. The total number of contacts accessing activities was 1945 and the number of uses of the Flat facilities, including phone, computers and enquiries was 58. The Flat was open for 30 sessions per week and 18 volunteers contributed 2,717 hours.

In Printfield 105 young people aged 5-16 participated in activities in the project and 58 in the After School Club. 16 children under 3 years were registered.

50 people got support with welfare reform issues and 60 volunteers contributed 600 volunteer hours in the Project Management Committee, Printfield Area Forum and Woodside Network.

In Tillydrone 25 agencies used the flat to deliver advice and support services for a range of issues including Health, Education, Employability and Financial Inclusion. There were 3131 recorded uses of the Flat facilities, including use of washing machine, phone and access to computers.

There were 80 Learning Support creche sessions with 37 children attending creche sessions. A total of 537 participants were involved, 59 of them under 16 years old. 62 people were involved in adult learning activities, 4 people were on the Tilly Tattle editorial group and 16 volunteers contributed 750 hours of volunteer work.

In Seaton there were 2,149 attendances at sessions provided by 14 partner agencies. 35 people attended sessions supporting people back into work and 32 people attended sessions aimed at increasing skills and creativity. A total of 409 people attended the flat and 4 volunteers contributed 340 hours of volunteer time.

3,409 participants were involved and 155 volunteers contributed 9,260 hours of volunteer time

Fersands Family Centre Family Support Worker and Twos Group

provides a safe, welcoming and stimulating environment to deliver good quality play and learning experiences to encourage motivation, and enthusiastic learning.

Over the year 38 families received support and 2 parent groups ran weekly. More intensive, long term support was provided to 11 families who have social work involvement.

19 children attended, and 4 pre-nursery groups were held per week. 2 volunteers contributed 192 hours of volunteer time.

Middlefield Youth Flat and Under 11s work supports young people, especially those with low self-esteem and lack of confidence.

Over the year 180 young people participated in 1175 sessions at the Youth Flat, as well as 30 outreach sessions, 150 of them were under 16.

80 young people were involved in Under 11s Work, there were 145 club and small group work sessions. 4 volunteers contributed 840 hours of volunteer time.

Fersands Youth Work Support provides a wide range of youth work services to encourage young people to experience new activities, gain new skills, build relationships and learn about health issues, employment and other issues relevant to them.

Over the year 98 young people participated, 98 of them under 16 years old. 6 volunteers contributed 478 hours of volunteer time.

Police Scotland Operation Begonia provides dedicated, directed patrols with the aim of tackling prostitution; by encountering, identifying and engaging with both on and off street sex industry workers.

During the year 24 new women were encountered through street work patrols. 4 women were referred to partner agencies and 9 engaging women's files have been closed off as they are now no longer involved in prostitution. There were 944 hours of additional patrol time undertaken. 57 males were stopped, educated or charged regarding kerb crawling offences to try and discourage males from frequenting identified areas.

SHMU Community Reintegration Support Service

works with ex-offenders, following their release, to create strong, supportive community networks and develop effective community based multi-agency working.

153 offenders participated in the programme within prison and 39 in the pre-release programme. 45 participants engaged with appropriate support services post release. 29 participants secured a positive destination after release, 18 volunteering in the community, 2 into education, 14 into training and 9 into employment.

Tillydrone ACT Attack provides drama classes as a means to help promote a sense of value, self-worth, and self-confidence in young people, and give them an appreciation of Arts, drama and music while having fun and enjoying themselves.

Aberdeen Lads Club Big Bang Drumming Group provides percussion workshops for young people, to create a performance band to enhance participants' confidence, self-esteem and social skills.

Choices Relationship Revolution delivers an early intervention programme to break the cycle of gender-based violence and sexual exploitation and to raise awareness, challenge prejudice and stereotypes amongst young people.

Over the year 880 participants were involved, 135 educational workshops and 125 drop in clubs were held. Around 91% of young people reported being able to identify violent and exploitative relationships and an increased knowledge of existing support services following participation in the workshops.

There were 20 young people trained and supported to volunteer and 470 volunteer hours contributed.

TILLYDRONE COMMUNITY FLAT



The volume of individuals accessing the flat for support with welfare reform issues has increased dramatically over the last couple of years, and now occupies the majority of the Senior Support Worker's working day. The introduction of Universal Credit is proving challenging and several service users have required assistance and support ensuring that the correct payments are made. Our Senior Support Worker has provided invaluable support to many service users at ESA/medical interviews, often under very stressful circumstances, helping many get their benefits reinstated.

INCREASING SKILLS AND CREATIVITY

AIMS | Support learning and creative opportunities, improve literacy and encourage volunteering

130 people were involved in producing community media, including 21 editions of community magazines in 7 regeneration areas, and weekly community radio programmes

176 young people were involved in producing youth media, 14 of them secured a Saltire Award and 7 moved on to employment or education

150 people took part in classes to promote positive parenting including cooking, first aid and support with financial issues

150 older people were supported to use technology and engage online and 188 learning sessions were delivered

247 young people under 16 years old took part in activities

St Machar Parent Support Project provides opportunities for families to enjoy activities together



SHMU Connecting Communities Through Community Media supports the production of community media in regeneration areas, exploring and addressing local community issues and developing skills by providing training and support, developing opportunities for underrepresented voices to be heard across the city; creating a wide range of benefits for individuals and communities, fostering a spirit of engagement and partnership working; developing transferrable skills in participants; and contributing towards increased social capital.

35 volunteers were supported to produce community magazines 3 times a year in 7 regeneration areas.

In all 201 organisations worked in partnership with SHMU over the year and a total of 708 participants were involved, 60 of them under 16 years old. 130 volunteers contributed 18,352 hours of volunteer time.

St Machar Parent Support Project Positive Lifestyles provides support to young parents, helping them identify issues and to engage with the relevant

agencies before they reach crisis point, preventing future long term need for statutory services.

150 people participated in the programme and 98 parents were referred on to relevant agencies for further support. 15 people received help with CVs and interviews. 25 people took up volunteering opportunities and 48 people were supported to claim grants totalling £10,000. 23 young people under the age of 16 were indirectly helped by the support provided to their parents.

1,320 participants were involved and 212 volunteers contributed 28,473 hours of volunteer time

SHMU Youth Media provides creative opportunities for young people (between the age of 12-19), primarily from the regeneration areas of Aberdeen, to train and take part in all aspects of the production of regular radio programmes

A total of 176 young people participated, 164 of them under 16 years old.

Silver City Surfers provide one to one computer tutoring for over 55s in the City Centre, and Northfield/Cummings Park areas, so they can confidently learn how to use the computer and surf the internet safely in a welcoming and social environment.

150 people registered as new learners in the City Centre. 188 sessions were offered, and 39 volunteers contributed 2,482 hours of volunteer time.

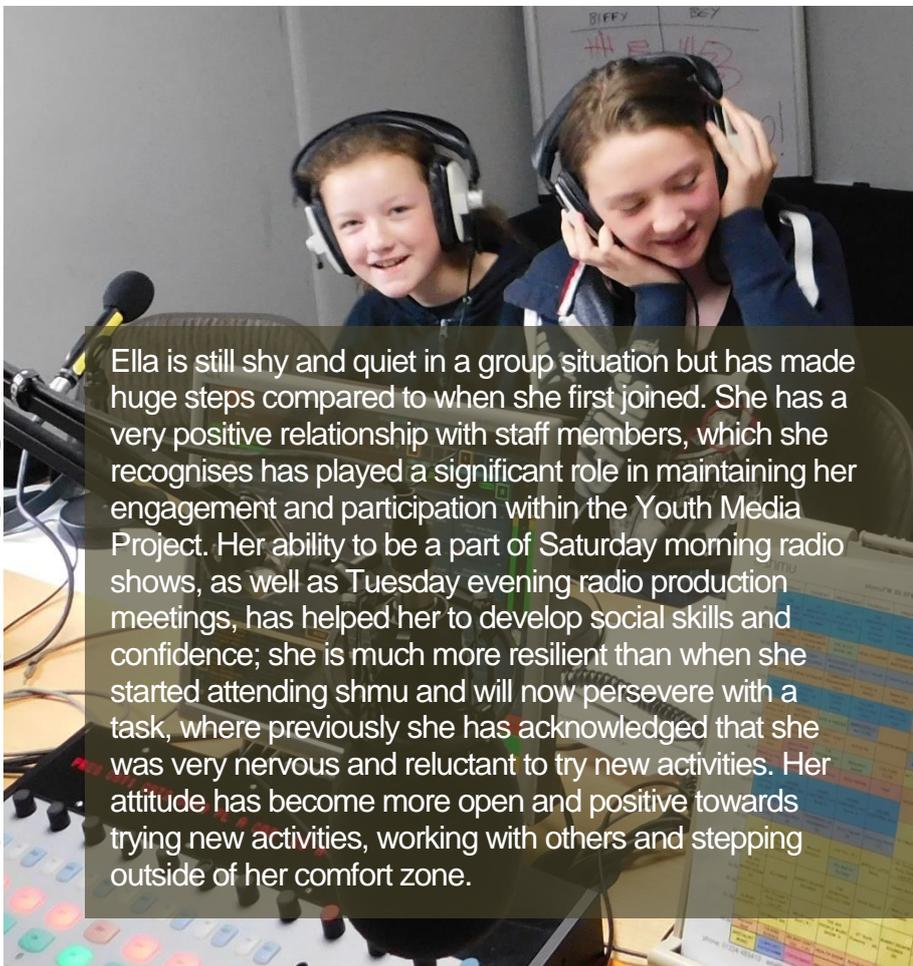
WEA Reach Out provides literacy opportunities for non-traditional learners, which are accessible and inclusive and appropriate to learner needs, offering flexible literacy programmes and routes to volunteering and employment.

136 people took part in 38 Skills Programme courses provided, 7 moved into employment and 13 progressed onto further training. 7 volunteers contributed 229 hours of volunteering.

“Reach Out has been great for her and her confidence levels rose quite quickly. She joined the Employability course and is now back to work. She still likes to stay engaged with the project and occasionally joins us on the walking group, so she can stay in touch with her new friends.”

WEA Reach Out

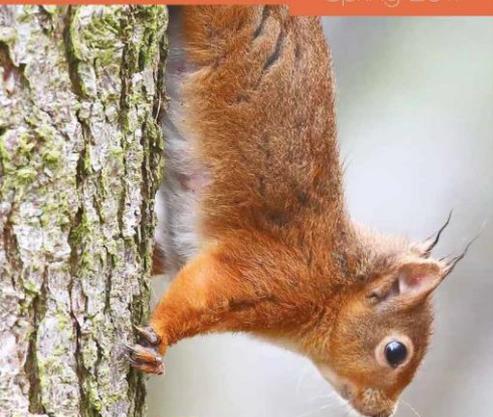
shmu YOUTH MEDIA



Ella is still shy and quiet in a group situation but has made huge steps compared to when she first joined. She has a very positive relationship with staff members, which she recognises has played a significant role in maintaining her engagement and participation within the Youth Media Project. Her ability to be a part of Saturday morning radio shows, as well as Tuesday evening radio production meetings, has helped her to develop social skills and confidence; she is much more resilient than when she started attending shmu and will now persevere with a task, where previously she has acknowledged that she was very nervous and reluctant to try new activities. Her attitude has become more open and positive towards trying new activities, working with others and stepping outside of her comfort zone.

COMMUNITY NEWSLETTERS

seatonscene
Spring 2017



In this issue:
SEATON NETWORK
MAYFEST
FRIENDS OF SEATON PARK
SUMMER READING
CHALLENGE

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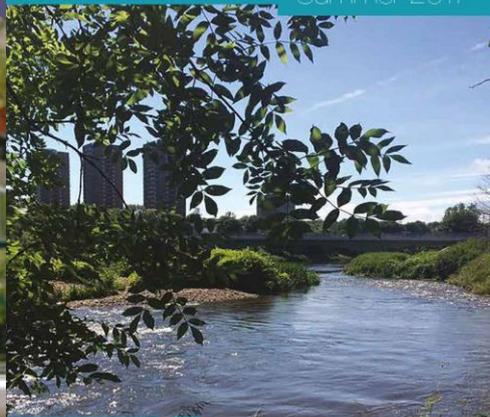
cummingnorth
Summer 2017



In this issue:
CUMMINGS PARK
COMMUNITY FLAT
GROWING UP
IN NORTHFIELD
ABERDEEN TREASURE HUB

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TillyTattle
Summer 2017



In this issue:
TILLYDRONE VISION
LOCALITY PLANNING
TILLYDRONE
COMMUNITY HUB

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*Thank you to all the participants,
staff and volunteers who have
contributed to this report and to
the Fairer Aberdeen programme
over the year.*



Community Planning Aberdeen

Progress Report	Child Friendly Cities
Lead Officer	Eleanor Sheppard, Chief Education Officer
Report Author	Matt Reid, Development Officer, ACC
Date of Report	8 February 2019
Governance Group	CPA Board – 26 th February 2019

Purpose of the Report

This report is to update members on what our current status is with regards to the Unicef Child Friendly City programme and outline our next steps for progression within the accreditation process.

Summary of Key Information

1.1 BACKGROUND

UNICEF Child Friendly Cities and Communities is a worldwide programme. The programme was launched in 1996, is active in 24 countries and supports cities and communities to put the human rights of children and young people at their heart to become truly Child Friendly.

The global programme aims to translate UNICEF's mission - to advance children's rights and wellbeing - into action at a local level by using the UN Convention on the Rights of the Child to work with political leaders, young people, social workers, community organisations and others, to make sure children have a say in shaping local services.

UNICEF believe that this approach will help create neighbourhoods, communities and cities where children and young people are treated with dignity, have a say in decisions that affect them, experience services that are built with and for them, know what services are available and feel safe and prioritised.

THE CHILD FRIENDLY CITY PROGRAMME

UNICEF has piloted the 'Child Friendly Cities' approach in a number of countries and have concluded that the approach can practically support local authorities to:

- Understand their local child and youth population better.
- Make services more child-centred, user-friendly, outcome-focused and tailored to the specific needs of children and young people.
- Strengthen and improve multi-agency working across the community.

- Increase staff confidence in working directly with and involving children and young people while creating a feedback loop that drives ongoing service improvement.
- Drive innovation.
- Improve outcomes for children and young people.
- Provide a unifying umbrella for a range of local strategies, initiatives, services and agencies focused on improving child well-being.

The programme takes 3-5 years to implement and is structured around a number of thematic 'badges' which are underpinned by a self-evaluation framework. Some 'badges' are mandatory, but a level of flexibility exists to ensure that the programme can be tailored to meet the priorities and ambitions of each city. UNICEF will offer on-going support and guidance throughout the programme, this can include, staff training and focus group evaluation sessions.

ABERDEEN AS A CHILD FRIENDLY CITY

Aberdeen was one of only 4 cities invited to join the programme following a successful expression of interest in January 2017. The other Local Authorities accepted at the same time were London Borough of Barnet; Cardiff and Newcastle. Derry and Strabane also joined the programme earlier this year.

The expression of interest emphasised the good work that has already taken place to embed a Child's Rights based approach in Aberdeen – for example most of our schools (82% as of May 2018) are now involved in the UNICEF Rights Respecting School Award, and we have also worked extensively with The Children's Parliament on the Imagineers project to shape the Partnership Local Outcome Improvement plan.

The expression of interest identified that to further embed this work, there was a need to:

- Embed rights-based approaches in all schools and services for children and young people.
- Ensure that all partners and teams across the council engage with young people around policy and provision in order to ensure that young people influence and inform Council and partnership approaches

THE PROPOSAL

The full benefits of the programme will only be realised through close partnership working and a range of actions are suggested to realise this. A range of partnership engagement opportunities were provided between September 2017 and February 2018 and, in September 2018, we received the final reports from Unicef marking the end of the Discovery Phase. These reports highlighted perceived areas of strength and areas for improvement and they have supported the recommendation of our 'Thematic Badges' which will enable us to move forwards with the programme and begin to create our action plan.

Unicef led a 'Childs Rights Based Approach' training session which was well attended by key strategic and operational personnel from across the partnership. While this represented one essential element to enable us to move forwards with our badge selection and towards the action plan process, it did not necessarily fulfil expectations and, in order to progress, the Aberdeen City Council Project Board, guided by the data gathered through Unicef's 'Discovery' reports and the data gathered through work across the partnership on the Local Outcome Improvement Plan, and ahead of the forthcoming Care Inspectorate inspection, wishes to make the recommendation that the partnership selects the following badges:

- Participating
- Child-Friendly Services and,
- Place.

The strategic assessments carried out as part of the LOIP refresh and the subsequent delivery of the LOIP priorities will place us well for future reaccreditation due to a number of cross-cutting themes that correspond with the work in these priority areas. However, the recommended badges will enable us to focus on key areas of strategic importance across the partnership and build additionality.

The Integrated Children's Service Board will report to the Oversight Board on the implementation of the programme which will include the following: (1) lead the development of multi-agency project governance and illustrate the relationship between single and multi-agency governance at a future meeting of the CPA Board for approval; (2) support a mapping exercise of pre-existing participation groups for children and young people and to consider how they might contribute to the CFC programme; (3) support and promote children's rights training opportunities across organisations/the CPA Partnership; (4) participate in self-evaluation/data sharing activities to support and inform the action plan phase of the project; and (5) lead the development of an action plan.

Members of the ICS Board include the following:

Rob Polkinghorne (ACC)

Graeme Simpson (ACC)

Eleanor Sheppard (ACC)

Tracey Gervaise (NHS)

Darren Riddell (Fire)

Maggie Hepburn (ACVO)

Neil Cowie (North East College)

Roma Bruce-Davies (SCRA)

With support from Chief Superintendent Thomson, the Police advertised and, at the start of February, successfully recruited an individual from within their organisation to take up the post of 'Project Development Officer'. This individual will take up post on 25th February and will, amongst other responsibilities, take on an essential role in

co-ordinating work across the partnership, ensuring that the project is on track and informing partners of progress/next steps.

NEXT STEPS

Key Milestone	Timescale
Self-evaluation activity to inform and support action plan	March/April 2019
Action plan to be presented to CPA Board at next meeting	1 May 2019

Recommendations for Action

It is recommended that the CPA Board:

1. Approve the proposed thematic badge selection
2. Instruct the CFC Oversight Board and ICS Board to support self-evaluation activity and submit an Action Plan proposal for agreement at next CPA Board meeting
3. Note next steps.

Opportunities and Risks

Opportunities

- Creation of an Oversight Board which will champion children's rights and being to embed child friendly practices within their own organisations and across the partnership.
- Coordinated strategic planning as part of the action plan process once thematic badges are selected.
- Shared ownership and leadership through the overarching governance group.

Risks

- Delays in delivery of project and entering the next phase of project delivery within identified timescale if thematic badge selection is not approved.

Consultation

CPA Management Group

Background Papers

Unicef 'Discovery' Reports
 Unicef's 'Badges Framework'
 Unicef Evaluative Framework

Contact details:

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Insert Title Development Officer

Insert Organisation ACC

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Thematic badges (optional): These badges have been designed to help local authorities and their partners address context-specific issues and priorities. Choosing the three you'd like to focus on should be a participatory process that meaningfully involves children and young people throughout.

HEALTHY

Children and young people:

- have good physical, mental and emotional health
- are supported if they have any additional needs
- know how to stay healthy

PLACE

Children and young people

- can move freely in the city and their neighbourhood
- feel welcome in public spaces, such as parks, shops and on the high street
- feel connected to their neighbourhood and city

PARTICIPATING

Children and young people

- can share their views and influence decisions that affect them
- can come together to discuss issues that matter to them
- can communicate their concerns and wishes to local leaders and other adults

INNOVATION

- The city council finds new, different and creative ways to make sure all children in the city enjoy their rights.

EQUAL & INCLUDED

All children and young people, regardless of their background, culture, ability or anything else

- feel welcome in the city
- have the same opportunities to grow, learn, explore and have fun
- are protected from discrimination

EDUCATION & LEARNING

Children and young people

- are able to learn about the world around them in a safe, welcoming and respectful place

(This includes children and young people who aren't able to attend school).

FLOURISHING

Children and young people

- can explore and spend time in parks, woodland and other natural places
- are free to develop their interests, hobbies and talents
- can spend time with their friends

FAMILY & BELONGING

Families of all shapes and sizes

- are supported to be together
- can get help if they are struggling
- can enjoy activities and have fun around the city

SAFE & SECURE

Children and young people

- feel safe in their homes, neighbourhood and across the city
- feel able to trust the police, teachers and other adults
- can share ideas about improving safety in the city and can speak out if they feel unsafe or worried

CHILD-FRIENDLY SERVICES

Across the city

- Libraries, sports centres, parks, health clinics and other services respect, welcome and support children and young people
- Decisions about how to make services better at the design, commissioning and delivery stage are made with children and young people

Structural badge (optional): This is a cross-cutting badge that involves changes at the policy and commissioning level. It can be chosen as part of the three optional badges.

CULTURE

Across the city

- people value and respect children and young people
- people know about and respect children's rights

CO-OPERATION & LEADERSHIP

Across the city

- people work together to make the city better for children and young people
- decisions are made involving children and young people

COMMUNICATION

Across the city

- information about children's rights is shared with children, young people and adults in different ways
- people know when important decisions affecting children, young people and families are being made

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COOPERATION AND LEADERSHIP

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. Mapping of relevant local actors and initiatives incl. NGOs, CBOs, FBOs is carried out</p> <p>2. Multi-agency governance is established to oversee the implementation of CR across the city/community</p> <p>3. Multi-agency events are held to establish a baseline and common understanding of CR gaps, opportunities and responsibilities</p>	<p>1. New and existing partnerships with relevant actors are identified through mapping (e.g. NGOs, CBOs, FBOs) and developed or strengthened</p> <p>2. A CR strategy is developed, draws on Concluding Observations, CYP are included in its development; it is accompanied by an implementation action plan and real, achievable, time-bound targets</p> <p>3. % of EMs receive training on CR and a CRBA</p> <p>4. % of senior leaders within the LA receive training on CR and a CRBA</p> <p>5. % of partner organisations receive training on CR and a CRBA</p>	<p>1. The CR strategy is elaborated in sectoral and departmental plans</p> <p>2. The CR strategy is implemented, including by local partners</p> <p>3. Opportunities are created to enable CYP to measurably influence decision-making</p> <p>4. Decision-makers hear CYP's views on budget plans and other decisions that affect them and provide feedback</p> <p>5. Decision-makers and EMs are trained on the use of tools such as CRIA to underpin decision-making</p>	<p>1. CR are present in non-statutory policies, charters and work plans</p> <p>2. Permanent mechanisms (such as a Child Rights Council) are established to enable CYP to measurably influence decision-making</p> <p>3. Permanent mechanisms (such as cooperative hubs) are established to enable multi-agency working and information sharing</p> <p>4. Regular event to bring together decision-makers/senior people/EMs and CYP from all local groups/CR council/etc. (e.g. Day of General Discussion) is established</p> <p>5. The impact of decisions on children is systematically assessed and evaluated</p> <p>6. CRIAs result in recommendations for amendments, alternatives and improvements and all these are made publicly available</p>	<p>1. Leaders within and beyond the LA understand and value the importance of incorporating children's rights, needs and views into decision-making</p> <p>2. Leaders within and beyond the LA are able to apply a CRBA</p> <p>3. Leaders within and beyond the LA are skilled in the use of tools such as CRIA</p> <p>4. CYP are championed by EMs through planning and decision-making</p> <p>5. There is greater collaboration and multi-agency cooperation between the council, third sector and private sector on issues relating to children</p>	<p>% local policies and strategies created using CRIA</p> <p>% decisions, policies, acts, services, programmes, procedures and proposals concerning children which demonstrate that CR have been a primary consideration</p> <p>Number of recommendations by the child rights council/etc. formally considered by the council as part of decision-making procedures</p> <p>% leaders within and beyond the LA who are able to articulate the benefits/added value of a CRBA in a local gov. context</p> <p>% of CYP who participated in strategy development/child rights council decisions or other activities, who feel that their views were taken into account</p> <p>Increase in arrangements that foster greater multi-agency cooperation</p> <p>Number of CBOs reporting influence over LA decision-making</p>	<p>Local CR Strategy</p> <p>Local CR Action Plan</p> <p>Local CRIAs</p> <p>Records of Ems and other local decision-makers attending training</p> <p>Public records of cabinet meetings demonstrating CYP influence on decision-making</p> <p>Records of multi-agency governance meetings</p> <p>Views of CYP gathered through focus groups, surveys, etc.</p> <p>Views of CBOs/third sector gathered through focus groups, surveys, etc</p>

COMMUNICATION

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. Perception survey and focus groups with CYP, families and staff is carried out to establish how accessible/CYP-friendly vital council information is</p> <p>2. An analysis of local media reporting on children in undertaken</p> <p>3. LA widely publicises its commitment to CR and the CFC programme</p>	<p>1. An analysis of the perception survey is carried out with CYP</p> <p>2. An action plan is devised (incl. with CYP) to make the LA open and transparent to CYP and families</p> <p>3. A strategy and action plan is devised in collaboration with CYP to make the local media more sympathetic to CR</p> <p>4. Child-friendly versions of CFC-related briefings and materials are widely disseminated</p> <p>5. Communications professionals receive CR training</p>	<p>1. Improvements are made to local communication materials in line with survey results</p> <p>2. CYP-friendly briefs/updates/key messages relating to the progress of the CFC programme is publicly available</p> <p>3. Measures are put in place to implement the action plan, incl. training for local media</p>	<p>1. Council regularly assesses whether relevant information is reaching CYP</p> <p>2. Progress and impact of CFC is regularly reported to/shared with CYP and the wider community through, eg the publication of a State of the City/Community Report (available in a CYP-friendly format)</p> <p>3. Dedicated CFC site/pages are created and promoted to CYP and the wider community (this includes publication of Concl. Obs. & state reports on the CRC)</p> <p>4. CYP have regular opportunities to influence local media through the contribution of stories and priorities</p> <p>5. The council's web and social media presence is CYP-friendly</p>	<p>1. Progress towards CFC status is regularly communicated to the community, including to CYP</p> <p>2. City/community has a better understanding of the local state of CR/situation of CYP</p> <p>3. Comms staff and local media understand and value a CR perspective</p> <p>4. Local media communicate a positive and constructive vision of childhood and youth</p> <p>5. All children, including those with additional needs and those who speak English as an additional language are able to access vital council information, including in community languages</p>	<p>% staff who report greater awareness of children's issues and greater knowledge of services and projects across the city/community</p> <p>Increase in no. of positive local media stories about CYP</p> <p>Reduction in negative messages / coverage of CYP in the local media</p> <p>% comms and media staff trained who demonstrate improved KAP in CR</p> <p>% CYP who know and understand where/how to access vital council information</p> <p>% CYP and families who report feeling the LA is more transparent</p>	<p>Analysis of local media</p> <p>Audit and assessment of existing council communications</p> <p>Perception survey and focus groups with CYP, families and staff</p> <p>Training materials</p> <p>CFC programme literature and materials, including CYP-friendly formats</p> <p>Accessible information about the CRC and children's rights</p> <p>Council website usage statistics</p> <p>State of the City report</p>

CULTURE

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. Training audiences are identified</p> <p>2. Baseline assessment conducted and understanding of training needs of different categories of staff (knowledge, attitudes, practice or culture attitudes, behaviour) documented / audit of existing local CR training</p> <p>3. Audit of existing training opportunities</p> <p>4. Training materials that address knowledge, attitude and practice (KAP) are developed / case studies – customising content to audience and local context</p>	<p>1. Comprehensive strategy for CRC dissemination and awareness raising is in place</p> <p>2. Training is implemented - CFC Champions, CFC (implementation) leads, the operational group and governance body receive training</p> <p>3. LA explores and facilitates spaces for reflection for staff</p>	<p>1. Training follow-up assessment is carried out to determine improved knowledge and remaining gaps to be addressed; training adapted / re-developed to address knowledge, attitude and practice (KAP)</p> <p>2. Training targets are adapted to the specific needs of different categories of staff</p> <p>3. Third sector, CBO's, private, parental councils etc. receive sensitisation CR training for parental carers / wider community</p> <p>4. Potential trainers (posts) for sustainable CR training delivery are identified</p> <p>5. Measures are put in place to implement the strategy for CRC dissemination and awareness raising</p>	<p>1. Intro/basic/generic CR training is included in professional curricula – initial/introduction and in-service training for professionals</p> <p>2. Training provided is comprehensive and addresses social stigma, fears, overprotection, negative attitudes, prejudice, misbeliefs</p> <p>3. Local workforce development plans/strategies include CRE for all staff who work with or have impact on children</p> <p>4. LA has skilled CR trainers within the LA / CR training delivery functions are incorporated into JDs/person specs.</p> <p>5. Effectiveness of training is regularly assessed and evaluated and quality assured (includes training contracted out to external providers)</p> <p>6. The LA has developed protocols and other guidance material for staff to aid them in implementing CR and to ensure there are spaces for reflection</p> <p>7. Impact of the measures carried out in the context of the strategy for CRC dissemination and awareness raising are assessed and adapted towards enhancing impact/awareness</p>	<p>1. The vision of childhood in the CRC is understood and promoted by the LA including respect for children's evolving capacities and best interests, objectives of education and access to play and leisure (valuing childhood)</p> <p>2. CR training is systematic, continuous, skills, knowledge and implementation-based; it is context specific; and addresses staff attitudes</p> <p>3. Staff know and understand how to use the CRC as a framework to guide and improve their work (wide knowledge basis)</p> <p>4. Staff see CR training as being part of the job and implementation of the CRC is seen as an inherent part of LA's work, not an add-on</p> <p>5. There is greater respect towards CYP by adults in society and among CYP</p> <p>6. Childhood is valued by LA staff and society</p> <p>7. CR are publicly championed by city/community leaders</p>	<p>% of LA staff who have received CR training</p> <p>% of staff demonstrating change of knowledge, attitudes and practice</p> <p>% reduction of cases demonstrating intolerance for CYP in the community (i.e. stop and search, etc)</p> <p>Evidence shows long-term positive impact on CYP's lives and experiences</p> <p>Evidence shows improved quality of work delivered (incl. best interests and evolving capacities considerations);</p> <p>E.g. Increase in number of positive relationships reported by CYP</p> <p>% increase of children reporting positive experience of local services</p>	<p>Documentation of baseline assessment and subsequent analysis of policies</p> <p>Training materials and training programme developed</p> <p>Lists of attendance/training sessions</p> <p>Local workforce development plans/strategies</p> <p>Protocols and guidance materials developed</p> <p>Reports on measures implemented and assessment of impact and effectiveness</p> <p>Minutes from committee/cabinet level meetings</p> <p>Views of CYP gathered through focus groups, surveys, etc</p>

CHILD-FRIENDLY SERVICES

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. Audit and baseline assessment of services carried out to inform policy-making, incl. views gathered from parents/carers and CYP</p> <p>2. Audit and baseline assessment of LA policies, premises design and development carried out incl. views gathered from parents/carers and CYP and members of staff to inform service improvement</p> <p>3. Holistic baseline includes an assessment of training needs (needs, barriers, use, quality, attitudes of professionals, experiences)</p> <p>4. Tools and training are developed and training adapted/customised to support CYP's participation in decision-making (participatory methods)</p> <p>5. Partners are identified incl. academic research partners to support qualitative/ participatory research</p>	<p>1. Feedback and focus groups are promoted to discuss gaps and identify strategies for improvement and training</p> <p>2. Results analysis and gap identification (services)</p> <p>3. Results analysis and gap identification (commissioning)</p> <p>4. An action plan is developed, which includes CYP's views and contributions</p> <p>5. Outcomes and indicators for the implementation of the action plan are identified incl. quality of care, provision and relationship-building between CYP and professionals</p> <p>6. Professionals, including commissioners, receive training to implement CR</p> <p>7. There are tools in place to support cyp to participate in decisions affecting their own care</p> <p>8. Services facilitate spaces for reflection for staff</p> <p>9. Cross-sectoral partnerships are in place</p> <p>10. Aspects for further qualitative research are identified by the services</p>	<p>1. CYP-friendly feedback mechanisms are in place to routinely assess the design, commissioning and delivery of services</p> <p>2. Measures are in place to address gaps, carry out research and implement solutions in line with the action plan</p> <p>3. Training follow-up assessment carried out to determine impact on knowledge and remaining gaps / training redeveloped to address KAP as per assessment</p> <p>4. Specific training on communicating with and actively listening to CYP of different ages and abilities (incl. with a focus on CYP with SEND and young children) is delivered</p> <p>5. Participatory research is carried out within services to understand CYP'S experiences of services</p>	<p>1. Services and policies are routinely assessed as part of service action plans and against identified impact outcomes</p> <p>2. Services have in place guidance and protocols to aid service-specific CR implementation</p> <p>3. A comprehensive CR training programme is available to staff across services</p> <p>4. Cross-sectoral cooperation is routinely assessed for quality and effectiveness</p> <p>5. There are policies or measures in place ensuring spaces for reflection – service directors ensure that staff have time and space for reflection</p> <p>6. CR is incorporated into services, scrutiny and reporting arrangements, including the use of CRIA, budget/cost efficiency</p>	<p>1. All services, including health, justice, social services and others are CYP-friendly, which includes routinely applying a CRBA to design development, commissioning and delivery / staff know and understand how to implement a CRBA within their service</p> <p>2. Services and policies are underpinned by participatory and qualitative CR based data on CYP's experiences and well-being</p> <p>3. All professionals demonstrate the capacity to actively listen to and communicate with CYP of different ages, maturity and capacities</p> <p>4. Staff have the time and space to reflect on and embed CR learning</p> <p>5. Staff have the time and space to prioritise relationship building with CYP</p> <p>6. All CYP participate in planning and decisions affecting their life, health and well-being</p> <p>7. CYP are supported holistically throughout their life course</p> <p>8. Staff know and understand how to use a CRBA within their services</p> <p>9. CYP's views and experiences and supportive qualitative data are consistently used to inform the design, development and evaluation of services, policies and training</p>	<p>Number of policies that have been reviewed, following a CRBA to planning</p> <p>Number of services that have carried out an assessment of their practices, following a CRBA to planning and delivery</p> <p>Number of services which have consulted with CYP and parents for assessing services and staff practices / promoted participatory CR research on CYP's experiences and well-being</p> <p>% of staff who have received CR training</p> <p>% of staff demonstrating change of knowledge, attitudes and practice</p> <p>% of CYP who report a sense of control/ownership over their care plans</p> <p>% of CYP who report effective communication with staff</p> <p>% Services that are commissioned, procured and delivered using a CRBA</p> <p>% of staff reporting increased time to dedicate to relationship building with CYP</p>	<p>Documentation of baseline assessment and subsequent analysis</p> <p>Training materials and training programme developed</p> <p>Lists of attendance/training sessions</p> <p>Papers or other documents produced on the qualitative research carried out</p> <p>Reports on measures implemented and assessment of impact and effectiveness</p> <p>Protocols, tools and guidance materials developed</p> <p>MoU / partnerships records</p> <p>Views of CYP gathered through focus groups, surveys etc.</p> <p>Records of individual services using CYP views to shape planning and delivery</p>

PARTICIPATING

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. Mapping of existing participation structures and third sector groups working directly with CYP</p> <p>2. CYP are consulted in the development of a participation action plan and the CFC programme, including on their preferred means of participation (i.e. formal participation structures, ad hoc projects, or other) and barriers to their effective participation are identified (i.e. lack of information, accessibility issues, language et.c)</p> <p>3. Sessions take place to ensure CYP and council staff are able to collaborate</p>	<p>1. Sessions and focus groups take place to enable practitioners and CYP to collaborate on the contents and measures of the participation action plan</p> <p>2. A participation action plan is developed</p> <p>3. Outcomes and indicators for the implementation of the action plan are identified</p> <p>4. Specialist training is delivered to key professionals on how to meaningfully implement participation with CYP</p> <p>5. Materials are produced/made available, including in CYP-friendly or other formats and in other languages, as relevant, to inform CYP on how they can participate and how participation will take place</p> <p>6. Materials are produced/made available and promoted among staff on key principles of meaningful participation</p> <p>7. CR and participation training for staff in participation/voice of the child/advocacy teams is carried out</p> <p>8. CYP are meaningfully represented in the Steering Group/governance structure of the CFC</p> <p>9. Aspects for further qualitative research are identified, including peer-to-peer participation opportunities</p>	<p>1. Measures are in place to implement the action plan and address gaps, carry out research and implement solutions in line with the action plan</p> <p>2. Training follow-up assessment is carried out to determine impact on knowledge and remaining gaps, and training redeveloped as per assessment</p> <p>3. CYP have developed the structure and programme of a child rights/youth council, which meets on a regular basis</p> <p>4. CFC Steering Group welcomes and meets with CYP Advisory Board and other P&E meetings and provides feedback and proposals on decision-making processes</p> <p>5. CFC provides a range of ways for CYP to participate, including ad-hoc participation opportunities</p> <p>6. Participatory research is carried out</p>	<p>1. Participation mechanisms and systems are assessed for their effectiveness, meaningfulness and impact, using measures that are developed in partnership with CYP themselves</p> <p>2. Formal participation structures and other projects are adequately funded and resourced</p> <p>3. Ad hoc and CYP-led projects take place on a regular basis, are resourced and have a demonstrable impact within the community</p> <p>4. CYP provide regular feedback to the council on progress and developments of the CFC, including through representation on the Steering Group, which is committed to regular feedback on the views and experiences of CYP from all sections of the community</p> <p>5. CYP are supported and encouraged to form CYP-led organisations and initiatives and community assets are made available to enable this</p> <p>6. CYP are involved as peer trainers and facilitators and are supported to participate in peer-to-peer opportunities</p> <p>7. Ongoing training and support is in place for staff on how to sustain meaningful participation</p> <p>8. A participation strategy is in place, based on evidence, previous experience and learning from the implementation of the action plan and related research and activities</p> <p>9. The strategy is underpinned by adequate financing and resourcing</p>	<p>1. CYP participate effectively in the development and implementation of the CFC programme</p> <p>2. Formal participation structures are facilitated by skilled professionals, are respectful of CYP and are meaningful</p> <p>3. CYP's views and decisions are genuinely taken into account in decision-making processes within the LA and there is clarity about how their participation has made an impact</p> <p>4. Participation is of real relevance to CYP and enables them to draw on their own knowledge, skills and abilities</p> <p>5. Negative attitudes that impede CYP's participation are challenged and addressed</p> <p>6. All CYP, including those experiencing discrimination or disadvantage, engage in meaningful participation experiences and understand how their voices make a difference locally</p> <p>7. The council publishes and widely disseminates regular feedback on how CYP views have shaped local area and services</p> <p>8. CYP views and supporting qualitative data about CYP's experiences are consistently used to inform the design, development and evaluation of policies, services and programmes</p> <p>9. Parents and carers recognise the value and importance of participation</p>	<p>Number of formal and informal participation structures in place</p> <p>Number of ad hoc and CYP-led projects that have taken place</p> <p>% of CYP who report meaningful participation experiences (i.e. CYP have a sense of identity, feel empowered and capable of participating, know why and how they participate, receive clear feedback on how their views and taken into account and are satisfied about the processes and their impact)</p> <p>% of CYP facing discrimination and marginalisation (including CwD) who report meaningful participation experiences</p> <p>% increase of CYP from vulnerable groups who are actively represented in supportive participation mechanisms</p> <p>% increase in un- and under-represented groups accessing participation mechanisms</p> <p>% of CYP within the CYP's council who are satisfied that their participation has influenced municipal decisions</p> <p>% increase in CYP reporting an understanding of how their views were taken into account</p> <p>% increase in services using primary, qualitative, local data to inform practice</p>	<p>Documentation of baseline assessment and subsequent analysis</p> <p>Training materials and training programme developed</p> <p>Documentation related to the establishment of the child or youth councils</p> <p>Documentation of meetings of the child or youth council and the Steering Group/governance structure</p> <p>Lists of attendance/training sessions</p> <p>Reports on measures implemented and assessment of impact and effectiveness</p> <p>Information materials developed</p> <p>Views of CYP gathered through focus groups, surveys etc</p> <p>Records of individual services using CYP views to shape planning and delivery</p> <p>Council report on how CYP views are used to shape the local area and services</p>

FAMILY AND BELONGING

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. Audit is undertaken to establish the extent to which community/city nurtures CYP's sense of identity, belonging and family</p> <p>2. Views and perspectives of CYP and parents/caregivers sought, with particular regard for refugee and asylum-seeking children, looked after children, young carers, children with disabilities and other vulnerable or at-risk groups (e.g. young carers, children with a parent/carer in prison)</p> <p>3. Baseline assessment of training needs of relevant professionals and corporate, foster, adoptive parents (needs, barriers, use, quality, attitudes of professionals, experiences)</p> <p>4. Identify partners, incl. academic research partners to support qualitative/participatory research</p>	<p>1. Audit report produced and related action plan developed with CYP, parents, caregivers and professionals from early years, corporate parenting boards and community-based organisations</p> <p>2. Outcomes and indicators for action plan implementation are identified</p> <p>3. Corporate parents, early years, school staff, foster and adoptive parents and staff in emergency accommodation for looked after children receive introductory CR training</p> <p>4. Training places emphasis on respect for CYP, their individuality and identity, and dialogue between children, families and professionals</p> <p>5. Participatory research is carried out within services to understand family expectations, CYP's sense of identity, belonging and family, including children in alternative care</p> <p>6. Services facilitate spaces for reflection for early years staff, social workers and corporate parents</p>	<p>1. Measures are put in place to address gaps and implement solutions in line with the action plan</p> <p>2. Training follow-up assessment carried out to determine impact on knowledge and remaining gaps / training redeveloped to address KAP as per assessment</p> <p>3. CR training is piloted with parents/caregivers</p> <p>4. Literature and guidance for parents/caregivers is produced promoting awareness of CR/dignity and understanding of the centrality of play and participation for children's development</p> <p>5. Family-friendly information about the council and other local services is produced in partnership with parents/caregivers and CYP</p> <p>6. Nursery and pre-school services facilitate spaces for dialogue and reflection between parents and early years staff</p> <p>7. Identification of aspects for further research including for example children living in foster care</p>	<p>1. Early years, schools and family support services are routinely re-assessed from a CR perspective as part of service improvement plans</p> <p>2. CR and corporate parenting training is required for corporate parents, early years staff, foster/adoptive carers and children's social workers; training includes sensitisation training regarding discrimination and cultural competency in order to support families from different cultures and social and economic backgrounds</p> <p>3. Staff receive sensitisation training to better support families where a child has a disability or additional learning needs</p> <p>4. Policies and measures are in place to ensure parent meetings at nursery, pre-school and school services include spaces for reflection, sharing of expectations and anxieties by parents and other means of enhancing parents' feeling of belonging to the school/parent community</p> <p>5. Parents/caregivers have ongoing access to parenting education, counselling, advice and information</p> <p>6. Programmes are designed and delivered in partnership with parents/caregivers and children</p> <p>7. Special provisions are established to support family based alternative care</p> <p>8. Respite programmes and family support for families facing especially difficult circumstances are in place</p> <p>9. Corporate parenting strategy is reviewed to embed a CRBA</p>	<p>1. Every child is recognised, respected and protected as a rights holder and as a unique and valuable human being with an individual personality, distinct needs, interests and privacy</p> <p>2. Children feel empowered in their family and experience a sense of belonging to their community</p> <p>3. Parents feel a sense of belonging to their children's school and parent community</p> <p>4. Services for looked after children and families are delivered within a CR framework</p> <p>5. Refugee/UASC are supported to trace their families</p> <p>6. Children are protected from discrimination against their parents</p> <p>7. Adoption and fostering decisions are routinely underpinned by a CRBA</p> <p>8. CR training is mandatory for EMs</p> <p>9/ Adolescent mothers and fathers are provided with support and guidance</p> <p>10. Special attention, guidance and support is given to adolescents and parents/carers whose traditions and norms may differ from those in the society where they live</p> <p>11. Parents/caregivers are supported to facilitate trust and confidence in the discussion of sexuality and risky behaviours</p> <p>12. CwD and their families can access adequate information and education about their disability, incl. causes, management and prognosis</p> <p>13. Vulnerable families are supported to stay together, including through respite programmes</p> <p>15. Families can access free and affordable opportunities to spend quality time with their children, indoors and outdoors.</p> <p>16. Impact assessments consider impacts on family</p>	<p>% children who feel personally accepted, respected, included, and supported within their social environment</p> <p>% children who feel able to express their views at home</p> <p>% children who feel connected to their community</p> <p>% of parents who report feeling supported and respected by early years, schools and families services staff</p> <p>% of parents who report belonging to the school/parent community</p> <p>% decrease of children experiencing discrimination against their parents</p> <p>Reduction in stress and pressure felt by parents/carers of CwD</p> <p>Number of family hubs and settings</p> <p>% increase in staff reporting more time spent building relationships with CYP</p> <p>% increase in children reporting more supporting networks, including peer networks</p> <p>% increase in respite programmes for vulnerable families</p> <p>% increase in number of young carers known to the LA</p> <p>% increase in take-up of early years places by disadvantaged families</p> <p>% increase in CYP reporting a greater sense of belonging</p> <p>% of CYP looked after who are able to remain within the LA boundary</p> <p>% of looked after children who have a say about where they live</p>	<p>Audit of parenting programmes</p> <p>Surveys and focus groups with parents and caregivers</p> <p>Audit of services and support available for vulnerable children</p> <p>Minutes of early years, pre-school and school parent meetings</p> <p>Training materials developed</p> <p>Monitoring and evaluation reports related to the action plan implemented</p> <p>Views of CYP gathered through focus groups, surveys, etc.</p> <p>Service uptake and usage statistics</p> <p>Corporate parenting board meeting minutes</p> <p>Literature and guidance developed</p> <p>Documents re. the number and experiences of young carers known to the council</p>

EQUAL & INCLUDED

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. A baseline assessment of inclusion is carried out, including through consultations with CYP, including:</p> <ul style="list-style-type: none"> - an analysis of policies and programmes to assess potential for direct and indirect discrimination against CYP in general and specific groups of CYP - existing complaints and redress mechanisms 	<p>1. Analysis of the baseline assessment and follow-up discussions take place, including identification of groups of CYP that require special measures</p> <p>2. An equal and included action plan is developed, in line with the results of the baseline analysis</p> <p>3. Outcomes and indicators for the implementation of the action plan are identified</p> <p>4. Staff working in CYP services receive training in CR and cultural competency that addresses respect for CYP's diverse circumstances and needs, and the impacts of stigmatising language</p> <p>5. Services facilitate spaces for reflection</p> <p>6. Aspects for further qualitative research are identified, including CYP's experiences of discrimination and exclusion</p>	<p>1. Measures are put in place to implement the action plan, including those addressing discrimination in the areas identified as in need, including inequalities, stereotyping and stigmatisation of vulnerable groups of CYP</p> <p>2. Measures are introduced to overcome barriers in vulnerable CYP accessing support</p> <p>3. Training follow-up assessment is carried out to determine impact on knowledge and remaining gaps / training redeveloped to address KAP as per assessment</p>	<p>1. Specific measures have been carried out to promote equality and remove discrimination at administrative and structural levels, in CYP's environments and in the services provided to them, and in the attitudes and actions of the general public</p> <p>2. Additional tools are developed (i.e. to assess and address discrimination), including procedures to intervene when discrimination is occurring</p> <p>3. CYP-related data at the local level is collected and disaggregated in a way that enables discrimination and potential discrimination to be identified</p> <p>4. A equal and included strategy is in place, based on evidence, previous experience and learning from the implementation of the action plan and related research and activities</p> <p>5. The strategy is underpinned by adequate financing and resourcing</p> <p>6. A report has been produced on the situation of discrimination against children, potentially in partnership with academia or the third sector and it widely disseminated in the community to raise awareness and promote discussion</p> <p>7. CYP-friendly complaints and redress mechanisms are put in place and regularly assessed for their impact</p>	<p>1. All policies, services, programmes and services are regularly assessed to ensure that there is no direct or indirect discrimination against CYP</p> <p>2. CYP can access CYP-sensitive, accessible procedures and remedies for rights violations</p> <p>3. Equality is respected and realised in the everyday interaction and communication (i.e. talk, acts, words and gestures) between adults, adults and CYP and among CYP</p> <p>4. Barriers to the full enjoyment of rights by all CYP are seen as a combination of social, cultural, attitudinal and physical obstacles, which CYP encounter</p> <p>5. CYP experiencing discrimination are heard, understood and effectively supported</p> <p>6. The council has strong relationships with CBOs, FBOs and local minority communities</p> <p>7. EIAs are supported by the use of CRIAs</p>	<p>Evidence gathered from CYP and parents/carers shows that they feel treated with respect and are satisfied about the services provided</p> <p>% increase of vulnerable or disadvantaged CYP who receive support</p> <p>% decrease of CYP who report exclusion and discrimination in the various life settings</p> <p>% decrease in inequalities in wellbeing outcomes among CYP of different age groups</p> <p>% increase in availability of disaggregated qualitative, primary data</p> <p>Increase in social cohesion (check social inclusion measures)</p> <p>% decrease in hate crime incidents</p> <p>% increase in staff showing cultural competency skills</p> <p>% increase in materials available in community languages</p> <p>% increase in CYP living in disadvantaged areas accessing services</p> <p>% increase of reported community cohesion</p>	<p>Documentation of baseline assessment and subsequent analysis of policies</p> <p>Tools developed</p> <p>Training materials developed</p> <p>Lists of attendance/training sessions</p> <p>LA documents reporting measures carried out to address discrimination and exclusion</p> <p>Results of surveys carried out</p> <p>Disaggregated data</p> <p>Service usage statistics</p> <p>Community cohesion surveys</p> <p>Views of CYP gathered through focus groups, surveys etc</p> <p>Materials and information available in community languages</p>

FLOURISHING

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. Baseline assessment and audit are carried out (including affordability, accessibility and quality of services; barriers; children’s subjective wellbeing; availability of green areas and urban spaces where children can play) to inform the development of a flourishing action plan, incl. views gathered from parents/carers and children</p> <p>2. Qualitative research is promoted within services aiming to learn about children’s subjective well-being (i.e. do children have friends with whom to spend free time and share joys and sorrows, do children have adults in their everyday life to whom they can talk and count on, do CYP feel they are equal and valued members of the community, etc)</p> <p>3. Mapping of local culture, arts, leisure and sports providers is carried out</p>	<p>1. Key stakeholders are brought together to analyse the results of the baseline assessment and residential and non-mainstream education setting (EY, play providers, nature/adventure, arts, leisure, culture, sports and Pupil Referral Units)</p> <p>2. A flourishing action plan is developed and informed by the audit/assessment and in collaboration with CYP, parents and carers (play, nurture, informed learning, nature, positive relationships)</p> <p>3. Outcomes and indicators for the implementation of the action plan are identified, inc. informal opportunities for learning, play and leisure and subjective well-being</p> <p>4. Partnerships are established with sports, rest, leisure, nature and other organisations, as relevant</p> <p>5. Aspects for further qualitative research are identified by the LA</p>	<p>1. Measures are in place to address gaps, carry out research and implement solutions in line with the action plan incl:</p> <ul style="list-style-type: none"> - availability of affordable and accessible play, arts and leisure activities - support for children with mobility issues - encouraging play and leisure as part of mental wellbeing <p>2. CR training is delivered to facilitators, coaches, non-formal education providers – focus on Articles 29 and 31, play, culture and arts providers, urban planner etc.</p> <p>3. Training follow-up assessment is carried out to determine further training needs and adapted to include different pedagogies</p> <p>4. Awareness-raising activities are carried out which promote the importance of play and informal learning in contributing to a ‘good childhood’, targeting staff in the council, partner agencies and the wider community</p> <p>5. Participatory research is carried out</p>	<p>1. The flourishing action plan is assessed and improved, as relevant per service, scrutiny and reporting arrangements</p> <p>2. The LA has in place strategic partnerships to ensure that programmes and provisions are adequately funded</p> <p>3. A comprehensive training programme is in place addressing different pedagogies and strategies for implementing play and informal learning</p> <p>4. LA puts in place participatory budgets for CYP to lead their own activities</p> <p>5. A flourishing strategy is in place, based on evidence, previous experience and learning from the implementation of the action plan and related research and activities</p> <p>6. The strategy is underpinned by adequate financing and resourcing</p>	<p>1. The LA and wider community understand the importance of fostering child wellbeing through play and informal learning</p> <p>2. Children have self-worth and self-esteem, understanding of who they are, that their choices/preferences are valued and supported by professionals and families/carers</p> <p>3. All children have equal opportunities to learn, explore and develop</p> <p>4. Education and care promote children’s relationships and contact with nature from a young age</p> <p>5. The LA’s culture takes a holistic approach to children and values their physical, psychological, personal, spiritual and social needs equally</p> <p>6. Children experience positive relationships with family and peers</p> <p>7. There is greater respect towards CYP by adults in society and among CYP</p> <p>8. Childhood is valued by LA staff and society</p> <p>9. Free and affordable, high quality spaces and services are available for rest, leisure and play</p> <p>10. CYP views and supporting qualitative data about children’s experiences are consistently used to inform the design, development and evaluation of policies, services and programmes</p>	<p>Number of additional green areas and urban spaces that are now accessible to CYP</p> <p>Number of existing playgrounds, which have been changed into natural playgrounds</p> <p>Number of schools, residential and non-mainstream education settings that have adapted their facilities and practices, towards a greater connection of CYP with the outdoors/nature</p> <p>% of CYP who have access to nature walks, farms, forests or other natural spaces and activities</p> <p>% of CYP who go to a school that promotes farming, access to forests, beaches, or other natural spaces and activities</p> <p>% of families who report spending more time with their children</p> <p>% of CYP enjoying/reporting positive relationships with their peers and the wider community</p> <p>% of parents who have increased their family time spent outdoors</p> <p>% increase in budget spent towards play and informal learning</p> <p>% of teachers and CYP describing school as a positive place to learn</p> <p>% decrease of CYP diagnosed with attention deficit and hyperactivity disorder</p> <p>% decrease of CYP with learning difficulties</p> <p>% increase in the quality, availability and affordability of rest, leisure, culture, arts and play activities</p> <p>% increase in CYP from disadvantaged backgrounds accessing good quality rest, leisure, culture, arts and play activities</p> <p>% increase in professionals demonstrating greater respect for CYP’s free time</p> <p>% increase in children reporting positive relationships and friendships</p> <p>% increase in CYP reporting greater control over their free time</p> <p>% increase in self-reported subjective wellbeing</p>	<p>Flourishing action plan</p> <p>Documentation of baseline assessment and subsequent analysis</p> <p>MoU or other documentation on partnerships established</p> <p>Training materials and training programme developed</p> <p>Lists of attendance/training sessions</p> <p>Flourishing strategy and implementation framework</p> <p>Papers or other documents produced on the qualitative research carried out</p> <p>Reports on measures implemented and assessment of impact and effectiveness</p> <p>Records of municipal budgets, including CYP participatory budgets</p> <p>Documentation and evidence of new playgrounds and pedestrianized zones</p> <p>Results of surveys carried out</p> <p>Views of CYP gathered through focus groups, surveys etc.</p>

HEALTHY

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. Analysis of available local child health data and services, incl. parenting, early intervention programmes, mental health and community-based counselling services</p> <p>2. Baseline survey with CYP on their subjective wellbeing, including CYP's assets, habits of nutrition, healthy lifestyle, physical activity, adequate standard of living (incl. parents and carers)</p> <p>3. Baseline assessment of training needs of health and wellbeing workers, inc. knowledge on legislation and policies in place regarding CYP's health and rights in health</p> <p>4. Development of training materials on how to implement a CRBA to health</p> <p>5. Development of tools and job aides for health workers on how to implement a CRBA to health</p> <p>6. Identify partners towards adopting a "child health in all policies" approach</p>	<p>1. Analysis of survey results and focus group discussion with CYP, including identifying barriers in accessing services, how CYP can be supported in making choices and effective ways for carrying out health education</p> <p>2. Identify and assess barriers of access to health promoting activities such as sports or leisure, sexual health/consent including economic, attitudinal and physical/environment-related barriers</p> <p>3. Develop a "child health in all policies" action plan, including measures to remove barriers, on how to shape parents' health-related behaviour and measures to address nutrition & drawing on CYP assets</p> <p>4. Identify outcomes and indicators for the implementation of the action plan</p> <p>5. Health and wellbeing workers and other relevant multidisciplinary professionals receive training on how to implement a CRBA to health</p> <p>6. Participatory research is carried out within services to understand CYP experiences of services, including quality of child participation in health matters</p> <p>7. Services facilitate spaces for reflection for staff</p> <p>8. Cross-sectoral partnerships are in place, including effective referral mechanisms</p>	<p>1. CYP-friendly feedback mechanisms are in place to routinely assess the design, commissioning and delivery of health services</p> <p>2. The "child health in all policies" and related action plan are implemented</p> <p>3. Training follow-up assessment carried out to determine impact on knowledge and remaining gaps / training redeveloped to address KAP as per assessment</p> <p>4. Communicating with CYP of different ages, maturity and capacity training for staff, incl. with a focus on CYP with SEND and young children</p> <p>5. Promote community-based food education and support, incl. peer-learning opportunities to increase food security</p>	<p>1. Routinely assess and address barriers on access to quality healthcare by all CYP</p> <p>2. Health challenges facing children, their development needs and expectations are explored through participatory research & support the identification of CYP assets (ie utilising an asset-based approach)</p> <p>3. Policies, protocols and guidance are in place providing health and wellbeing workers with adequate guidance on consent, assent and confidentiality</p> <p>4. CYP-friendly initiatives, such as BFI, healthy schools, adolescent-friendly health services and similar programmes are in place</p> <p>5. Hospital, primary health care facilities and school health services are routinely assessed for their compliance with CR standards, including through dialogue, collaboration and consultations with CYP</p>	<p>1. All children have access to quality CYP-friendly and rights respecting health services, including prevention, promotion, treatment, rehabilitation and palliative care</p> <p>2. Health and other related services are underpinned by participatory research on CYP's experiences and wellbeing</p> <p>3. All health and wellbeing workers demonstrate the capacity to actively listen to and communicate with CYP of different ages, maturity and capacity</p> <p>4. All health and wellbeing workers are able to articulate the benefits of and apply a CRBA to health</p> <p>5. Protective factors for CYP's mental and physical health and wellbeing are promoted and enhanced</p> <p>6. Health and health-related behaviours of parents/carers and other significant adults is recognised as having a major impact on children's health</p> <p>7. Healthy food choices are available and accessed by all children including through innovative approaches such as community food hubs</p> <p>8. CYP understand and are able to make healthy food choices</p> <p>9. Health education materials which promote health seeking behaviours are designed in collaboration with CYP and disseminated widely in public spaces</p> <p>10. All CYP have access to contraception and sanitary products</p> <p>11. All CYP understand consent</p>	<p>% increase of CYP who report holistic and subjective wellbeing</p> <p>% of CYP who report quality communication with health and wellbeing workers</p> <p>% of CYP who were able to participate in decision-making processes affecting their own health (inc. informed consent to treatment and procedures)</p> <p>% decrease of CYP who suffer from a clinically significant mental health illness</p> <p>% decrease in maternal depression</p> <p>% increase of CYP and parents/carers who are satisfied with the health services provided</p> <p>% increase of health services that collaborate with CYP in the design, development and assessment of services</p> <p>% decrease in number of unhealthy food options available in schools, sports or leisure centres and other</p> <p>Increase in healthy food options/lifestyle choices promotion at the local level</p> <p>Reverse in public health cuts, which disproportionately affect CYP's health services</p> <p>Expansion of the ban on smoking in public spaces to schools, playgrounds and other local services/facilities</p>	<p>Documentation of baseline assessment and subsequent analysis of policies</p> <p>Tools developed</p> <p>Training materials developed</p> <p>Lists of attendance/training sessions</p> <p>LA documents reporting measures carried out to address discrimination and exclusion</p> <p>Results of surveys carried out</p> <p>Papers or other documents produced on the qualitative research carried out</p> <p>Health action plan and strategy</p> <p>Public health statistics</p> <p>Health education materials produced</p> <p>Audit data</p>

PLACE

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. Audit is undertaken to establish how 'child-friendly' (i.e. accessible, safe and welcoming) the city/community is, including mapping barriers and discriminatory practice/policies, levels of air pollution</p> <p>2. Different groups of CYP have been involved in or lead on assessment of local 'child-friendliness', including identifying barriers and discrimination</p> <p>3. Staff from across environment, planning, transport, housing and community policing have contributed to assessment of local 'child-friendliness'</p> <p>4. Training needs of environment, planning, transport, housing, play, community policing and other relevant staff have been identified</p> <p>5. Mapping of relevant local actors incl. NGOs, CBOs, FBOs is carried out</p>	<p>1. Audit report has been produced and shared with staff and CYP</p> <p>2. An action plan and vision for creating more child-friendly (accessible, safe and welcoming) neighbourhoods and communities is developed, in line with the results of the baseline analysis</p> <p>3. Outcomes and indicators for the implementation of the action plan are identified</p> <p>4. Aspects for further participatory research are identified</p> <p>5. Environment, planning, transport, housing, play community policing and other relevant staff have received introductory CR training</p> <p>6. Environment, planning, transport, housing, play community policing and other relevant staff have received training on the use of CRIA</p> <p>7. Strengthening and/or establishing partnerships with relevant actors identified through mapping (e.g. NGOs, CBOs, FBOs)</p>	<p>1. Measures are put in place to address gaps, implement solutions and carry out research in line with the action plan, including:</p> <ul style="list-style-type: none"> - discrimination and access/mobility barriers - air pollution <p>2. Training follow-up assessment is carried out to determine impact on knowledge and remaining gaps / training redeveloped to address KAP as per assessment</p> <p>3. Mechanisms are piloted which incorporate CYP's views into urban/community planning and transport</p> <p>4. Private businesses have pledged to make spaces more welcoming to CYP</p> <p>5. Participatory research is carried out to understand CYP's experiences of their community and life settings</p>	<p>1. Urban planning services and policies are routinely assessed as part of service action plans and against identified impact outcomes</p> <p>2. Environment, planning, transport, housing, play community policing and other relevant staff are required to use CRIA when making decisions</p> <p>3. Permanent mechanisms are in place, which enable CYP to influence community/urban planning at the neighbourhood and community/city level</p> <p>4. The LA works in partnership with private businesses to make spaces welcoming to CYP</p> <p>5. Permanent and ad-hoc projects are established to make the city/community more child-friendly e.g. tree planting programme, city farm</p> <p>6. Participatory research with CYP becomes a component of routine service delivery</p> <p>7. A place strategy is in place, based on evidence, previous experience and learning from the implementation of the action plan and related research and activities</p>	<p>1. Urban planning services apply a CRBA to design, development and provision</p> <p>2. Urban planning is underpinned by participatory research on CYP's experiences of their life settings, including how they enjoy public spaces inc. playgrounds, green areas and other places to hang out</p> <p>3. Environment, planning, transport, housing, play, community policing and other relevant staff are skilled and able to use a CRBA when making policy, strategic or day-to-day decisions or planning and delivering projects</p> <p>4. CYP are actively influencing or participating in the design of public spaces</p> <p>5. The city/community has created more inclusive areas for CYP to explore, play and hang out in safely</p> <p>6. Previously unused spaces are renovated and used for social/community life purposes</p> <p>7. Local environmental improvement plans and policies focus on improving air quality, road safety and making the community more pedestrian and cycle friendly for CYP</p> <p>8. CYP enjoy green spaces</p>	<p>% CYP who feel welcome, safe and enjoy living in their neighbourhood and city/community</p> <p>% CYP living in housing that is stable and healthy</p> <p>% CYP feel able to travel around and explore their neighbourhood/community/city</p> <p>% CYP who have access to free and friendly local public transport</p> <p>% CYP who are able to meet up with peers</p> <p>% CYP and parents who feel proud of their city/community</p> <p>% CYP who feel that they have things to do in their neighbourhood/community/city</p> <p>Increased % of time spent by CYP playing outdoors</p> <p>% reduction in CYP involved in road traffic accidents</p> <p>% reduction of CYP with asthma and other related conditions</p> <p>Access to secure, supportive, stimulating and stress free environment</p> <p>X playgrounds designed and developed in collaboration with CYP</p> <p>X numbers of CYP visiting the city farm each year</p> <p>X trees planted</p> <p>Increased numbers of CYP knowledgeable about farming and the countryside</p> <p>% reduction of air pollution</p> <p>% increase of CYP with additional needs and disabilities who report better access to quality, inclusive play and other public spaces including transportation</p> <p>Introduction of improved policing and street lighting in X locations identified by CYP as unsafe at night</p>	<p>Audit of spaces and opportunities to play and explore outdoors</p> <p>Audit of public and private spaces (businesses) where CYP are welcome</p> <p>Audit of private/public spaces that are accessible to CYP with disabilities.</p> <p>Air quality index</p> <p>Recorded data on patterns of traffic within the city</p> <p>Local road safety statistics</p> <p>Hospital, medical and police records</p> <p>Quality of life index</p> <p>Budget allocation for tree planting</p> <p>Findings from attitude survey on satisfaction levels</p> <p>Training materials developed</p> <p>Monitoring and evaluation reports related to the action plan implemented</p> <p>Views of CYP gathered through focus groups, perception surveys etc</p>

SAFE & SECURE

Some Progress	Meaningful Progress	Significant Progress	Sustainable Progress	Outcomes	Impact	Means of Verification
<p>1. An audit of child safety and security in the community/city is undertaken, which incorporates the perceptions and experiences of CYP, including those in conflict with the law, and examines existing local policies, attitudes and strategies (including strategies to tackle CSE and gang violence) from a CR perspective.</p> <p>Examples:</p> <ul style="list-style-type: none"> - ability to stay safe / assets and resilience - availability of safe spaces - support services, including community based <p>2. Audit and baseline assessment of LA and community-based policies, provisions, premises design and development are carried out, incl. child protection services available, the quality of referrals with the police, court and other relevant authorities, appropriateness of rooms for interviewing child victims or witnesses, status offences, among others</p> <p>3. Holistic baseline includes an assessment of training needs (needs, barriers, use, quality, attitudes of professionals, experiences)</p> <p>4. Mapping of relevant local actors is carried out and they contribute to the audit</p>	<p>1. A safe and secure action plan is developed, which incorporates the views and ideas of CYP and families</p> <p>2. Outcomes and indicators for action plan implementation are identified</p> <p>3. All relevant professionals, including child and adult social workers receive introductory training on CR and a CRBA to safeguarding</p> <p>4. Multi-agency group of key professionals, including community police, mental health workers and other staff receive training</p> <p>5. Aspects for further qualitative research are identified</p>	<p>1. Measures are put in place to address gaps and implement solutions in line with the action plan including:</p> <ul style="list-style-type: none"> - children’s resilience - elements of child-friendly justice <p>2. Training follow-up assessment is carried out to determine impact on knowledge and remaining gaps / training redeveloped to address KAP as per assessment</p> <p>3. Relevant professionals receive specific training on how to interview CYP who have been a victim or witness of violence or related child-friendly justice-related elements</p> <p>4. There are tools in place to support CYP who come in contact with the justice system, incl. child victims, witnesses, complainants and offenders (i.e. how to interview children who have been a victim of sexual abuse; how to communicate with CYP who have committed offences etc)</p> <p>5. Participatory research is carried out within services to understand CYP’s experiences of services, including health, child protection, police, court and other authorities; the underlying causes of CYP’s offences and a consideration of CYP’s resilience</p>	<p>1. Permanent arrangements are in place and are regularly assessed to ensure routine and effective collaboration between mental health, substance misuse treatment, social care, child protection services and the police</p> <p>2. Staff have access to ongoing CR and child protection training, including training about innovative approaches, e.g. restorative practice</p> <p>3. Services have in place guidance and protocols to aid service-specific CR implementation incl. child-friendly justice</p> <p>4. Child-friendly feedback mechanisms are in place to routinely assess the design, commissioning and delivery of health, child protection and justice services</p> <p>5. Programmes aimed at strengthening CYP’s own capacity to eliminate violence and stay safe online and at home are in place, including mentoring programmes that engage responsible and trusted adults in the lives of CYP i.e. beyond caregivers</p> <p>6. Plans are in place to increase the availability of DVA support, including refuges</p> <p>7. A safe and secure strategy is in place, based on evidence, previous experience and learning from the implementation of the action plan and related research and activities</p>	<p>1. CYP are better protected from all forms of violence and abuse</p> <p>2. All CYP who come into contact with the legal, criminal and family justice system have a rights--based experience</p> <p>3. Child victims of violence are treated in a child-friendly and sensitive manner throughout the justice (and wider) process</p> <p>4. CYP have access to legal advice and advocacy</p> <p>5. Refugee/UASC and trafficked children can access a guardian or advisor</p> <p>6. Professionals value and are able to elicit the views and wishes of CYP</p> <p>7. Professionals effectively treat, refer and report cases of violence against CYP</p> <p>8. Professionals are aware of and able to prevent re-victimisation of CYP inc. avoiding multiple examinations and interviews and other inappropriate methods and avoiding stigmatising language</p> <p>9. CYP who misbehave or are in conflict with the law are supported with the goal of increasing their capacities for personal control, social empathy and conflict resolution</p> <p>10. CYP are able to stay safe online and recognise danger</p> <p>11. Parents and guardians are supported and able to seek alternatives to degrading forms of punishment</p> <p>12. System responses to youth crime and violence are underpinned by restorative justice and nurturing approaches</p> <p>13. Status offences are no longer pursued</p> <p>14. Self-harm is not criminalised; interventions are supportive and not punitive</p> <p>15. CYP have opportunities for risk-taking and challenge (and access to supportive adults)</p> <p>16. CYP have a healthy understanding of personal safety</p> <p>17. CYP are supported to protect themselves and their peers through awareness of rights and the development of social skills and through age-appropriate empowerment strategies</p> <p>18. CYP trust police authorities</p>	<p>Reduction in CYP involved in or victim to petty crime</p> <p>Reduction in CYP affected by domestic violence</p> <p>Reduction in CYP involved in or victim to violence</p> <p>Reduction in CYP victim to hate crimes</p> <p>Reduction in children victim to GBV</p> <p>% of CYP who were in contact with the justice system who report satisfaction with the services provided</p> <p>% increase of cases of violence against CYP which were reported to a relevant authority</p> <p>% of cases of violence against CYP which were referred to health, police, court or other authorities</p> <p>X number of staff who demonstrate appropriate skills for interviewing CYP who have been a victim or witness of violence</p> <p>X number of courts or other services, which have created appropriate spaces for examining or interviewing CYP</p> <p>% of CYP who feel safe in their neighbourhood</p> <p>% of CYP who feel safe at school</p> <p>% of CYP who feel safe travelling across neighbourhoods</p> <p>% c of CYP who feel safe online</p> <p>% C of CYP n with increased capacity for personal control, social empathy and conflict resolution</p> <p>% reduction in number of reported assaults against CYP where measures were introduced</p> <p>% drop in incidences of bullying and cyberbullying incl. in schools</p> <p>% decrease in status offences</p> <p>Introduction of improved policing and street lighting in X locations identified by CYP as unsafe at night</p> <p>% reduction in stop and searches on CYP in general and BAME CYP in particular</p> <p>% increase in safe spaces for CYP</p> <p>% increase in CYP who trust the police</p>	<p>Perceptions of safety survey</p> <p>Local crime stats</p> <p>School and policy records on incidence of violence and bullying</p> <p>Policies developed to introduce elements of child-friendly justice</p> <p>Documentation of decisions and action to improve street lighting</p> <p>Protocols developed to guide professionals on how to interview CYP who were a victim or witness of violence</p> <p>Training materials developed</p> <p>Monitoring and evaluation reports related to the action plan implemented</p> <p>Views of CYP gathered through focus groups, surveys etc.</p> <p>Public health statistics</p> <p>Documentation from participatory/peer-led research (e.g. photo-reports)</p> <p>Documentation from courts and police services</p>

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ABERDEEN DISCOVERY WORKSHOPS

FEBRUARY & MARCH 2018



WHAT'S THIS ABOUT?

Unicef UK is working with Aberdeen City Council and others to make Aberdeen a more **child-friendly city**.

We are working together to improve the rights of children and young people; remembering that there are over 40 rights for children and young people and that all of them are very important.

Some examples of your rights are:

- You should be listened to and taken seriously
- Adults must do what's best for you
- You should be supported to live and grow

Remember, all children have these rights. You can find out more about your rights at: cypcs.org.uk/rights

In a Child Friendly City all children:

- Have a **say about what goes on in their lives**
- Can be supported **to learn and be healthy**
- Feel **safe and protected**
- Can **enjoy** public areas and meet other children freely
- Enjoy a **clean and safe environment**



WHO DID WE SPEAK TO?

We're talking to children and young people like you, as well as teachers, parents and carers, social workers and lots of other people who live and work in Aberdeen to understand more about what it's like to grow up there; where things are really good and where things need to get much better!

Jeni, Karolina and Hetty spoke to young people at Heathryburn Primary School, Orchard Brae School, Harlaw Academy, the Year of Young People Ambassadors, the Aberdeen Care Experienced (ACE) group and the Imagineers at the Children's Parliament.

WHAT DID WE DO TOGETHER? AND WHAT DID YOU TELL US?

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TALENTS

We spent time getting to know each other and learning more about the Child Friendly Cities & Communities Programme and the work of Unicef. **We celebrated all of the different talents and skills** we have and recognised that we all have something to offer towards making Aberdeen a more child-friendly city.



We learned that across Aberdeen, **there are lots of different talents and things that make you unique!** We've got people who are funny, who are creative so like drawing, making things (including puppets), sharing your 'weirdness', colouring and dressing up. You told us that some of you are really good listeners and are good at being a friend to people around you. You've got sporty skills, like football, basketball, hockey, ice-skating, horse-riding and playing! One of you has a lovely big smile that always cheers people up and we heard how happy, helpful and

considerate some of you are. You told us how much you like music, the cinema and spending time with your family, as well as being able to share your ideas! Some of you felt confident to speak publicly and to share your ideas. You felt able to share your opinions and team-work skills and to help with problem solving. Some of you were happy to share a talent for making people feel included and for giving off fab vibes and a positive attitude.



RIGHTS

We talked about the rights you have as children and young people and thought about the places and the people in Aberdeen that help you to feel **happy, healthy and safe**. Some of you thought about the different groups of rights and how these connect to different parts of your lives.

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BUILDING OUR CITY

Some of you mapped out your city so that we could see where you like to play and hang out, how you relax, where you go for help and how you travel (among lots of other things)!



You told us **that time to relax and play** in the places you feel safe is very important. This included being able to use digital technologies like chatting on the phone to a friend or spending some time watching stuff you enjoy on Youtube. You talked about enjoying the beach and the parks when relaxing. Some of you didn't really think Aberdeen needed to make any changes; you were happy with it just the way it is. You made the super important point while you were doing this activity that **different children have different opinions.**

Feeling safe was a big issue for you. We heard lots about the things that make you feel unsafe and how this impacts on your happiness and your health, like when you talked about feeling scared by certain people or scared that someone might take you when an adult isn't looking. While you liked the beach, some of you thought there should be lifeguards there to keep people safe too. You told us how important it is to have friends and **the opportunity to play and do things you enjoy**, like having more stuff to do in the playground and the park, cycling and feeling safe in everything you do. You talked about how school could be better if everyone wore a school uniform, even staff themselves.

BODY MAPS

You thought carefully together about what we need from our supportive adults: adults in our families and communities and the adults who work with us. We explored what you think they should be saying, doing and believing to make Aberdeen more child-friendly.



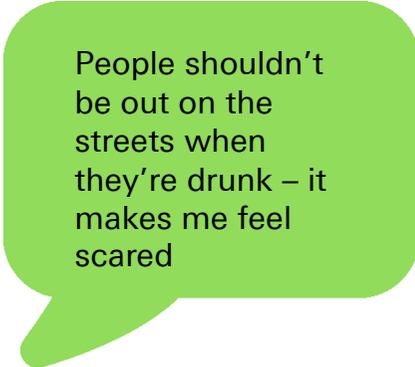
The beach is a good place to relax



At home: because my family are there to look after me



Keep knives out of parks



People shouldn't be out on the streets when they're drunk – it makes me feel scared

You thought the most important things were connected to adults always thinking about your best interests and how children would be affected by their decisions. You wanted them to be fair and honest and to make sure that they value your voice and what you have to say.

Listening to children was something you thought was really important!

You thought supportive adults should spend more money on your health and protect the money that should be spent on children. Something that came up a lot was the importance of being kind and adults spending lots of quality time with children and young people by paying them more attention than phones and other devices.

You talked about the importance of both adults and children knowing about children's rights and adults knowing how to involve children in their work and really listen to them. You gave an example of a doctor making sure a child felt comfortable during an appointment. You asked supportive adults to remember not to prevent children from developing skills that make up their identity.

You highlighted that children are diverse and they need to be thought of as a group with lots of different ideas and experiences. There should be more opportunities for children and young people, including help with what to do after school. You asked adults to really celebrate and recognise all the different types of achievement.



Supportive adults should believe in children and respect children!

Let our opinion be the change we need to see!

Don't make decisions that will CRUSH young people's dreams

[Children] can't know their rights if they've never been told about them

Adults can help us by...

 <p>SAYING</p>	<p>Don't say my opinion doesn't count because young people don't know what they are saying</p> <p>Encourage children to do their best</p> <p>Teach us about our rights</p> <p>Set an example, be a role model</p>	
 <p>Page 168</p> <p>DOING</p>	<p>Always think about the best interests of the child</p> <p>Always think about the way in which children will be affected by your decision</p> <p>Listen to children</p> <p>More money spent on healthcare</p> <p>Be kind</p> <p>Help children when they're upset</p> <p>Don't smoke near children or dump cigarettes on the ground</p> <p>Spend quality time with children</p> <p>Be aware and know of the UNCRC and rights of the child</p>	<p>Better career advice and help with finding jobs</p> <p>Protect us from danger</p> <p>Play games</p> <p>Help us...involve us...listen and take action</p> <p>Don't cut funding to young people's activities</p> <p>Give young people a chance to develop their identities</p> <p>Care about their welfare... install confidence</p> <p>Make positive changes</p> <p>Show your child what's right</p> <p>Pay attention to us...more than your devices...</p>
 <p>BELIEVING</p>	<p>Celebrate all achievements of children and young people</p> <p>Show that you care and listen</p> <p>Believe in children and young people</p> <p>Think about children from different backgrounds</p> <p>Spend more time with us</p>	

AREAS OF PRIDE AND CHALLENGE

Some of you shared your ideas about the things that Aberdeen should be really **proud** of for children and the things that are still very **challenging**.

Overall, this is what we heard. The boxes are summaries of what you told us and the speech bubbles are your voices.



♥ AREAS OF PRIDE INCLUDED ... ♥

Having a voice at groups like ACE and the Champions Board

Charity services for children and young people

Access to leisure and culture, like art galleries and festivals

Health services

Things to do

Feeling safe and clean, including community policing

People being nice and welcoming

Outdoor space (including the beaches and parks)

Good education

Home

Your friends!

Living in a clean, safe, environment

I was a new member in a new school and people were very kind

Lots for kids to do

⚡ CHALLENGES INCLUDED... ⚡

Pollution, including air pollution and parks having broken bottles, drugs, litter and graffiti

Lack of opportunities and stuff to do; this includes lack of job opportunities

Not feeling safe and being scared, including worries about unsafe roads and public transport

Affordability – especially travel and leisure activities being expensive! Nothing indoors is free and lots of people talked about pricey transport.

Cuts to children's services

Lack of adult skills at spotting when children are in difficulty or stuff isn't going well

Lack of information for children and young people

Access to support for health is a problem. There's too much TV, bad food, smoking and not enough sleep. Mental health services are poor.

Some young people have no-one to speak to

Attitudes towards children and young people. This includes stigma, discrimination and negative attitudes from the police

Inclusion for children with additional support needs, including play equipment

Not enough support for young parents

Lack of friendly and welcoming green and play spaces, including NO BALL GAMES signs. Often waiting spaces are boring for children too.

Not enough chances to have a say

Poverty, including worries for people who are homeless and who don't have jobs

City being a bit dull, lacking colour and feeling dirty

Doctors not asking kids questions, only asking their parents

Sitting in Starbucks and was sniffed by a sniffer dog

The toilets at school are grimy and have graffiti

You don't really get a say in community things

Not enough 'big' job opportunities – you'd need to move away from Aberdeen

Travel is expensive, most things aren't local and young people have nothing to do

Sadly, you'll see that **the CHALLENGES list is a lot longer**...we need adults to listen and for us all to work together to make things better.

There is a really negative perception towards young people

Lack of space for young people to chill

Council tax is too high – especially for young people

There is nowhere to go as everywhere is shut, or there are cuts to funding, so young people have to loiter

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CHILDREN'S PARLIAMENT IMAGINEERS CHILD RIGHTS TRAINING

We were very pleased to be invited along to a workshop run by the Imagineers on children's rights and exploring what kind of city they wanted to live in. They put on a session in a community fire station, especially for the emergency services and lots of people were there.

They took us on an exciting boat journey and we had to use our imaginations to explore the challenges we might encounter on our journey and the things that adults could do to make things better for children growing up in Aberdeen.

The Imagineers wrote about it on their blog and described it like this: *'In groups of adults and children we thought about the things children need to be healthy, happy and safe. We talked about things that can get in the way, like not having a safe place to live or bullying. We made defenders of children's rights and talked about what adults need to know, do and say to help children.... like remembering what it is like to be a kid and how you feel. The best bit was getting to go in the fire engine, a police car and an ambulance!'* (We agree!)

You can read more about the Imagineers on their blog:
bit.ly/imaginingaberdeen_emergency-services

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The big messages from our time with the Imagineers were:

Adults [should] show they care and love you

Children are equally as important as adults are

Respect each other for who they are and who they can become

Adults need to understand how important it is to speak to children, to act on what they say and to let them have a say



GIVING & GETTING WHILE TAKING PART

We listened to the **skills and contributions** you feel you can **get** from taking part in the Child Friendly Cities & Communities Programme and those you hope to **give!** This will help us to shape the work we do together.



GET

The top thing you told us you wanted to get was improved confidence! This included being able to develop social skills, be a better person, be the boss and learning how to feel better about public speaking. You also wanted opportunities to be creative with design, art and web design and the chance to share your ideas and to develop decision making skills and different views on new things. You wanted to be able to contribute more via opportunities at school and to enjoy technology opportunities and chances to learn new things, like how to sew and business management.

GIVE

There were lots of people who felt confident to share their opinions, interesting ideas, ability to work well in groups and their confidence. Connected to this was the positive attitudes and fab vibes some of you had to contribute. Public speaking and being creative were also things you felt you could offer, including bringing your individuality and weirdness! Some of you felt that you could offer your skills around talking to people, logical thinking and decent problem solving skills.

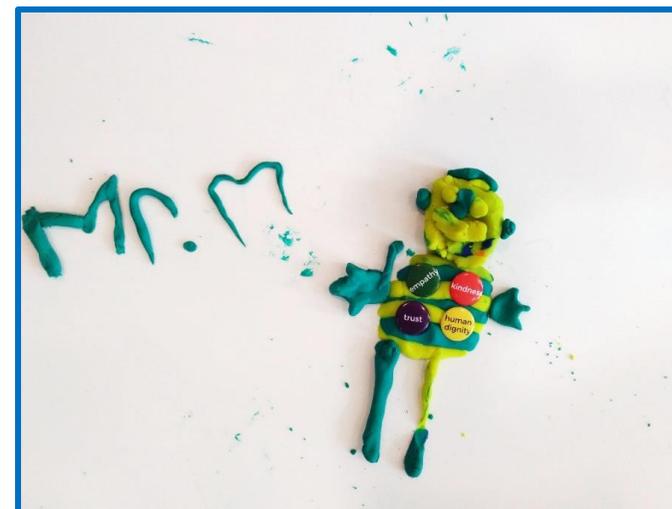
Everyone we spoke to had something in common: you all want to see change and be part of that, and to understand how your input makes a difference. We can't promise that all of this will happen, but we'll work hard to make sure that you get lots from taking part.

WHAT'S HAPPENING NEXT?

Everything you've told us in this report is going to be shared with the adult decision makers. They are going to consider your views very carefully and this will influence their ideas for what to focus on over the next few years in Aberdeen to improve children's rights. The decision is joint between you and them.

Before anything is finalised, Matt Reid will be back in touch with you to check if you're happy with the final choices. We need to know whether you want to focus on safety or health, or having a voice, or lots of other areas. After that, we'd like your help to make a **Child Friendly City Plan**. Would you like to be involved? Let us know via your teacher or youth worker and they can get in touch with Matt.

Matt Reid, Child Friendly Cities & Communities Coordinator for Aberdeen
01224 523915 / matreid@aberdeencity.gov.uk



THANK YOU!

CHILD FRIENDLY CITIES & COMMUNITIES

Aberdeen Discovery Day report

18 September 2017

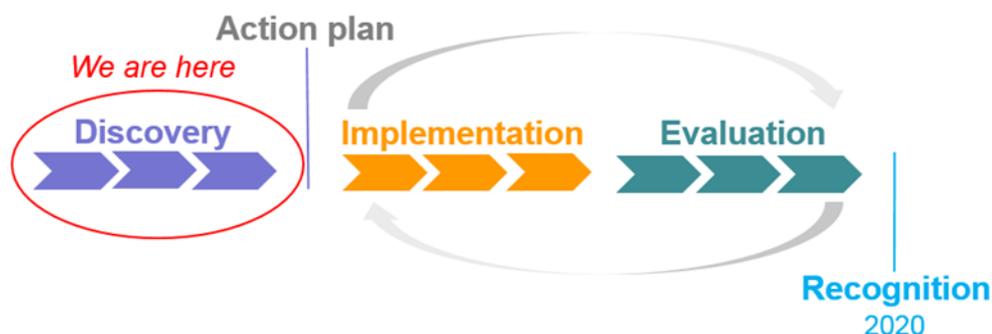


'One of the best strengths we have in Aberdeen are the children themselves'

BACKGROUND

Aberdeen is the first city in Scotland participating in Unicef UK's national Child Friendly Cities & Communities programme. Over the next three years the local authority, including all of its delivery partners, will work in partnership with Unicef to progressively achieve a number of badges (demarcating core areas of change). The overarching ambition is for the city to be recognised by Unicef UK as a Unicef Child Friendly City in 2020.

The first six months of the partnership are dedicated to building an understanding of the local context – the city's strengths, priorities, challenges and areas that require improvement. This phase – called 'discovery' and illustrated below – is a participatory process that includes a broad range of stakeholders from the local authority and the wider service design and delivery partnership and, importantly, children and young people.



Data and information obtained as part of this phase will inform a tailored, child rights and outcomes-focused action plan that will guide Aberdeen through their journey and towards a submission for recognition as a Unicef Child Friendly City.

SUMMARY OF THE DISCOVERY DAY

The discovery day was a full day event held at the Beach Ballroom on Monday 18 September 2017. The day was attended by **31 professionals, 14 young people** and a team from Unicef UK.

The day was participatory by design and involved a range of group activities focused on:

- Sharing and exploring insights about the experiences and outcomes of children and young people in Aberdeen to better understand the specific needs of the community
- Reflecting on Aberdeen through a 'child rights lens'
- Understanding the core requirements of a Unicef Child Friendly City
- Identifying specific, thematic focus areas for Aberdeen

Welcome

Gayle Gorman, in her then role as Director of Education, and a Child Friendly Cities & Communities champion for Aberdeen at the time welcomed everyone to the Discovery Day and stressed the importance of, and efforts made towards embedding, participation and engagement of children and young people across Aberdeen. She welcomed the development of work to promote children's voices and highlighted the participation journey that the city had been on. A few key areas included the fact that almost all schools in Aberdeen are working toward achieving the Unicef Rights Respecting Schools Award and there is an ongoing, fantastic partnership with the Children's Parliament and the team of child Imagineers, all of whom attend attainment challenge schools¹.

Gayle talked about the critical importance of adult decision makers being held to account and avoiding paying lip service to children's participation. She impressed upon participants the need to respond to what we hear from children and explain when things they've suggested can't happen and why - this is of high importance and will help to ensure meaningful participation.

Gayle stressed that the Child Friendly Cities & Communities programme is to be embraced across the board, not just within education; *'it's everyone's job!'* She welcomed the **Year of Young People ambassadors** present for the morning session and told the participants that we would be welcoming some of the younger **Imagineers** along to the Discovery Day after lunch to share their perspectives and to include them in the discussions and decisions reached about the badge choices for Aberdeen City.



¹ To learn more about the work of the Imagineers, please visit - <https://blogs.glowscotland.org.uk/glowblogs/imaginingaberdeen/>

Systems Mapping

We worked together to map out the different perspectives in the room. Carrying out the systems mapping exercise allowed us to see together the potential strength of a truly cross-sectoral approach to embedding child rights across the city. We learned that there was representation from across the board but importantly we identified the gaps; transport, urban planning, adult services, parents, health and police were all identified as valuable but missing. The champions will work to address this gap at future meetings.

Setting the Scene: Child Rights

In order to provide some context and frame the discussions, an overview of national and local data relating to children's rights and wellbeing was provided by the Unicef team and Aberdeen City staff.

Maxine Jolly, in her then role as Child Friendly Cities & Communities programme champion, shared the local picture:

We learned that Aberdeen has a population of 72,000 children and young people between the ages of 0-25 and that this is projected to rise by 21% by 2037.

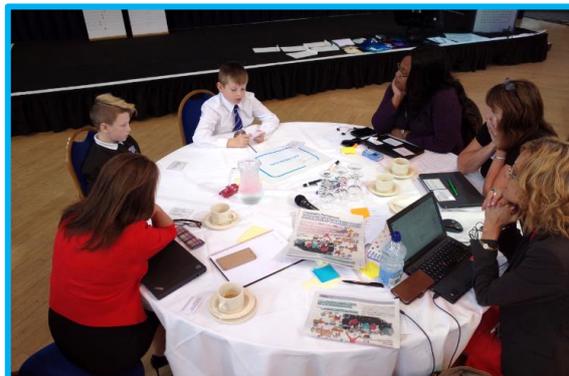
There is an estimated 18% of that population living in poverty across the city, and just over 10% of primary and secondary school pupils receiving free school meals. It's important to note that there is a significant under claim in free school meals in Aberdeen, as funding for schools from the Scottish Pupil Equity fund is tied to their uptake. The reasons for this were not explored.

Maxine highlighted that in Aberdeen, pregnancy amongst under 20s is higher than the national average at 36.2% and that 16% of young people aged 16-19 who live in the most deprived datazones are not engaged in education, employment or training.

When developing Aberdeen's Integrated Children's Services Plan for the 3 years ahead, the team had compiled a picture of the key priorities for the city by pulling together city-wide statistics on all areas relating to the lives of children and young people and carrying out engagement activity with children, young people, parents and partners. They had decided on the following 4 priorities based on the most pressing child rights issues identified:

- **Closing the Gap** – to address the disparity in attainment between children and young people growing up in different socio-economic conditions, and to tackle the rate of child poverty.
- **Youth Engagement and Inclusion** – to improve the involvement of children and young people in service planning and to provide and promote opportunities for them to be heard and receive feedback on how their voices have influenced change.
- **Health and Wellbeing** – to tackle mental health concerns such as bullying, anxiety and depression, to address accessibility of activities and prohibitive transport costs and to provide better signposting to available services.
- **Community Safety and Environment** – to provide more spaces for children of all ages to play in and enjoy clean, public spaces.

Key messages relating to progress and challenges at the national, devolved and local level are available from Matt Reid upon request.



IS ABERDEEN A CHILD FRIENDLY CITY: WHERE ARE WE NOW?

Participants were asked to discuss in groups where they feel Aberdeen is at when it comes to being a Unicef Child Friendly Community. A set of 11 criteria (listed below) was provided to frame discussions and reflections:

In a Child Friendly Community all children:

1. Have a say about decisions that affect them and are supported to do that
2. Can access child-friendly information about the council, their rights and entitlements
3. Have fair access to health, education, transport and other services
4. Have seamless experiences of services, whatever their needs
5. Are included and protected from discrimination
6. Feel able to approach trusted and supportive adults
7. Are supported by a network of friends, family and the wider community
8. Are free and supported to develop their talents and explore the world around them
9. Can enjoy public spaces and meet other children freely
10. Enjoy a clean and safe environment at home, in school and in the local community
11. Feel valued and respected

Please note that it was **predominantly adult participants** that contributed toward the ranking exercise, so the views present an adult perspective.

General comments and reflections on the ranking exercise included):

- Overall, more people **scored Aberdeen in the lower half** for how they feel the city is doing in the areas that determine the child friendliness of a community.
- Self-evaluation of the strengths via the ranking exercise showed that many felt the answer to questions 6 and 7 around young people having **access to a trusted and supportive adult** and a strong network and community were positive. In some cases, this was by far the strongest area identified.
- **Child friendly information about rights and entitlements**, both online and via other sources of information was felt to be **poor**. While people welcomed the development of material produced at the local authority level to support participation of children and young people, it was felt there was far to go. There was agreement that we need to develop accessible information across the board, as it is currently not easy to understand for children and adults alike. Participants felt it was doubtful that adults could find what they needed, let alone children and young people and there was a shared call for materials that could be accessed, understood and enjoyed by all children, regardless of age or ability.
- Fair access to universal services ranked quite poorly and there was a shared feeling that for many of the criteria, the answer was **actually 'it all depends'**; on circumstances at home, where the child lives and their socioeconomic background, among other factors.
- Generally, participants felt that children have the opportunity to **enjoy public spaces** although they acknowledged that gatherings of children and young people are still perceived in a negative light so this was identified as an area that needs some work.
- As a city, practitioners on the one hand felt that everyone is working hard together but shared doubts that all children would be feeling the benefit of this good work. It was felt that there were **pockets of good practice** but that Aberdeen is a very divided city, particularly when it comes to space and access to play and gather.
- Children **aren't protected from discrimination** and participants felt it would be hard to say that every child feels included.
- Transport was highlighted as an issue as **fares are expensive** for children and young people.
- It was felt that health and education in Aberdeen are generally quite good but that **inadequate mental health support** persists as a serious problem.
- Many agreed that it was quite a long journey ahead to reach the criteria for a child friendly city, but that we are **heading in the right direction**.



In summary, while Aberdeen has a broad variety of services on offer, these are not always accessible to, or known about by, the people they are meant to serve; in this case, children and young people. Experiences of and outcomes for children and young people are shaped by factors such as socio-economic disadvantage or familial situation, thus leading to discrimination and inequality. There is at the same time recognition and acknowledgement that Aberdeen is committed to improvement and that progress in the area of a trusted and supportive adult being approachable for every child should be built upon to improve services across the community for children and young people.

AREAS OF PRIDE AND STRENGTHS

To start unpacking the issues that are considered positive and should be built-on, participants were asked to work in groups to identify key areas of strength and pride for Aberdeen.

The areas identified have been clustered into themes and are listed below:

Participation of children and young people: Pupil participation; children's services consultation for development of plan; Shop talk – for wider views to be heard across the city; opportunities we're thinking about creating for CYP and gathering their views and acting on them; Pupil voice groups; IYYP award; Champions Board; Children's role in recruitment; [work with] Children's Parliament; The Unicef CFC process working together; Strong third sector links with each other to maximise resources and participation; [children's and youth participation including] Torry squad, and South Catchers; Aberdeen City Youth Council; Lots of cultural and sport organisations providing work for young people, with young people, by young people; People-led network forums for children and adults with autism linking into the strategy for the city.

Celebrating and supporting children and young people: 2018 Year of Young People ambassador focus; Youth workers in schools on the ground – providing an added support to children and young people. Events and awards for children and young people, including Anne Frank awards - celebrating achievements of young people's work within Aberdeen.

Inclusion: Support for refugees and Unaccompanied Asylum Seeking Children (UASCS); inclusive city; LGBT youth groups; Inclusive play opportunities for children with disabilities; Adverse Childhood Experiences (ACE) and children and young people grants; Support for families using a wealth model; Youth workers are in schools providing opportunities for young people to approach supportive adults; Targeted programme of inclusive play opportunities e.g. for Gypsy/Traveller community and children with disabilities; Policy development – anti bullying, equality



outcomes; Opportunities and accessible activities across culture and sport; [Aberdeen is] diverse and inclusive.

Planning and Communications: Integrated Children's Services (ICS) partnership, the shape of ICS and the plan; A&G Partnership forum; Improved integrated work within ECS; City centre masterplan consultation; Strong partnership working; Data about children and young people; positive and improved transitions via universal services eg. nursery to P1 and P7 to S1.

Culture, sports and play: Wealth of opportunities around sports and culture; Sports organisations working with and for children and young people; Parks and sporting facilities; Aberdeen improving play areas and spaces.

Family support: Families using a wealth model in early years; Supporting families to support children's learning and development; Supporting families in Scottish Attainment Challenge areas to support their children's learning and development.

People culture and leadership: Children's Parliament Imagineers – 'one of the best strengths we have in Aberdeen are the children themselves'; Enterprising city; Good people and partners; Ambition for the people and the city; Committed leadership; Political buy-in; Strong third sector.

Accessible information: Making GIRFEC accessible for children and young people; The Montgomery centre – accessible and affordable resource to support campaigning on child rights issues available.

Commitment: Policy approach; Funding commitment; Consulting and engaging with children and young people; GIRFEC and SHANARRI.

Play: Parks and cleanliness; Woodland spaces; Great outdoors; Aberdeen City of Play; Improved play areas and spaces.

Development and global outlook: Development education centre (1 of 6 in Scotland) – learning for sustainability, looking at the global outlook; Learning for sustainability: making children global citizens; Linking Aberdeen to the wider world.

Career support: Family firm path and career ready paths.

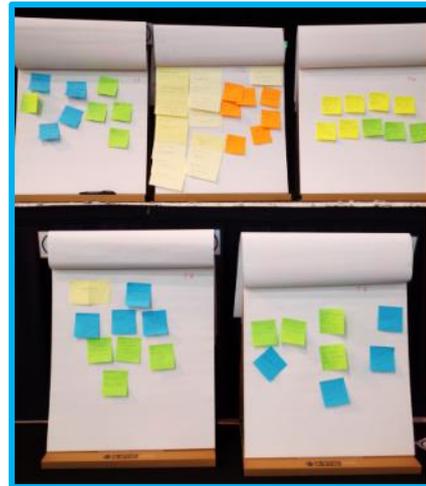
In summary, there is a clear commitment to children and young people's participation and a good understanding of this at a strategic level within Aberdeen City Council.

CHALLENGES

Equally, in order to better understand the challenges facing children and young people in Aberdeen, participants were asked to identify challenges facing the city.

These have also been clustered according to theme for easier analysis:

Leadership: There is difficulty in recruiting hard to fill posts in priority areas including schools - particularly difficult to recruit into leadership roles.



There is a lack of consistency of practice and commitment to children's rights and there's more to do to support a culture of inclusion, including understanding behaviours.

Inaccessible information for children and young people: Child friendly materials are lacking. We don't have child, nor family friendly information about services. There should be accessibility for all, including those with additional support needs e.g. autistic friendly city.

Poverty and inequality: Poverty pervades; Inequitable access to health and education; Poverty is an overriding issue; There is a major poverty gap city wide. Aberdeen is in a unique place; The poverty gap impacts on people's ability to access things they need; Zero hour contracts are a problem.

Communication across services: Transitions are not seamless, we need to work more seamlessly across services (current issues probably due to a lack of time); Clarity of communication between partners – major challenge. We need more effective partnerships to plan 'seamlessly' for children and improve our approach to GIRFEC; Organisations and agencies need to speak to each other, avoid duplication and increase communication; Competing priorities - we need a shared vision. This also applies to working in partnership with parents in a meaningful way to inspire more confidence.

Representation: We need to ask ourselves, are we representing everyone? Have they got time to do this? Young people have busy lives and there are lots of groups who would like 'access' to children; We need to access a wider range of children and young people, not just through visible channels; We are missing the hard to reach groups: young carers, children with disabilities, Gypsy/Travellers, home schooled children and those who are not attending school; Marginalised and vulnerable groups are often not heard or supported.

Transport, infrastructure and urban planning: Costs are prohibitive for families and young people for jobs and leisure; There's a lack of affordable, integrated transport for young people getting into the city; Accessibility, affordability and availability; Transport links terrible; Public spaces are not child friendly; Urban planning – there is a lack of coordination about planning with communities [and a

lack of understanding about] what it feels like to be a child in Aberdeen; How the city's organised and unintentional barriers i.e. not safe, lots of roads; Importance of pedestrianising.

Funding: Cuts to government funding and the fact that services are expected to do more for less; There is a lack of investment in children's services – we need to be proactive, not reactive; There is a demand and need for quality mental health and wellbeing support, a need for investment here for early intervention.

Mind-sets and attitudes: Negative attitudes to CYP particularly teens; Lack of focus on prioritising children and young people as an asset as they are literally the future; We need better engagement with the media and hear good news stories about children and young people; There should be better access to safe spaces for children to interact and enjoy activities and there should be no mosquito devices! Partner's, including local businesses, mind-sets need addressing; there should be improved understanding of the rights of children and young people among local businesses – a change of mind-set is required; Barriers include current attitudes to children and young people; Adversarial attitude from some police officers – there should be training around mind-sets for frontline police officers.

Children and young people's agency and participation: Scared to let children fly and plan and run events and to properly lead and have ownership over things that are important to them; Opportunities for children and young people to be involved in campaigns and to voice their opinions on things that are important to them; Adults need to learn to let go; How we actually raise aspirations of some families and children and young people themselves; Engagement – how do we communicate and engage city wide? We are not there yet.

Community planning: Looking at community planning – lots of good work in pockets; We need to share ideas (economy of scale).

Extra: Support for refugees and unaccompanied asylum seeking children

In summary, child poverty is a significant challenge. We need to make sure that children and young people are not excluded from decision making in their immediate lives and in decisions across the city. It's important to make sure that all staff understand a child rights-based approach and are valuing children.

WHICH BADGES SHOULD ABERDEEN CHOOSE?

The groups were asked to decide which three badges they think Aberdeen should focus on and why. Each group was invited to present their decisions following discussion and explain the rationale for their choice. At this point in the day, there were children and young people of early high school age present and contributing within the groups.

Group 1: Healthy, Safe & Secure, Education & Learning

The decision was reached unanimously and the reason given for choosing Safe & Secure was because people can then be safe and they don't have to be scared and worried.

Group 2: Healthy, Safe & Secure, Equal & Included, Flourishing

There were no disagreements at this table, but they didn't get down to 3 badges. They stressed that their decision had been informed by the interconnectedness of the badges and that 'if you have one thing right, other things can come from that', so the choices have been made with that in mind. They also felt that Education & Learning is crucial, but that, as a city, we would have to get some of the other things right in order to achieve that. They chose Healthy because it is important to have good physical, emotional and mental health in order to be functional and have a standard of quality in your life. Safe & Secure was chosen because it is right to feel this in whatever children do. Without this, how can they learn, flourish and foster talent and learning? They chose Equal & Included as the foundation of all they wanted to achieve together and Flourishing was chosen because they wanted all children to have freedom to explore, spend time together with peers outside and have freedom to spend time in the way they want.

Group 3: Equal & Included, Safe & Secure, Place

There was a lot of discussion at this table but no real debate about the final choices. They agreed about their choices and explained that feeling Safe & Secure was crucial to them and they chose Place because they felt that a Child Friendly Aberdeen city would be a special place. They felt that a sense of place is something people can understand; it's not a vague concept so they liked picking something they felt that other people could relate to.

Group 4: Place, Flourishing, Family & Belonging

Place was chosen by this group because Aberdeen needs to be a better place for people to live in and they felt it would mean that some people can be more safe, happy and healthy as well. The group chose Flourishing because they felt that kids like to spend their time in parks and in different places and they like to feel safe. Finally, they picked Family & Belonging because it's good when your family can support you and you can all be together, enjoying activities. There was no negotiation at this table; they liked the links between the different badges and how they overlap.

Group 5: Place, Healthy, Safe & Secure

This group decided to pick the Place badge as they felt that there should be more parks around and that some of the parks already in use are good for hanging out but there are lots of bullies too. They talked about how the impact of bullying can make someone feel unsure about going back to those parks. They wanted to see more parks and less need for children to be on the streets; they felt that there's quite a lot of vandalism, children disrespecting adults and bullying. Healthy was the next choice based on the fact that all the fatty foods in local shops are on sale and it's easier to buy unhealthy food than it is to make the healthy choices. They wanted to choose this badge in order to see more fruit on sale and to have more healthy choices available. Safe & Secure was their final badge choice because children don't currently feel as safe as they should on the streets due to bullies, older people, fighting, drugs and other things.

General points:

It was noted that the wider group felt that participation should run as a thread throughout all the badges and cuts across all areas of our work together in the partnership. There was agreement that this should feature strongly in the final plan, regardless of the badge choices; participation needs to be explicit, front and centre.

There was a suggestion that it might be useful to map out the distance of parks from people's homes according to different age groups to try to understand what is available locally to children growing up in Aberdeen. This could then form part of a target for what we are trying to achieve in the coming three years.

Unicef highlighted the ongoing nature of the programme of work and that the city would continue in its efforts to strive toward being a child friendly city beyond the limitation of the 3 year programme; the aim is sustainable development for child rights across Aberdeen City.

Decision Time:

Participants were then provided with an opportunity to make a case for a badge that was not selected but they felt strongly about or to share any additional views on any of the selected thematic badges.

This activity revealed **support by some professionals** for Flourishing as there's something important about the joy and celebration of childhood and the ability for children and young people to be celebrated and nurtured within their city. A further point was made along the same lines with regard to our aspirations collectively for children with disabilities; it was felt that too often our ambitions for these children are actually just basic standards and we should be careful to aim higher for all children.

THE 'SHORTLISTED' THEMATIC BADGES:

Safe & Secure, Healthy and Place with additional pleas for Flourishing and Family & Belonging.

All are important and will feature in the final decision making process with the Child Friendly Cities & Communities Operational Group and the CYPAB.



A VISION FOR ABERDEEN

Participants were asked to set out a vision for what they would like to achieve over the next three years in the most popular thematic areas.

In 3 years' time...

- Children and the council would work together to co-produce services.
- There would be wider representation across all groups – we [the council] would go to children and young people, not expect them to come to us.
- Young people would be embedded in and throughout the council's reporting and governance structures.
- We would see more visible adaptations in terms of place; in Barcelona, the city closed the whole street in the centre to get the families out together, it was all free including the transport. We could learn from Europe and the council could shut down Union Street and have a free family fun day, with stalls, games, activities etc. and free transport.
- The council would engage a wider range of young people.
- Together we would see and celebrate children and young people in the city and it would be obvious their health and wellbeing is a priority. We'd see them playing and we'd see a reduction in poor health outcomes. We'd see fewer exclusions, better integration of health and social care services and a more seamless approach to supporting children and young people. We'd see a reduction in obesity and other health-related issues.
- There would be improved educational outcomes and improved attainment, particularly for disadvantaged groups. Pupils would be included in the evaluation of schools and other aspects of the city, management and development, for example in building design. People would be able to see at a glance that the city has been built for children and young people and they would be active and have influence at the political decision making levels across the city.
- There would be Child Friendly City champions in place, including lots of young people and professionals, working together to spread the word of the Child Friendly Cities and Communities Initiative.
- Young people would be on interview panels for recruitment into services for children and young people.

- We would begin challenging values and attitudes towards children and young people across the city and there would be more positive media stories and social media presence to celebrate young people's achievements.
- We would use the learning from a recent art project (Nu-Art) to help promote young people being involved in work like this.
- Identifying most marginalised children and young people and think of ways to include them.
- Children and young people will be embedded in decision making groups across the city, on Integrated Children's Services Boards for example. It would be considered normal that children and young people will be represented on planning groups.
- Co-design/co-production embedded in children and young people's decision-making groups e.g. ICS Board/ASG partnership/Health & Social Care Partnership Forums.
- There should be a large-scale discussion on transport costs as this is a big issue and comes up all the time.
- Children should feel safe, healthy, proud of the city, feel welcome and valued, happy, [there are] opportunities [for them to be] involved, included and informed
- When you come out at the station, we'd like to see the presence of children as soon as you arrive. There should be something that shouts out that children and young people live here
- We'd see children and young people embedded in decision making and governance, participatory budgeting, co-designing services to be fit for purpose and there would be a wider range of young people involved in consultations. There would be improved linkages between services, the local authority and non-3rd sector and ask ourselves, how are people brought together?

A word of caution

There was a word of caution from one participant about the visioning and the hopeful tone struck by the group: they felt that there is a risk we wouldn't see much change in 3 years. They felt we need to get our heads around what a Child Friendly City would look like and accept that, by looking closely, the picture might actually look worse in 3 years. They cautioned about the need to be very conscious about resource implications and talked about the need to target resources around health inequalities. While this participant felt it was controversial to say, it felt important to stress that there will be less money available, so we need to be looking more towards using available resource more efficiently.

Quotes the group would like to hear from children and young people in the future:

"I am confident to walk around the streets on my own"

"I feel safe at home, at school and in the street"

"Adults/the police make me feel safe"

"I feel empowered to bring change"



“I am able to make healthy choices“
“I feel happy and healthy“
“I can travel easily and affordably around the city“
“I am proud of my local area and city“
“I feel part of the city as a whole“
“Adults treat me with respect and value my opinions“
“I understand how decisions are made and feel involved in the process“
“Information is accessible and easily available“
“My successes are celebrated and shared“
“I am proud to be a young person“
“Everybody understands and upholds my rights“
“I enjoy my childhood“
“There are lots of opportunities for me in my city“



NEXT STEPS

- The discovery phase of the programme lasts approximately six months. It commences with the discovery day and concludes with the agreement of a tailored implementation action plan for the city.²
- The development of the action plan should be a collaborative process that involves a broad range of stakeholders and children and young people.
- Participation and engagement work with children and young people across the city will be carried out to ensure that more of them have the opportunity to contribute to the thematic badge choices and the development of Aberdeen’s child friendly action plan.
- This report serves as a basis for a draft action plan for Aberdeen. Additional data collection and analysis opportunities, i.e. focus groups and surveys as part of the baseline assessment and additional input from children, young people and professionals who were unable to contribute to the discovery day, will help Aberdeen progressively refine the action plan.
- Unicef will support Aberdeen, including through quality assurance, to ensure the action plan is framed in children’s rights, is outcomes-focused, realistic and achievable and broken down into measurable, time-bound milestones.
- Aberdeen should aim to have the final action plan agreed in **TBC** 2018.

² The action plan template is available [here](#)

SOME FEEDBACK AND REFLECTIONS FROM PARTICIPANTS

POSITIVE

Overall, participants welcomed the opportunity to discuss with colleagues, young people and children and felt that the day had been very productive and engaging. Some of the comments they shared included:

- “Looking forward to seeing the action plan come to life”
- “The pace of the day was good and ensured that everyone was engaged throughout”
- “Having young people involved ensured their voices were heard”
- “Having the space to think freely and put children and young people at the forefront”
- “Was great to meet the young ambassadors for the Year of Young People 2018 – will be getting in touch with them”
- “Enjoyed the values discussions about the badges – really got to the heart of people’s opinions”
- “Imaginative way to engage – well-structured day”
- “Good variety of people across a wide variety of sectors and agencies. Enjoyed being involved as a young person – getting out of the comfort zone and networking”
- “Good to get an insight into what a child friendly city is – listening to lots of views”
- “Commitment of colleagues”
- “Open discussions, especially those with young people”
- “Well structured, well organised event with a clear outcome – very enjoyable”

CONSTRUCTIVE

There was a general feeling that the event could have benefitted from improved attendance, with a wider range of potential partners including the Police, parents and local businesses. Furthermore, while it was noted that child participation was a positive aspect of the day, many more young people taking part would have been a welcome addition. Finally, it was noted that the work of the partnership must be clearly included on the improvement plans and linked to the efforts surrounding the Year of Young People 2018 to effect change.

Some constructive comments about the day included:

- “More people involved/invited to today’s event”
- “Must be on improvement plans”
- “Attendance of police”
- “Link this to our YOYP 2018”

“Wider participation from parents – wider invite list”

“A day was quite long – would have preferred ½ day”

“Wider range of partners would have helped”

“Involve more young people”

“Be good to have had police present at the event”

“Needed longer discussions”

“Representation from local businesses and partners”

“More stakeholders from other partner agencies and across the city; this had the potential to be an even more expanded event”

The group also chose from a selection of image cards to express how they were feeling when reflecting on the partnership and the journey ahead:

Gummy bears: “I thought that the day was full of possibility and potential – when you get a bag of sweets you don’t know what you’re going to get; they’re brightly coloured like the future, and sweet”

5 various shapes: “Emotional state that we’ll be in. All different colours, styles and emotions with lots of different partners involved. We need to keep humour. Young people are funny and innovative; it’s also a bit of fun, we have to remember that”.

Doors: “Know what’s behind it, let’s have a look”.

Matches: “Sparks, lots of worrying, craziness, happening in my brain. My mind is sparking with ideas, I’ve been taking notes of actions to take this forward in the next few years. Lots of activity for us all, this is where my heads at just now”.

Digger: “Digging to lay the foundations and hopefully we’ll build on that”.

Blowing bubbles: “To remind us about childhood, the beauty of it and the sheer joy”.

Someone doing a cartwheel: “Representing the action and the activity. There is lots of sky; the sky’s the limit. [I] got a lot from listening to all in the room, listening as always to our young people. Also, the outcome for our children in Aberdeen could be fantastic”.

“We’re on the cusp of something exciting. This is a unique partnership opportunity!”

CHILD FRIENDLY CITIES & COMMUNITIES

Aberdeen Satellite Discovery Sessions

NHS, Third Sector & Corporate Management

14 February 2018

Following the Discovery Day in Autumn 2017 we identified voices that had been missing and engaged with them in some satellite discovery workshops to gather more perspectives from across the city to inform the thematic areas best suited to Aberdeen.

In February 2018, we met with professionals from the NHS, third sector and corporate management and gathered the following information to support what we know so far.

WHO WAS THERE?

Education support officer for safeguarding
Health improvement officer for schools
Community development worker
Speech and Language Therapist
Locality planning (specific focus on adults and parents)
Development officer (all ages)
Policing (partnerships approach and integrated children's services)
Civic forum – community planning
Community Planning
CEO LA
Communities and Housing

ACVO third sector interface
Women's Aid
Active schools
Locality manager / community empowerment
Service manager children's social work / corporate parenting
Aberlour children's care service (play policy)
Child Rights Officer
SDS careers advisor
Curriculum Service Manager – Education
Education Intern
Development Officer Youth Engagement for LA

IS ABERDEEN A CHILD FRIENDLY CITY: WHERE ARE WE NOW?

Participants were asked to discuss, in groups, where they feel Aberdeen is at when it comes to being a Unicef Child Friendly Community. A set of 11 criteria (listed below) was provided to frame discussions and reflections:

In a Child Friendly Community all children:

1. Have a say about decisions that affect them and are supported to do that
2. Can access child-friendly information about the council, their rights and entitlements
3. Have fair access to health, education, transport and other services
4. Have a seamless experiences of services, whatever their needs
5. Are included and protected from discrimination
6. Feel able to approach trusted and supportive adults
7. Are supported by a network of friends, family and the wider community
8. Are free and supported to develop their talents and explore the world around them
9. Can enjoy public spaces and meet other children freely
10. Enjoy a clean and safe environment at home, in school and in the local community
11. Feel valued and respected

GENERAL COMMENTS

- Overall, more people **scored Aberdeen in the middle to lower half** for how they feel the city is doing in the areas that determine its child friendliness.
- Self-evaluation of the strengths via the ranking exercise showed that the highest scoring criteria were 7, 6 and 5 respectively with participants feeling positive about **children's networks, community, feeling able to approach a trusted adult and being included and protected from discrimination** (it is important to note that the highest average score achieved was a 6 so there was no consensus that any of these topics were particularly well addressed in Aberdeen). The issue of whether or not children feel able to approach a trusted and supportive adult was identified as something that professionals across the city needed to hear directly from children about.
- The lowest average scores came for statement 2; **Child friendly information about rights and entitlements**, with fair access to services and children and young people feeling valued and respected ranking quite low too. Access to child friendly information was felt to be a particular gap for those children identified as 'on the periphery'.
- Participants shared that overall they could identify **pockets of good practice** in all areas but that there was inconsistency of application across the city.
- There was a feeling that there are **strong support networks within families** but sometimes, the real gap is within the community; community spirit is lacking and requires attention. Having said that, it was noted that overall Aberdeen could be seen as a friendly community, exemplified by the welcoming attitude towards Syrian refugees that had arrived.
- **Access to services** was rated quite low due to incidents of parents being in a 'bad place' for engagement which in turn impacts on children's access.

- There was agreement that multiple variables affect the answers given.
- Children without high need were perceived to fall through the gap and identified as a group who also need **proactive support**.
- There was a shared feeling that Aberdeen has not been as deeply affected by the economic downturn as other cities and the levels of discrimination that can come with that.
- Several people talked about the **lack of fun or inclusive activities and green spaces** as well as a **lack of events** that are geared towards children and young people across the city which connected with the low score for statement 9 around being able to enjoy public spaces and meet other children freely.
- The **work of the Imagineers was highlighted as a priority** area in addressing the child-friendliness of the city: the accessibility of play spaces; the height of signs which make it hard to read if you are small; parents not paying attention to their children and being on their phones too much; being able to play out and feel safe in the local environment.
- Finally, it was felt that there are quite a lot of **champions across the city who are ready to fight** for children's rights in Aberdeen.

AREAS OF PRIDE AND STRENGTH

Partnership working: this was felt to be very good with pockets of tokenism too. There is a strong ethos of partnership working across Aberdeen. The third sector contribution is strong, including Home Start.

Commitment: Imagineers are an example of being able to evidence the ongoing commitment to make improvements around children's rights and connects to the culture of valuing children.

Perception of young people: who are seen as a positive and viewed as part of the solution to the problems within the city.

Participation of children and young people: examples given included the Imagineers and pupil voice groups.

Volunteerism: highest number of volunteers in the city (in the 12 – 25 age range) per head of the population. It was felt that this should be more celebrated.

Economic environment: a small city with many resources and a manageable size.

Environment: a clean, healthy city with easy access to the hills, mountains, green spaces, parks, seaside and other nature.

Child budgeting: experimenting with participatory budgeting within school communities, and felt to be empowering.

Structure and Strategy: Aberdeen is progressing locality board structures and are building on the success of the Local Children's Champions Board.

Culture: access to street sport and Sistema music; the inclusion of children, adults and grandparents around music. Outdoor play spaces, pockets of green space, parks and play provisions. Links to community growing and a wide range of opportunities across the city.

AREAS OF CHALLENGE

Lack of strategic buy in: Year of Young People cited as an example of a lack of strategic direction as competing agendas became overwhelming. It's important to get people in key positions to be promoting and selling this programmatic agenda.

Meaningful participation: mechanisms missing to capture the genuine voices of children and young people, not just a small group. There is a lack of staffing capacity to seek and use the views of people who use services, including children and young people, meaning that community projects are not responsive to local needs. Ongoing issues around genuinely getting children's voices to influence major decisions.

Difficulties around multi-agency working and prioritisation: challenges around agreeing a common and shared understanding of the issues.

Child friendly spaces: public spaces needing to be more child friendly and focussed on the needs of children.

Access to culture: there are limitations placed on people living in Aberdeen accessing culture (e.g. arts centres) which can create a sense of Aberdeen being detached geographically and culturally from the rest of Scotland.

Perceived low aspiration of children growing up in the city: this appeared to be connected to expectations created by the oil industry - that jobs that pay £30k per year will be available and that there is not much imagination beyond this route considered. It was described by one participant as a sense of entitlement.

Lack of mobility of youth in the city: there was a sense that there is not a lot of 'recycling' of the populations like there is in other cities and that young people tend to stay within Aberdeen and not many people arrive to study there.

Lack of parenting and family support

Children's mental health

Transport: this is expensive and inaccessible to families with lower income.

Decline of finances and resources: despite a relatively healthy economy given the economic climate, there is a perceived squeeze on resources.

Culture and attitudes: concerns about how children and young people are treated and viewed. We need to get the city to show its love to children.

Inequality: despite Aberdeen being a rich city, some children are not benefitting from this wealth. Lack of consistency of good practice in terms of access to service

provision, to children understanding their rights and to pollution for example. Connected to this is the challenge around scaling up and spreading good practice.

Child budgeting: not enough expenditure on supporting children, instead money is being spent on acute issues with lack of long term planning.

Support for Looked After and Accommodated Children and Young People

Environment: Air quality is not good in Aberdeen.

WHICH BADGES SHOULD ABERDEEN CHOOSE?

The groups were asked to decide which three badges they think Aberdeen should focus on and why. Each group was invited to present their decisions following discussion and explain the rationale for their choice.

Votes for the badges across the two groups were:

Healthy	5	Family & Belonging	1
Equal & Included	4	Safe & Secure	1
Participating	3	Innovation	1
Place	2	Flourishing	1
		Education & Learning	1

Discussion points:

- **Participating** – it was felt to be important when considering this that it goes beyond events and reaches planning and development; Aberdeen needs more structure in this area. It was agreed that it is important to access the silent majority. There was also discussion about the merit of targeting “*low hanging fruit to achieve change quickly*” in this area because it was felt that there are structures already in place that could be enhanced, improved and developed.
- **Healthy** – many participants felt that this was especially important for mental and emotional health as this is an important base for young people and enables achievement in other aspects of their lives also. Attachment related issues were felt to be more of an issue for children and young people in Aberdeen than substance misuse. Choosing this badge was also felt to have strong ties with locality planning and regeneration which, in turn, promotes a more equal society. Knowing how to stay healthy and access services is a form of ‘future proofing’ which is why one group had chosen it.
- **Education & Learning** - low aspiration and attainment were mentioned as key issues.
- **Family & Belonging** – Participants felt that there was a correlation between this badge and Healthy due to mental health issues arising largely in family environments.

- **Safe & Secure** – it was felt that this creates opportunities to achieve in other badge areas too and would help to address ‘trust issues’ within the city as well as having a clear connection to work around domestic abuse. Being and feeling safe – in its most nuanced sense – allows children to engage with all other aspects of their lives, like education.
- **Place** – was described as the wild card and the ‘easiest thing to change’ with money and thought. Some participants were keen to combine place and innovation and be creative. Connected to this badge area was consideration around Aberdeen’s boundaries; with some children being excluded from applying for certain opportunities because of where they live and ambiguity of access between Aberdeen City and Aberdeenshire. It was felt that costs can be prohibitive for children and that there are often gaps around feeling connected to their neighbourhood.
- **Innovation** – this should apply to partnership working and allows children to participate in this approach too. By creating a space where children are confident to be creative and share ideas, they will be growing up in a city that respects what they have to say.
- **Equal & Included** – One group considered this to be equally weighted with participating but considered participation to be a thread that ran throughout and that the Equal & Included badge would support achievement in the other areas. One group specifically mentioned wanting to capture the experience of young people who identify as LGBTQ+ and for those who have grown up in care in connection with this badge.
- **Flourishing** - this was chosen by one group because it was felt to be much better to have a happy individual overall and a focus on flourishing would allow the city to consider beyond education and academic achievements.
- **Miscellaneous** - There was talk about combining Innovation and Place and doing things like removing signs and street furniture, like some examples in French town centres, but it was felt that this would have missed the ‘fundamentals’ so a different set of badges were selected by that group. However, it was noted that they would have liked to be more radical about planning and urban environment. It was felt that public opinion i.e. culture and attitudes, might be a barrier to progress with any badge area.
- **General points** - One participant called for the city’s elected members to avoid party politics and work for the people of the city. They were described as talking a good game and liking the photo opportunities but that citizens needed to demand more from the politicians within the city.

THE ‘SHORTLISTED’ THEMATIC BADGES:

HEALTHY	EQUAL & INCLUDED	PARTICIPATING
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A VISION FOR ABERDEEN

Participants were asked to set out a vision for what they would like to achieve over the next three years in the most popular thematic areas.

Here are a selection of quotes, newspaper headlines and social media posts the group would like to hear and see from children and young people across Aberdeen in the future:

- “I know where to go if I have an issue or want help”
- “I can meet my friends and no one annoys us!”
- “I feel listened to”
- “I know now it’s not my fault“
- “The judge/sheriff listened to me“
- “Aberdeen is a great place to be a teenager“
- “Aberdeen: a great place to play!”
- “Aberdeen is listening to children“
- “Great to see the councillors listening to us! Can’t believe we won that vote!”
- “I’m so proud of my grand-daughter, she’s been re-elected for the youth council“
- “Thank god I told my guidance teacher about my friend hurting herself, she looks so much happier since getting help“
- “I’m not sure... let’s check the website – the info will be easy to find there“



- Reduced mental health support waiting times through EARLY intervention
- Local government election results 50% of all councillors in Aberdeen are ‘kids’!
- Care experienced young person leads review of education in Aberdeen
- Record numbers of young people vote in elections
- Aberdeen’s youth happiest in Scotland
- Granite city’s youth connect with silver surfers
- Freshfood fun factory replaces derelict McDonalds site on Union street



- #smilesnotpouts
- So proud of my grand-daughter #youthcouncilrep #makingadifference
- Seen the candidates for the youth council? Link #haveyoursay
- Lighthouse young people sway vote as council sets strategic priorities #AbFab #FeelTheLove

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Community Planning Aberdeen

Progress Report	Aberdeen City Autism Strategy
Lead Officer	Sandra Ross, Chief Officer, Aberdeen City Health and Social Care Partnership
Report Author	Jenny Rae, Strategic Development Officer, Aberdeen City Health and Social Care Partnership
Date of Report	31 st January 2019
Governance Group	

Purpose of the Report
The purpose of the report is to update the Community Planning Aberdeen Board on the Aberdeen City's Autism Strategy and Action Plan (see Appendix 1)

Summary of Key Information
<p>1 BACKGROUND</p> <p>1.1 Aberdeen City Council has revised its local Autism Strategy and Action Plan.</p> <p>1.2 The Strategy and Action Plan has been approved by the Aberdeen City Health and Social Care Partnership Integration Joint Board; and by Aberdeen City Council Operational Delivery Committee.</p> <p>1.3 The Strategy and Action Plan will commence its implementation phase from 1st April 2019.</p> <p>1.4. The Strategy and Action Plan sits within the context of other strategic documents, including the HSCP Strategic Plan and the Local Outcome Improvement Plan (LOIP)</p> <p>1.5 The revision of the LOIP in late 2018 places prominence on the delivery of improved healthy life expectancy for citizens of Aberdeen City, which includes Autistic people and their families.</p> <p>1.6 Delivery of an increased number of Autistic people who feel supported to live independently in their community is an identified improvement project aim</p> <p>1.7 The implementation of the revised Autism Strategy and Action Plan supports this improvement aim.</p>

- 1.8 The Resilient, Included and Supported Group are identified to lead on this improvement project aim. Greater linkage and progress reporting from the Autism Strategy Implementation will support the gathering of evidence of improved outcomes for Autistic people in Aberdeen City.
- 1.9 Autistic People, as citizens of Aberdeen City, will also be positively affected by the revision and implementation of the LOIP holistically.

2 KEY PROPOSALS

- 2.1 It is proposed that the Community Planning Aberdeen Board notes the approval of the revised Strategy and Action Plan for Autism for Aberdeen City, and notes the next steps to be taken in relation to its implementation, including the supporting role this Strategy plays to the delivery of improved outcomes for Autistic People within the Local Outcome Improvement Plan.

It is proposed that the Community Planning Aberdeen Board should note that officers were unable to provide a finalised version of the Strategy and Action Plan prior to approval to the Community Planning Aberdeen Management Group as requested. This was due to the timescales involved in the governance requirements of both the Integration Joint Board and the Operational Delivery Committee.

As such it is also proposed that an annual progress report is provided on the Strategy Implementation to the Community Planning Management Group or Board as appropriate.

3 NEXT STEPS

- 3.1 The following table outlines the key milestones and dates for the next steps in the implementation of the Aberdeen City Autism Strategy.

Key Milestone	Timescale
Commencement of Implementation	April 2019
Progress Reporting (6 monthly) – Clinical Care Governance Committee	August 2019
Progress Reporting (annually) – Integration Joint Board Operational Delivery Committee Community Planning Management Group/Board (as appropriate)	December 2019

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Recommendations for Action
It is recommended that the Board:
i) Note the approval of the revised Strategy and Action for Autism for Aberdeen City
ii) Note the next steps in relation to implementation and linkage with the Local Outcome Improvement Plan

Opportunities and Risks
The development of a revised local Strategy and Action for Autism in Aberdeen considers national and local developments in relation to this issue. It is widely acknowledged that Autism is a complex and challenging issue which requires to have more focus placed upon it, which includes the redevelopment of a local Strategy and the implementation of key actions to improve outcomes.
The risk of not redeveloping the Strategy and Action Plan for Autism is that we do not see improved outcomes for Autistic people in Aberdeen.
The linkage to the Local Outcome Improvement Plan is clear and promotes improvement of outcomes for Autistic people.

Consultation
The CPA Management Group were consulted in the preparation of the Strategy this report refers to.

Background Papers
None

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Aberdeen City Autism Strategy and Action Plan

2019-2022



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1. Introduction

1.1 Our Autism Strategy

Aberdeen City's Autism Strategy is a whole life strategy, which has been co-produced by Aberdeen City Council (ACC), NHS Grampian, Aberdeen City Health and Social Care Partnership (ACHSCP) and other partners.

The current strategy and action plan is being revised following updated outcomes and priorities detailed by the Scottish Government in addition to the requirement to ensure our local strategy and action plan for autism delivers change and improved outcomes for the autistic population.

The autistic population face a number of challenges, many of which are based on societal views of what constitutes accepted social norms and behaviours. These social conventions can be exceptionally difficult for an autistic person to navigate, let alone challenge. Autistic people can therefore find it difficult to meet the expectations that are often set for others, finding relationship building and social situations challenging, at times, and often taking more time to find their place in the world because people's knowledge and understanding of autism remains limited. There are many ways in which we can all, collectively, make changes to the way we operate systems, processes and services, which can better take account of the needs of autistic people, and help to improve their outcomes.

This strategy and action plan will not seek to duplicate activity aligned to other strategic or operational plans either locally or nationally. There are other documents and plans which autistic people and their families may benefit from, such as The Carers (Scotland) Act 2016 and Aberdeen City's Carers, Learning Disability and Mental Health Strategies (currently under review).

The spectrum nature of autism means that some autistic people may require the support of multiple service areas due to the complex nature of their needs. This strategy and action plan is aimed at improving the lives of all autistic people in Aberdeen, however detailed actions on how this will be achieved may more appropriately sit within other service area plans (such



as Learning Disability or Mental Health where people have a dual diagnosis).

1.2 Our Language

Throughout this document we will use language which is commonly used within Aberdeen. Autism or Autism Spectrum Condition (ASC) will be used when discussing the overall condition. Autistic people will be used when discussing people with a diagnosis of autism, including children and adults. Where there is information specific to the autistic child or adult population this will be stated. The term carers will be used to describe people undertaking an informal caring role and families may also be used where appropriate.

1.3 What is autism?

Autism (also known as Autism Spectrum Condition - ASC, or Autism Spectrum Disorder - ASD) is a neurodevelopmental lifelong condition. It affects different autistic people in different ways, with some individuals able to live and work independently, and some requiring specialist support. Autistic people develop differently from non-autistic people (neurotypicals), sometimes faster than their peers, sometimes slower.

What everyone on the autism spectrum will have is sensory and social difficulties. These are not always obvious, as they can be masked, and people can develop coping strategies. Most have also held the assumption that others experience the world the same way, so it can make it difficult to recognise these differences.

Autistic people have issues with communication, both verbal and non-verbal, e.g., difficulties with interpretation, tone of voice, facial expressions.

Autistic people may engage in repetitive behaviours. While these may, at times, be restricting for their families (e.g. only eating a limited range of food), many autistic people love to engage in areas of special interest repeatedly. The ability many autistic people have to focus intently, spot small details and notice patterns can be of great value to businesses and society generally. While some autistic people may, at times, be frustrated with their need to obsess over a certain topic, they generally derive much pleasure from doing so.



Autistic people can experience sensory input in a different way from non-autistic people. Being autistic means that they are more likely to have issues filtering out sensory information which can lead to being overwhelmed and/or under sensitive. Some of the repetitive behaviours referred to above, may also be a coping strategy to manage and control this feeling of being either overwhelmed or under sensitive

This document does not seek to replace or redefine clinical perspectives on autism. Clinical guidance on autism is generally taken from SIGN (Scottish Intercollegiate Guidance Network) publication 145, which references both current versions of ICD-10 (International Classification of Diseases – 10 [World Health Organisation]) and DSM-5 (Diagnostic and Statistical Manual of Mental Disorders - fifth edition [American Psychiatric Association]) as source references for diagnosis.

1.4 Our Vision

ACHSCP current Strategic Plan outlines the vision for health and social care within Aberdeen as:

“We are a caring partnership working together with our communities to enable people to achieve fulfilling, healthier lives and wellbeing.”

This vision, the associated values and priorities guide the development of all strategic documents produced by the Partnership (appendix 1).

The vision, as outlined in the Scottish Strategy for Autism, continues to underpin our local autism strategy:

“Our vision is that individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives.”

The Scottish Strategy for Autism Scottish Government 2011

Through engagement activity local people told us that understanding, and acceptance, of autism is of key importance. This will lay the building blocks to ensure that services are relevant and appropriate for autistic people. Where needed there should be support offered to educate, inform and, if required, challenge practice to ensure this vision is fully promoted and embedded in practice.



It is recognised that the process of genuine and meaningful engagement, with any group including autistic people, takes time, commitment and a willingness to adapt communication styles. Whilst attempts have been made to meaningfully engage the entirety autistic population in the development of the revised strategy it has not been possible to reach all aspects of this population or to always reach consensus on centre viewpoints, in part this is due to the formal nature of the process and the lack of diagnostic services available (which empower autistic people to contribute to such processes). This is a learning point and an area for improvement which will be taken forward into the implementation phase of the strategy and action plan.

2. Our Wider Context

2.1 Developing our autism strategy

In 2011, The Scottish Government launched a Scottish Strategy for Autism, with the recommendation that each local area produce a strategy and action plan. In 2014 Aberdeen City produced its local 10-year autism strategy and action plan.

The Scottish Strategy for Autism was written to consolidate a number of initiatives for autism into a strategic document which aimed to address the entire autism spectrum and the whole lifespan of autistic people in Scotland. The strategy produced 26 recommendations. Subsequent documentation was also published to further define the outcomes and priorities for the strategy.

In early 2018 the Scottish Government consulted on and launched a revised set of outcomes and priorities for autism. Our Aberdeen City strategy and action plan is now also being revised. The local revised strategy and action plan considers changes nationally and locally, as well as acknowledging the challenges faced in implementing the original strategy and action plan. It is intended that by ensuring the revised documents are meaningful to and reflective of local people's views, that we can collectively produce a realistic, achievable and sustainable strategy and action plan for autism within Aberdeen City. The national strategy runs until 2021. The Aberdeen strategy will be in operation for 3 years, from 2019-2022. This allows for a period to review our local strategy and action plan in line within any national changes, which may include a new national strategy for Scotland in 2021.

Within this document we will summarise the engagement work undertaken to re-develop the strategy and action plan and how we will seek to ensure



autistic people and their families are at the centre of how the strategy and action plan will be implemented and monitored.

2.2 Why do we need a strategy?

A local strategy is a best practice indicator, as highlighted by Scottish Government within the national strategy for autism. There are other important factors which lend themselves to having a local strategy and action plan.

A report launched in 2018 titled 'The Microsegmentation of the Autism Spectrum' (as recommended by the national Strategy for Scotland), identified a new national prevalence rate of autism of 1.035%. Additionally, research also suggests that prevalence of autism with an intellectual disability is noted as 32.7%, which is less than previously evidenced.

According to this research in Aberdeen there is a population of autistic people equalling 2379 and of this number 778 have presence of an intellectual disability and 1601 do not.

Currently assessment and diagnostic services are provided to adults only where a co-morbidity exists, typically an associated mental health issue or an intellectual disability. Using the prevalence rates, we can see that one third of the autistic population in Aberdeen will have a co-morbidity of an intellectual disability. There is no equivalent research conducted to provide prevalence figures for any co-morbid Mental Health condition. Those autistic people without such a co-morbidity (up to two thirds of the autistic population) will unlikely have received an assessment or subsequent diagnosis of autism. This is echoed by anecdotal information regarding the lack of adult diagnosis within Aberdeen.

A sole diagnosis of autism does not necessitate the provision of formal services by the local authority or Partnership, unless the individual meets the eligibility criteria for funded services. Many autistic people do not have a formal diagnosis and are often prevented from accessing relevant health and social care supports, formal or unpaid. As such, there is limited information available as to the general health and wellbeing of this population. Formal commissioned social care services are provided where autistic people also have a co-morbid condition and meet the eligibility criteria. This population can be seen to have more complex or multi-faceted forms of need. Further information on complex needs can be found within the local Learning Disability Strategy: A'thegither in Aberdeen.

The Pupil Census carried out in 2017 details that in Aberdeen City there are 536 children and young people in education who have autism or ASC



recorded. This data comprises of children with diagnosed and reported conditions, therefore the actual numbers of children in Aberdeen City with autism are likely to be significantly higher.

The Microsegmentation report also provides a Scotland wide context to the previous estimates of the cost of autism, suggesting a cost of £2.2 billion a year. The recently revised prevalence rates, including the presence of intellectual disability, also enable a lifetime cost per person to be identified of between £900,000 and £1.6 million. Many of these costs are related to the loss of productivity, i.e. employment of autistic people or their carers, but are also related to the high cost of services for people with an associated intellectual disability including accommodation costs. Information from the local perspective can be seen to echo this, with formal social care services for autistic people with an intellectual disability being amongst the most complex due to the requirement for enhanced care provision.

Generally, there is greater knowledge and understanding of autism, with higher media focus on 'autism friendly' or 'relaxed' activities. It can be noted that whilst these may provide awareness or support for some autistic people they do not lend themselves to a greater understanding or acceptance of autism as a spectrum, additionally such activities can, at times, be seen as ways that organisations may avoid a wider consideration of providing welcoming atmospheres more generally.

There is still a requirement to ensure that awareness equates to knowledge, understanding and a welcoming of autistic people and their varied skills and abilities into all communities and walks of life. As autism is a spectrum condition it is important to recognise and celebrate the diversity of autism. The recent launch of 'autistic pride' as a celebratory event of the gifts and skills of autistic people provides an example of such work. The presence of autistic people in employment is still low, whilst there are high numbers of autistic people known to the Criminal Justice System. There is still a noted disadvantage which autistic people face when accessing universal services.

A local strategy and action plan for autism will enable challenges and potential solutions to be identified and acted upon, such as the lack of assessment and diagnostic services; the availability of formal commissioned services; and the need to enhance knowledge, understanding and acceptance of autism.

In 2018 the Scottish Government published a revised set of outcomes and priorities for autism. These have been considered when development the revised local action plan.



The outcomes are:

- A Healthy Life
- Choice and Control
- Independence
- Active Citizenship

The priorities identified nationally reflect the key issues raised by autistic people, carers/families and other professionals. Priorities are aligned with each of the outcomes identified and incorporate actions such as:

- development of a Post-Diagnostic Support Toolbox
- improve awareness of autism within Criminal Justice Systems
- extension of the Blue Badge Scheme
- enhanced support for autistic people in Modern Apprenticeships

Further detail on all priorities identified can be found within the [outcomes and priorities document](#).

2.3 Aberdeen Context

There are a range of local policy and practice documents which are connected to, or should be considered alongside, this revised strategy. These are developed by Aberdeen City Council, Aberdeen City Health and Social Care Partnership and NHS Grampian (see examples in appendix 2)

Recognising that the autistic population have been overlooked in previous strategic developments it should be noted that local and national health and wellbeing outcomes apply to the whole population, including autistic people. It is important in meeting these collective outcomes that the personal experiences and outcomes of autistic people within Aberdeen are also promoted. This strategy seeks to provide a platform by which these experiences and outcomes can be highlighted and used to inform and influence practice. One method of achieving this is by actively engaging with organisations who aim to provide valuable advice and guidance for autistic people and their families. Such organisations are often trusted sources which will be crucial in collating experiences and reaching out to the widest possible audience of autistic people.



The recent development of the local Learning Disability strategy and the revision of the Mental Health strategy are of particular note given the prevalence of co-morbidities for autistic people. Greater details around the strategic outcomes and associated actions for these strategies, and the application of these to the autistic population will be considered through the implementation of these strategies, all of which are being facilitated by the Partnership. Joint working will be of key importance to ensure the Partnership vision of improved health and wellbeing for local people, including autistic people, is promoted.

Community Planning Aberdeen, which brings together Public Sector agencies, aims to deliver improved outcomes for the people of Aberdeen. The Local Outcome Improvement Plan (LOIP) seeks to ensure that Aberdeen is a '*place where all people can prosper*', it is important to note this includes all autistic people.

The current LOIP sets out 2 key drivers in relation to '*people are resilient, included and supported when in need*':

- **People and communities are protected from harm** – individuals and communities are made aware of the risk of harm and supported appropriately to reduce this risk.
- **People are supported to live as independently as possible** – people are able to sustain an independent quality of life for as long as possible and are enabled to take responsibility for their own health and wellbeing.

The current 2014-2024 autism strategy sits under this outcome as a supporting strategy. This revised strategy will replace any previous version and will ensure consistency between the LOIP as a strategic document and other local plans/policies.

Overarching strategic documents such as the LOIP and the HSCP Strategic Plan are being refreshed with new versions expected in 2019. Any significant changes in vision or approach of these guiding documents will be reflected in this autism strategy in due course.

3. Revising our strategy and action plan

3.1 Good Practice Indicators



The national strategy sets out ten Good Practice Indicators. These indicators are mapped out in appendix 3.

It is acknowledged that local progress in relation to these indicators is not as clear as would be expected. It is recognised that further work will be undertaken through implementation of the strategy and action plan to address and map local progress in relation to the indicators.

3.2 Strategy Development

The decision to review our local strategy and action plan was linked to the revised set of outcomes and priorities for autism release by the Scottish Government in 2018 (as detailed above).

To ensure the revision of the local strategy and action plan was meaningful to people we held 4 initial conversational events alongside Autism Network Scotland which sought to gather the views of people on the following national outcomes from an Aberdeen perspective:

- A Healthy life
- Choice and Control
- Independence
- Active Citizenship

It became clear from this engagement that although these outcomes are understood to be relevant they are not as meaningful locally. Feedback from the engagement produced 13 distinguishable focus areas:

- Assessment and Diagnosis
- Education
- Transitions
- Support for Carers
- Housing
- Training
- Information
- Criminal Justice
- Health
- Leisure and Activities
- Services



- Knowledge and Understanding
- Employment

Following this a further series of 3 development sessions were arranged, at which people were invited to comment on the 13 areas identified and to formulate actions which would address the issues identified. People were also asked to consider how they would prioritise the areas that were identified. This has assisted in the production of the action plan.

A draft strategy and action plan was produced, and a 6-week formal consultation period took place. Comments and views from the consultation were used to further refine and develop the strategy and action plan. An engagement and consultation overview report was produced to further capture the detailed activity which took place and played a key role in the development of the strategy and action plan (see appendix 4).

A Strategic Steering Group has been established to lead on the development and implementation of the strategy (comprised of Public and Third Sector representatives). From the initial engagement conversations and the developmental sessions, it is clear that this strategy and action plan, and the ongoing implementation, is of interest to autistic people and their families (as well as professionals and organisations). It is hoped that both autistic people and family representatives can join or contribute to the Strategic Steering Group as it enters an implementation focus.

3.3 Focus Areas

From the engagement activities with autistic people, families, carers, professionals and organisations the 13 focus areas were identified.

For each area an overview has been developed and associated action points to deliver change are defined within the action plan section of this document.

This document will now consider each of the 13 focus areas identified.

Assessment and Diagnosis

Assessment processes for adults and children differ in Aberdeen City. For adults, assessment and diagnostic services in Aberdeen may be provided



where a co-morbidity exists, such as Mental Health or Learning Disability in conjunction with autism but are not necessarily common place.

Assessment and subsequent diagnosis for autism only in adults is not provided at this time by NHS Grampian, and there appears to be a lack of supports in place to provide information/advice in lieu of a formal diagnosis. There is the need to understand the barriers to assessment, which in part are attributed to resource constraint and current/historic practice. A full assessment pathway delivered by trained and competent staff, with details around diagnosis and post diagnostic supports, is desired as this can provide adults within a sense of context and understanding of their neurodiversity. In turn this supports autistic people to develop coping strategies and understand sensory information better. This is identified as a key action to be delivered within the action plan.

Assessment and diagnostic services for children are provided, however the waiting times can be long and there is a lack of post-diagnostic support for families. This can be in part attributed to the lack of resources available for assessment and diagnosis but is also reflective of the challenging nature of a spectrum condition to fully assess. Support is crucial for children, parents and staff (such as within schools) to fully understand autism and the relevant support strategies that can be used effectively. Sometimes Educational supports can be in place with no formal clinical diagnosis, such as support through Educational Psychology and other Additional Support for Learning Services, including the provision of training to staff, but it is recognised that resource constraints may be a limiting factor in the application of such supports. Some specialist services exist, such as Autism Outreach which operates specific access criteria and procedures.

For both children and adults consideration should be made as to the availability of post-diagnostic support and relevant signposting and guidance services.

There are organisations in Aberdeen who aspire to provide valuable and trusted information, guidance and signposting on autism to autistic people, families and other organisations or professionals. These organisations are an asset and can have a wide reach into the autistic population of Aberdeen. It is important that such organisations are valued and are empowered to play their role in the implementation of the local strategy and action plan. This may include provision of formal signposting services or the availability of autism appropriate environments and activities.



Education

The move to mainstream schooling has resulted in specialist training, knowledge and understanding being required across all schools. Some children struggle with the class environment (size, sensory aspects) and/or the curriculum, more flexible approaches are required to ensure support is child-centred, including the consideration of changes in current practice to promote the educational potential of the child. This should include the consideration of flexible spaces within the school environment which support the provision of education to autistic children, for instance the use of sensory friendly spaces where individual and groups can experience the curriculum. It is also important to recognise that school also provides valuable opportunities for autistic children to socialise with other autistic children and non-autistic children, promoting social understanding. This enhances a sense of peer support for autistic children but will also support the greater acceptance of autism and neuro-diversity within society.

Tools such as communication logs and play based learning are positive examples to highlight within Schools but these are not universally in use. Resources and supports at Orchard Brae/Mile End/Bucksburn and Autism Outreach are having a positive impact, but these are limited resources. There is a gap in education for the school population about autism more generally.

Transitions

Transitions often refer to the process of someone leaving education and entering adulthood, which may include the provision of formal services. Some autistic children will be receiving formal commissioned services which cease upon entering adulthood, in part due to their availability to support adults and the eligibility of the young adult to receive social care services on an ongoing basis (linkage to Assessment and Diagnosis). It is important that supports for children approaching transition are being used effectively to smooth the transition from education and explore the options available to each person (such as further education, community activities or employment).

Within the current Learning Disability service there is a small transitions team, but not every young adult will experience this resource/support due to their level of need and eligibility. Many families find the process of transition challenging and it can prove difficult to gain clear information about the next steps for the young adult. This is in part because of the



way services are operated spanning Aberdeen City Council and the Partnership, more could be done to ensure any barriers between the services are removed. Transitions should be focused on the needs of the young person rather than applied because they reach a set age – meaning they should start as and when required (including earlier for some). More information and advice around transitions are required, even if the young person will receive no formal services when they leave education (post 16/18).

Transitions are a crucial time, not just from childhood to adulthood. Across the lifespan transitions also refer to small changes in relation to environment or people and can also refer to general life transitions such as moving home, finding work and building relationships. It is important to remember transitions beyond education and ensure autistic people are supported to develop their own relevant and effective coping strategies when faced with change. This aspect can be overlooked and there is an identified lack of support to address needs arising from these types of transition.

Support for Carers

Families (including parents and siblings) require more support to understand autism and its impact for their family member, including tools and techniques for supporting and communicating with their loved one. Families often have to source information themselves rather than being able to build their resilience through readily accessible information. Better communication about local supports and services is required (through signposting and guidance services), particularly regarding support when individual's behaviour may be difficult or disruptive and support for siblings. Where a family is taking on a caring role they can struggle to access suitable forms of respite which would enable them to continue in their caring role. Many families have strong concerns about future needs/services, particularly if they are no longer able to support/care for the person. Carers of autistic adults and children will be able to benefit from the recently launched Carers Act and local Carers Strategy, including the provision of assessment through a Carers Support Plan, and where eligible, formal services which support their caring role.

Housing

Autistic people may need support to live independently. It is important that the specific housing needs of autistic people and families with autistic children are considered and supported, including types of accommodation and location and communication methods. Consideration as to the



appropriateness of shared accommodation for autistic people should be given, particularly where the level of need is such that the shared aspects of living can be seen to pose communication and sensory difficulties. The availability of training on autism for housing staff would increase understanding which would then enable them to provide support which promotes a person's independence. Some people may require more intensive forms of supported accommodation, however currently this is only provided where a co-morbidity exists and where a person has eligible needs for such services. Specific housing supports for autistic people with more complex need and a co-morbidity of an intellectual disability are referenced further within the Learning Disability Strategy.

Training

Training for professional/organisations is required to ensure staff can offer appropriate and personalised support for people which takes into consideration the individual's needs e.g. sensory needs. Autistic-led training should be better supported and promoted. There are many people and organisations keen to offer this in Aberdeen. These offers of support must be better utilised by the Public, Third and Independent sectors. Training for autistic people is lacking – such as being able to understand your own autism, coping strategies and key life skills, including independent travel, social media awareness and building relationships.

Information

Navigating resources to find appropriate and relevant information is hard for people as there is so much information available but it can be difficult to know where to find this and what to trust. Having a centralised source of information or place to go would help. Information on dealing with practical everyday scenarios is often what people are looking for. There are organisations or projects currently providing information, signposting and guidance services, as well as some who provide elements of direct support at times. Organisations should be better connected enabling support and guidance to reach all autistic people who seek this. People are also looking for better ways to connect with peers and build support networks. There is a commitment to produce the strategy and action plan in a variety of formats to ensure that the information contained is accessible and understandable. Autistic people will play a key role in this.

Criminal Justice

Some autistic people may be more susceptible to becoming a victim or perpetrator of crime due to a lack of understanding around social cues, communication or the Criminal Justice System itself. Support and training



around this would be useful for autistic people, communities and staff within the Criminal Justice System.

Health

Autistic people are entitled to equal access to all forms of health services. Some autistic people have negative experiences within health services relating to their autism, but these can also affect their health more broadly (such as not understanding protocols, feeling distrusted, not identifying illness or ill health). There is good practice in some health provision, for example in the explanation of procedures or flexibility in scheduling of procedures/appointments.

Sometimes there is a lack of understanding of autism by some health professionals, and there is the need to have greater consistency across the City. This includes the consideration of alternative settings when the clinical environment is not suitable. There is a lack of counselling support which is provided within the context of autism and given the prevalence of issues such as anxiety, self-harm and suicidal ideation more suitable counselling support could act as a preventative measure or provide coping strategies. Support at an earlier stage, such as with communication difficulties through Speech and Language Teams, can have a positive effect for children regardless of the presence of a formal diagnosis. Peer support is valuable in understanding and supporting good health outcomes, with particular reference to mental health and wellbeing.

Leisure/Activities

Having access to relevant groups and activities is important, as well as being able to access groups that are comprised of autistic people. There are many community activities taking place, offering a range of activities including more specialist support. There is better awareness of what is available. Generally, within community activities there is better knowledge and understanding of autism, although there are still improvements which could be made. Being part of groups, perhaps with support, does help autistic people by breaking down barriers and feeling more socially included. Some activities which are well suited to children can be expensive to access or can be difficult for families to attend (due to location or timing). It is important to recognise that social interactions/skills can take place in a variety of environments through things such as play (board games for example). Support for older autistic people is an identified gap, therefore supporting and promoting the development of peer support for this group would be beneficial.



Services

It is acknowledged that financial resources are limited in the public sector and there is a lack of services available. Offering early intervention supports is crucial and may result in minimal resources or services being required in the future. Supports should be available on the basis of need, however at times this does not always appear to be the case. There are clear priorities and ambitions within documents such as the Partnership Strategic Plan and Strategic Commissioning Implementation Plan which services/supports for autism require to be reflective of. Knowledge and understanding of autism should be considered by decision making groups, such as including autistic people in such groups. Systems and processes such as social care eligibility criteria are challenging. Whilst it is acknowledged that it is the system driving decision making rather than individual staff this remains an area of tension for all concerned.

The quality of support services is instrumental and there are organisations whose remit is to support autism however, at present, not all of those organisations provide services within Aberdeen. It is the aim of this strategy to redress this by considering supports required by the autistic population, identify where the current deficits are in relation to commissioned services within Aberdeen and propose to address this. It is envisaged this will have a resource implication however changes are required to ensure better outcomes for autistic people are achieved. An example of this related to the availability of trusted sources of information and signposting for autistic people and their families.

Knowledge and Understanding

Knowledge and true understanding of autism is a theme which is core to many other aspects discussed throughout this strategy. More knowledge does exist within communities, in part because of localised awareness raising but also national media coverage (e.g. TV programmes), however these often do not show the diversity or spectrum of autism. Greater knowledge and understanding can still be promoted by focusing on some of the myths or misunderstanding around autism. We are always learning more about autistic people's life experiences and the diversity of the spectrum. Everyone is different, so it is important to look at the capabilities and skills not just the stereotype, which at times can include clinical definitions of what it means to be autistic. Peer support groups or groups of autistic people play a key role in helping to explore and value the different outlook that autism can bring to the world.

Employment



Many autistic people want to work. They possess valuable skills which may enhance team delivery and effectiveness however they often face barriers into employment which prevents them from being able to demonstrate their skills. Employability skills should be more readily taught or explored during education or within other formal supports. Supportive aspects such as work trials, getting the right support at the Job Centre, reasonable adjustments or the Project SEARCH programme can be positive for autistic people, but these are not always available or utilised options. Often the key is finding the right work environment or one member of staff who can offer support. Providing support to increase knowledge and understanding of autism in the context of employment may lead to further positive opportunities.

4. Action Plan

13 focus areas were identified through engagement activity. Following this a series of actions were attributed to most of these areas.

Each action has also been aligned to the national outcomes which supports the linkage of our local strategy and action plan to work taking place nationally.

Some of the actions identified will require extensive planning, consultation and assessment of resources required, this is recognised within the timescales identified.

There is the acknowledgement that resources must be aligned to each action and focus area in order to effect real change. It is important that actions are prioritised to ensure best use of any resources made available. The evaluation of the strategy and action plan will also be an area of key importance, ensuring that the delivery of actions is being undertaken but also that they are having the expected or desired impact for autistic people in Aberdeen. The Strategic Steering Group will define evaluation measures and reporting procedures.

It should also be noted that many action points are interlinked or cut across themes, for example, training. For ease of planning, where an action can be linked to another theme this will be highlighted.

The Strategic Steering Group will ensure regular and robust reporting procedures to document progress.



The Aberdeen City Health and Social Care Partnership have facilitated the revision of the strategy and action plan and therefore will be accountable for its progress and implementation. A Strategic Development Officer is assigned to this area of work and alongside the Lead Strategy Manager will be accountable to the Partnership's governance structures.

Lead Officers or services within individual services or organisations will be responsible for the delivery of action points within this plan and will be required to regularly report on progress, this includes Integrated Children's and Family Services; NHS Grampian and Third Sector organisations.

Autistic people, families and other interested parties involvement in the development, delivery and evaluation of the identified outcomes will be promoted, and opportunities to increase this involvement will be identified where possible.



Assessment and Diagnosis

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
1. Creation of 'autism appropriate' integrated assessment pathway for Adults	Year 3	Assessment data will be recorded and analysed	Aberdeen City Health and Social Care Partnership – Mental Health and Learning Disability Services/ NHS Grampian	Training Funding from Scottish Government requested	A Healthy Life
2. Provide enhanced clarity on the assessment pathway for children and Young People (as informed by national development work)	Year 2	Information on the Pathway will be readily available; reduction in complaints; linkage to children's plan; assessment and diagnosis trends will be measurable	Integrated Children's and Family Services/NHS Grampian	Information Existing resources will provide support	A Healthy Life
3. Provision (and revision where necessary) of support at pre-assessment and post-diagnosis stages, including review of supports such as the Cygnet (parent support) programme	Year 3	Working group will review supports and analyse gaps and put necessary commissioning arrangements in place for support which promotes knowledge of autism and coping strategies etc.	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/Third Sector/Autistic people	Existing resources will provide support to review	A Healthy Life Independence



Education

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
4. Request that Education Services map Autism knowledge and understanding in Schools and where gaps exist put in place plans to address such gaps	Year 1	Plans in place to address gap/needs including will be reportable to the implementation group	Integrated Children's and Family Services/ Autistic People	Training Information Existing resources will provide support to develop process	Choice and Control
5. Provision of flexible and appropriate learning pathways and environments which meet the needs of autistic children	Year 2	Analysis of local and national statistics detailing attendance, exclusion and positive educational and wellbeing outcomes; anecdotal evidence of improvements from children and families	Integrated Children's and Family Services	Existing resources will be utilised in a flexible manner	Choice and Control
6. Increased use of Individual Plans (IEPs/Child's Plans) to monitor progress	Years 1-3 – continued activity	Analysis of plans to be undertaken and progress tracked	Integrated Children's and Family Services	Existing resources will track progress	Choice and Control Independence
7. Work with Universities and Colleges to explore learning opportunities to increase knowledge and understanding of Autism for a range of stakeholders	Year 2	Learning opportunities will be mapped and attendance statistics will be used to create baselines for improvement	Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services/ Autistic People/Further and Higher Education establishments	Training Knowledge and Understanding Services Existing resources will be utilised to explore opportunities	Choice and Control



Transitions

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
8. Development and implementation of a Transitions Pathway (children to adults)	Year 3	Pathway will be developed and in operation; Transitions Planning Documents will be recorded and baselines created to measure improvement; relevant data will be analysed to monitor and evaluate; anecdotal evidence of improvements from young people and families	Transitions Sub Group – Learning Disability Strategy (multi-agency group)	Information Education Services Health Existing resources will be utilised to develop the pathway	Choice and Control Active Citizenship Independence
9. Promotion of 'Transitions across the Lifespan' national toolkit	Years 1-3 – continued activity	Awareness and use of toolkit will be raised; reduction in unsuccessful transitions; anecdotal evidence of improvements in relation to life transitions	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services	Promotional activity which will require no dedicated resource	Choice and Control Active Citizenship

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Support for Carers

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
10. Promote the rights of Carers within the Carers Act and local Carers Strategy, including the rights to receive a Carers Support Plan and availability of local support	Years 1-3 – continued activity	Increased awareness of rights will exist; data of carers support plans completed	Aberdeen City Health and Social Care Partnership - Carers Strategy Implementation Group/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector	Information Resources are aligned under the Carers Strategy Implementation Group	Choice and Control

Housing

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
11. Facilitate an event with the housing sector to promote the housing needs of Autistic people and their families	Years 1 -2	Event will have taken place; baseline of knowledge will be measured, and improvement methods identified	Aberdeen City Health and Social Care Partnership/Aberdeen City Council – Strategic Place Planning/Housing Sector	Training Low level expenditure to host event – collaborative approaches will be used to share any costs	Independence



Training

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
<p>12. Application of the principles of the <u>NHS Education for Scotland (NES)</u> training framework for Autism, which will be applied in a way which promotes where possible the genuine involvement of autistic people in the development, delivery and evaluation</p>	<p>Years 1-3 – continued activity</p>	<p>Training Framework will be in place; attendance and evaluation data will be available</p>	<p>Aberdeen City Health and Social Care Partnership/NHS Grampian/ Integrated Children’s and Family Services/other national organisation/interested parties</p>	<p>All areas To be funded from existing training budgets</p>	<p>Choice and Control</p>

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Information

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
13. Develop and launch good practice checklists for 'autism appropriate' environments	Year 2	Checklist will be developed and launched; evaluation of its use; anecdotal evidence of improvements	Aberdeen City Health and Social Care Partnership/NHS Grampian/Integrated Children's and Family Services/ Third Sector/ Autistic People	Education Health Services Leisure/ Activities Criminal Justice Existing resources will provide support to develop checklist	Choice and Control
14. Presentation of Strategy in alternative formats – in co-production with autistic people and families	Year 1	Alternative forms will exist	Strategic Steering Group/Communities of Interest	Collaborative approach will be used to share any costs	Active Citizenship Choice and Control

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Criminal Justice

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
15. Raise awareness of the Appropriate Adult (AA) Scheme	Year 2	Analysis of data regarding requests and usage of AAs	Aberdeen City Health and Social Care Partnership/ Criminal Justice Services/Police Scotland/other national organisations	Promotional activity which will require no dedicated resource, links will be made with relevant national groups	Choice and Control
16. Develop links to <u>Supporting Offenders with Learning Disabilities Network</u> (relevant to Autism) and local Criminal Justice Board	Year 1	Links will be made and any project specific work identified	Aberdeen City Health and Social Care Partnership/ Criminal Justice Services/ other national organisations	Existing resource will be utilised to make links	Choice and Control



Health

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
17. Increased use of <u>Care Opinion</u> by Autistic People and their families	Years 1-3 – continued	Increased usage evidence through available data	Aberdeen City Health and Social Care Partnership/ NHS Grampian	Promotional activity which will require no dedicated resource	A Healthy Life
18. Provide information on suitable counselling type supports with knowledge of Autism interlinked to Mental Health	Year 2	Information will be available; services will be listed on relevant databases	Aberdeen City Health and Social Care Partnership/ NHS Grampian	Existing resource will be utilised	A Healthy Life

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Leisure/Activities

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
19. Facilitate an event with interested Leisure/Activity providers and groups to discuss and promote the autism and establish mechanisms to increase widening access	Years 1-2	Event will have taken place; baseline of knowledge will be measured, and improvement methods identified	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Autistic People/ Leisure/Activity Services	Training Information Knowledge and Understanding Low level expenditure to host event – collaborative approaches will be used to share any costs	Active Citizenship

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Services

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
20. Develop mechanisms to track unmet need and analyse gaps in provision (from signposting to direct support), to inform future development	Year 2-3	Tracking mechanisms will be identified and in operation; gaps will be mapped; areas for service developments will be identified; reduction in unmet need and complaints	Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services	All Existing resource will be utilised to develop and maintain processes	Choice and Control Independence



Knowledge and Understanding

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
21. Develop and launch promotional work to raise community knowledge and understanding of the strengths of autistic people	Years 1-3 – continued activity	Increased knowledge, understanding and acceptance; promotional events or materials will be launched	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children’s and Family Services/ Third Sector/ Autistic People	All Promotional activity which will be carried out in collaboration, requiring no dedicated resource	Independence
22. <u>Scope roll out of Autism Aware/ Alert Card</u>	Year 1	Working group will conduct scoping and recommendations made/progressed	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children’s and Family Services/ Third Sector/ Community Resources/ Autistic People	Leisure and Activities Criminal Justice Health Education Existing resource will be utilised to conduct scoping	Independence

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Employment

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
23. Facilitate an event with the business community/Chamber of Commerce to promote the strengths of Autistic people employment and establish mechanisms to increase employability Page 233	Year 2	Event will have taken place; baseline of knowledge will be measured, and improvement methods identified; increase in employment of autistic people	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children’s and Family Services/ Third Sector/ Autistic People/ Employment Services	Training Information Knowledge and Understanding Low level expenditure to host event – collaborative approaches will be used to share any costs	Active Citizenship



5. Governance and Next Steps

The revised Strategy and Action Plan is a formal document which is approved by the Health and Social Care Partnership's Integration Joint Board and the Aberdeen City Council's Operational Delivery Committee. The Strategic Steering Group which is already established will take a focus on the implementation of the Strategy through the delivery of the content of the Action Plan and will be renamed the Autism Strategy Implementation Group.

A revised governance structure will be launched to implement the action plan. Each service area identified as holding responsibility for any actions will be required to align a Lead Officer to progress such work and report back to the Autism Strategy Implementation Group.

Regular reporting structures will be in place to ensure that progress is being made in a timely and satisfactory manner, and where issues or blockages arise, these are raised to relevant services, boards or committee for advice or resolution.

The Autism Strategy Implementation Group will hold itself to account, due to its varied membership, which will include representation from autistic people and Parents/Carers. Feedback from these representatives, members of the public and other organisations will be vital in ensuring the Strategy is being delivered in a meaningful way. Implementation reports, where possible, will be shared publicly and the Autism Strategy Implementation Group will continue to work with Autism Network Scotland and Scottish Government colleagues to support the benchmarking of progress and ensure better links regionally and nationally.