Community Planning Aberdeen Management Group

Meeting on WEDNESDAY, 22 MARCH 2023 at 2.00 pm

** Virtual - Remote Meeting, Aberdeen **

B U S I N E S S

APOLOGIES

MINUTES

STRATEGIC BUSINESS

CPA IMPROVEMENT PROGRAMME

GENERAL BUSINESS

FORWARD BUSINESS PLANNER AND FUNDING TRACKER

FOR INFORMATION

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COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP
18 JANUARY 2023

Present:- Gale Beatie (Aberdeen City Council) (Chair), David Howieson (Police Scotland) (Vice Chair), Jamie Bell (Scottish Enterprise), Dave Black (GREC), Darren Bruce (Community Justice Group), Allison Carrington (Aberdeen Prospers), Heather Crabb (University of Aberdeen), Jillian Evans (Sustainable City and NHSG), Nicola Graham (Skills Development Scotland), Maggie Hepburn (ACVO), Derek McGowan (Anti-Poverty Group), Robert Laird (NESCOL), Alison MacLeod (Aberdeen City Health and Social Care Partnership and Resilient, Included and Supported Group), Simon Rayner (Alcohol and Drugs Partnership), Eleanor Sheppard (Children's Services Board) and Kelly Wiltshire (as a sub for Rab Dickson, Nestrans).

Also Present:- Michelle Cochlan, Martin Murchie and Allison Swanson (Aberdeen City Council)

Apologies:- Andy Buchan (SFRS) and Rab Dickson (Nestrans) Lavina Massie (Civic Forum), and Alison Watson (Robert Gordon University).

Topic	Discussion/Decision	Action By
1. Welcome	The Chair welcomed everyone to today's meeting.	
2. Minute of Previous Meeting of 26 October 2022	The Management Group had before it the minute of its meeting of 26 October 2022, for approval. In relation to item 1 of the minute (Minute of Previous Meeting), Michelle Crombie advised that there had been a review of the Locality Planning arrangements within Aberdeen City Council and that it had now been agreed that the remit of locality planning would transfer to her along with some of the Community Learning and Development team staff and she would be responsible for delivering the integrated model along with Alison MacLeod, Health and Social Care Partnership. With regards to item 1 (Community Justice Scotland's Outcome and Performance and Improvement Framework Presentation) and the request that a gap analysis be undertaken be undertaken against the LOIP and the Community Justice Strategy and outcomes to evidence current alignment, it was noted that the Community Justice Outcome Improvement Framework had not yet been agreed and there was an action plan due to be published that ran alongside the National Strategy. Once that had been agreed a gap analysis would be undertaken and reported to the Management Group and Board.	

Topic	Discussion/Decision	Action By
	In relation to the actions under item 5 (CPA Improvement Programme Update and Appendices), the Group noted that all had been completed or in progress and would be referred to under item 5 of today's agenda when the Chairs of the Outcome Improvement Groups were speaking to their respective overviews. **The Management Group resolved:** to agree the minute as a correct record, and to note that all the actions had been completed or were in progress and that an update on the actions at item 5 of the minute would be provided under item 3.1 of today's agenda (article 5 of this minute refers).	
3. Draft Minute of Meeting of the CPA Board of 30 November 2022	The Management Group had before it the draft minute of the CPA Board meeting of 30 November 2022, for information. **The Management Group resolved:** to note the draft minute.	

4. CPA Improvement Programme Update and Appendices	The Management Group had before it a report which provided an update on the progress towards the Stretch Outcomes and improvement projects within the Local Outcome Improvement Plan 2016-26 which had started, or were due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026 on the basis of the Improvement Programme 21-23 approved by the Board on 15 September 2021.
	
	Appended to the report was:
	    1. overview of progress against the CPA Improvement Programme
	    2. one spotlight case study
	
	The report recommended:-
	that the Management Group
	(a) consider the overview of progress against the CPA Improvement Programme, as well as the overview for each Stretch Outcome and respective improvement projects as contained at Appendix 1;
	(b) discuss the status of the improvement aims to be achieved by 2022 and those aims with a red ragging status and where baseline data remains outstanding as detailed	

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Topic	Discussion/Decision	Action By
Page 7	at section 5 and in Appendix 1, as well as the risks/issues detailed in each of the Stretch Outcome overviews and determine any mitigating actions required; (c) consider the spotlight case study as contained at Appendix 2 note that a separate report regarding the outstanding aim under Stretch Outcome 5 would be submitted; (d) note that the proposed scheduling of the 7 project charters under Stretch Outcome 16 for submission to the CPA Board for initiation was being developed; (e) note that 21 aims had now achieved and four project end reports were on today's agenda and that project end reports for all 2022 aims had been scheduled as detailed at Appendix 1; (f) note that two of the three aims under Stretch Outcome 15 have ended and the Sustainable City Group were gathering data to determine whether further improvement activity was required at this time to support achievement of the Stretch Outcome and would report any proposals following its meeting on 12 January 2023; and (g) appoint Eleanor Sheppard, Interim Director of Children's and Family Services, ACC as Chair of the Children's Services Board. Mrs Swanson spoke to the report, providing an overview of the current status of the improvement programme, wherein it was highlighted that overall 21 projects had now achieved their improvement aims, with 8 project end reports approved and a further 5 on today's agenda. There were 20 improvement aims to be achieved by 2022. 9 of which have been achieved, with 4 project end reports approved and 3 further reports on today's agenda. The 11 other aims were awaiting and/or reviewing data to confirm if aim had been achieved. All 2022 aims had scheduled for their project end reports to be submitted and this was now detailed at Appendix 1. With the exception of the 3 aims (3.4, 3.5, 6.1) which were based on the on the academic year all project end reports for the 2022 aims would be submitted by the March 2023 Management Group meeting. Where an aim had not been achieved, the project would submit a project end report to ensure that the learning and next steps were considered. All 2023 project aims were currently scheduling their project end reports for submission and this would be reported to the next meeting.	

Topic	Discussion/Decision	Action By
Page 8	The main concern was those improvement aims with no baseline yet namely: 8.3, 10.7 and 12.7) and the other red ragged status aims (1.5, 10.7 and 11.7). In terms of new charters, 74 out of the 82 improvement aims have had charters approved and were progressing or have had project end reports approved. Of the 8 charters to be submitted, 7 come under Stretch Outcome 16 approved by the Board on 30 November 2022 and the schedule for submission to the CPA Board was currently being developed. The final other charter due was in relation to the revised aim for "The number of children and young people with an eating disorder who were identified within 3 months of onset was increased by 50% by 2023" and there was a separate report in relation to that on today's agenda. The Chair emphasised the importance of all projects for 2022 and 2023 submitting project end reports once data was available whether the aim had been achieved or not. This was so that, in line with the improvement methodology, the Management Group and Board were reviewing the status of projects and understanding that not all change would lead to improvement. This also ensured that full consideration was given before projects were ended, amended and/or extended. She asked all Outcome Improvement Group Chairs to determine with their Project Managers when they would have data to confirm if aim had been achieved and to schedule the submission of their project end reports. The Management Group then heard from each of the Chairs of the Outcome Improvement Groups who spoke to their respective Stretch Outcomes focusing on those projects with red ragging status and or had challenges to be raised:	All OIG Chairs

SO	Live Ref.	Project Aim	Status
13-15		Jillian Evans advised that since the agenda had been issued a meeting of the Sustainable City Group had been held and therefore there was further progress and that she would ensure that Project Managers were providing the detail/outcomes for the report in advance of its submission to the CPA Board.	

Action By: Jillian Evans, NHSG

Topic	Discussion/Decision			Action By
Page 9		13.2	Reduce the generation of waste in Aberdeen by 8% by 2023.	The Project Team had provided a presentation at the last Sustainable City Group meeting and was now also going to be testing the impact of the Reuse Shop and NHSG had offered to provide evaluation support.	
		13.3	Community led resilience plans in place for areas most vulnerable to flooding by 2023, leading to resilience plans in place across all areas of Aberdeen by 2026.	The Bridge of Don and Denmore community resilience group had been established, with core organisations including Kings Church, BoD Men's Shed, and the Local Rotary Group. This was being supported by Peterculter Resilience Group, Aberdeen City Council and Scottish Fire and Rescue. Kings Church chair and host the group, with the vice chair being held by ACC/SFRS until the group was self-sustaining. The group were developing a modular Community Resilience Plan that would assist future groups to follow the same process. A promotion campaign was ongoing and had resulted in 2 direct contacts for more information on setting up a community group – Midstocket and Rosemount area - follow up made. Community emergency Resilience boxes x 47 delivered in December/ Jan	

Topic	Discussion/Decision			Action By
Page 10	14.1	Increase % of people who walk as one mode of travel by 10% by 2023.	Preparing to test a single change re whether installing a series of park benches installed on Westburn Road and around the Foresterhill Campus encourages more people to walk to the Foresterhill Campus, if there were places to rest and stop. The Sustainable City Group felt they were making progress to the aim, however the aim was reliant on data from the City Voice and therefore only provided a sample of a population. To provide a wider reflection data from walking counters was being gathered and would be analysed. In terms of the City Voice, it was highlighted that following the review last year a series of smaller topic specific questionnaires would be circulated and therefore Sustainable City Group could ask for an active travel questionnaire should they wish for further questions on this to be asked.	

Topic	Discussion/Decision			Action By
Page 11	14.2	Increase % of people who cycle as one mode of travel by 2% by 2023.	The North East Cycle Hub was being developed with contracts awarded for the project to be delivered. The project would upcycle cycles and then either sell them on at an affordable reduced cost to help sustain the project and the upcycled cycles would also be given free to people who need them(along with a helmet, lock, lights and information pack). Project would formally launch early this year. The project aim was using City Voice data but would also be using cycling counters to capture full extent of cycling within the city.	
	15	Further to the action from the last meeting for the Sustainable City Group to consider whether further improvement activity was required at this time to support achievement of the Stretch Outcome 15 given that two aims had been achieved, the Sustainable City Group were currently reviewing data and research to identify multi-agency improvement aims to support the overall Stretch Outcome and aiming to align regional aspirations for Grampian to "Our Natural Health Service". Discussions were ongoing in relation to social prescribing and also with Keep Scotland beautiful to help identify new aims to help achieve Stretch Outcome 15. Jillian undertook to provide an update of the status of the development of the new aims in advance of the Board meeting on 15 February and it was likely that the aims would be submitted for consideration at the next meeting of the Management Group in March 2023.		Jillian Evans, NHSG
	12	Simon Rayner provided an overview of SO12 improvement aims highlighting overall that projects were progressing however highlighted the following issues:		

Topic	Discussion/Decision			Action By
Page 12	12.4	Increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023	ABIs were now being undertaken in primary care and work was progressing for ABIs to be undertaken by housing staff, but a challenge to achieve the aim.	
	12.6	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022.	Project awaiting data for end of 2022 and was preparing a project end report for the next meeting.	
	12.7	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2023.	Project was progressing with testing of cepheid machine as per case study, however baseline data was still outstanding. Jillian Evans advised that a meeting of the Project Manager and Health Intelligence was scheduled for Friday to discuss what data was available, however the project had been awaiting prevalence data. The chair highlighted that for the aim the following data was required: • Number of settings where testing was available; • Number of people tested; and • Number of people with positive test accessing treatment And emphasised the importance of this being resolved in advance of the Board agenda being issued. Simon and Jillian undertook to have a baseline identified.	Jillian Evans, NHSG/Simon Rayner, ACHSCP

Topic	Discussion/Decision			Action By
Page 13	Derek advised that overall 2 of the 6 aims had been achieved and that he anticipated project 1.3 being achieved in the coming months. Whilst good progress was being made two projects, as highlighted below, had issues to be resolved and the Group also felt that further improvement activity was required in order for the Stretch Outcome to be achieved. In this regard, the Group noted that the Anti-Poverty Group had been discussing further multi-agency improvement aim(s) that could be taken forward at this time to support achievement of the Stretch Outcome and would report back to a future meeting of the Management Group with proposals – most likely the next meeting.			Derek McGowan, ACC
		1.2	Reduce by 50% the number of homes with an EPC rating of F&G by 2023, leading to 100% by 2026.	No data or update in respect of 1.5 for a further period. This project was also closely aligned with 1.2 and therefore lack of progress and data was also impacting on 1.2. Derek undertook to meet with the Project Managers as soon as possible to determine any issues impacting progress and taking steps to ensure progress.
		1.5	Decrease the number of households in extreme fuel poverty in Aberdeen by 4% by 2023; and reduce the rate of socially rented households in fuel poverty in Aberdeen by 8% by 2023.	The Chair highlighted the importance of both aims, especially given the current impact of the cost of living and expressed disappointment that there hadn't been progress and sought assurance that this would be taken forward.
	2	Allison Carrington advised that all projects for Stretch Outcome 2 were progressing and a project end report for 2.3 would come to the next meeting as the aim had been achieved. All projects were reviewing data timelines and confirming when their project end reports would be submitted for both Stretch Outcomes. In relation to availability of data to show progress towards the overall Stretch Outcomes, Allison Carrington advised that she was unable to provide a timescale for this at present, but assured partners that it was being gathered with Aberdeen Prospers to determine a consistent approach. In respect of Stretch Outcome 3 she highlighted specially the following projects:		

Topic	Discussion/Decision			Action By
Page 14		3.2	By December 2022, increase by 10% the number of people in Aberdeen who: • Have digital access; and • Feel comfortable using digital tools.	Current City Voice asking questions aligned to aim to evidence if it had been achieved. Project Manager was now on maternity leave, however Margaret Stewart, ACC, had agreed to take this project on and was preparing a project end report being for the next meeting. As part of this Margaret was currently gathering data on impact of the changes tested.	
		3.4	Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.	Aim to be achieved by 2022 and project end would come to the meeting in May 2023. Changes were being tested, with focus groups and information sessions with pupils in St Machar Academy (as the pilot project) arranged for 27th January. The collective impact of the changes had yet to be assessed by the project.	
		3.5	80% of young people would successfully complete their Modern Apprenticeship (MA) programme by 2022.	Allison advised that an update on this project was needed in order for the current status to be provided. As with the above aim was a project end would be submitted in May 2023. On the basis of previous update project activity was ongoing with a lead for all change identified and data on impact of changes to be included in future updates. All new hairdressing apprentices for this year were being given the opportunity to buy the kit, and a refund programme based on successful outcomes was being devised to incentivise students.	

Topic	Discussion/Decision		Action By
Page 15	4-9	In relation to Stretch Outcomes 4-9, Eleanor Sheppard advised that legislation required the revised Children's Services Plan for 2023-26 to be submitted by March 2023. In line with this, Community Planning Partners who support children and families were currently starting to determine the priorities for inclusion in the next Children's Services Plan. The initial stage was gathering and analysing the current data in relation to children and their families to ensure that the priorities for the next iteration of the Children's Services Plan were evidence led. The statutory 2023-26 Plan would be aligned to our Local Outcome Improvement Plan and would drive almost all of the multi-agency work we do to improve outcomes for children and families. In line with this, all LOIP projects for 2022 had scheduled to submit their project end reports and all for 2023 were considering the data and scheduling submission of their project end reports with expectation that on review of the current data and identification of priorities new multi agency improvement aims aligned to the Stretch Outcomes would be proposed as part of the Children's Services Plan. A slide deck with the data and initial priorities for improvement emerging was currently being engaged on. This engagement was to conclude on 31 January 2023 and thereafter a draft Plan for consultation would be developed and it was aimed to be consulted on the draft in late February/early March. Members on the Management Group would be engaged on the slide deck through their representative on the Children's Services Board but anyone who wanted the slide deck should contact Eleanor directly. In terms of current status of improvement aims, Eleanor advised that overall progress with Stretch Outcomes and improvement projects however highlighted the following projects and in particular that there was a separate report on Stretch Outcome 8 to be considered on today's agenda:	

Topic	Discussion/Decision			Action By
Page 16		5.2	Increase by 80% the use of digital wellbeing resources for children and young people's mental health and wellbeing by 2022 and Increase by 40% the use of the wellbeing scenario on the Mind of my Own app by care experienced children and young people by 2022.	Project reporting had been impacted by the absence of the Project Manager, however PM now back and the project were reviewing data to confirm if aim(s) had been achieved as well as the impact of changes tested and preparing a project end report for March 2023.	
			The number of children and young people with an eating disorder who were identified within 3 months of onset was increased by 50% by 2023.	A separate report was on today's agenda.	
		6.1	Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022	Aim was to be achieved by 2022 based on academic year 2022/23 and data was being reviewed to show if this had been achieved, as well as the impact of MCR pathways and considering connection with 7.1 and pathway associates.	

Topic	Discussion/Decision			Action By
Page 17		6.2	Increase to 43% by 2023 the proportion of children and young people who were supported to live in kinship care or were looked after at home by 2023 and increase by 20% the number of children and young people remaining in a placement looked after at home/kinship between 16-18 years old by 2023.	Changes being tested and data showing over the past three years more C&YP who had identified risk factors in their family circumstances had been supported to continue to live within their family with an appropriate multi-agency support plan in place without the need for a compulsory order. Since April 2020 the number of looked after children in Aberdeen City had fallen by circa 15% & while the number of children that Children's SW supports had remained largely consistent (circa 1500), the % of children supported to remain within their family had increased from 77% to 81%. However, it was acknowledged that Aberdeen had a higher percentage of C&YP placed within a fostering setting compared to the national position and that the current aims as worded were contrary to key policy and legislative intentions. A project end report would come to the next meeting setting out outcomes achieved by the project and proposed next steps in alignment with key policy and legislative intentions.	

Topic	Discussion/Decision			Action By
	6.3	Increase the number of care experienced young people by 10% receiving multiagency throughcare/aftercare support by 2023.	Current data highlighted that 100% of 15 year olds, as per statutory guidance have a pathway plan in place. Individually these plans would highlight the extent to which the pathway plan reflected multi-agency support being provided to the young person, plans were currently being reviewed to explore the extent to which they reflected multi-agency support and whether the improvements taken forward had led to the aim being achieved, as well as areas where further improvement could be made which would contribute to the revision of the Children's Services Plan 2023 – 26.	
	10	Darren Bruce advised that overall Stretch Outcome 10 and its improvement aims were progressing positively, however project 10.7 continued to experience issues as detailed below:		

Topic	Discussion/Decision			Action By
Page 19		10.7	Increase by 10% the number of clients who access assessment/support/ treatment/services in relation to mental health issues:- in Police custody; on a community disposal; in HMP Grampian by 2023	Baseline/ongoing data was available in respect of prison and custody with improvements being tested. However, in CJSW 100% of clients were having a mental health assessment through a compassionate conversation with a qualified social worker. This conversation was ongoing and where specialist mental health support was required a referral was made either to the GP/or mental health provider. Due to recording systems, data was not available from CJSW on the number of clients referred and/or accessing MH support/treatment and therefore this setting was unable to evidence progress towards the aim. A discussion needed to take place within CJSW about what they would see as meaningful data to record in areas they needed to improve in. It might no longer be relevant for CJSW to consider recording the number of onward referrals in view of potential improvement ideas regarding better quality conversations or embedded MH professionals within CJSW reducing onward referrals in order to maintain better management of a person within CJSW.	

Topic	Discussion/Decision				Action By
Page 20				In light of this, Darren proposed that the project focused solely on the two settings (prison and custody) and that, is appropriate following discussions, a new separate improvement aim in relation to CJSW be identified once the new recording system is in place and that this project can take the learning gained from the improvements tested.	
				The MG noted the ongoing issue regarding recording systems within Community Justice Social Work as detailed above. In line with the improvement methodology, it was agreed that the project continues to progress its improvements in the current 2 settings and that the conversation continues with CJSW to resolve the recording issue and identify areas where improvements were required. If successful outcomes achieved from the tests in custody and prison the learning could be applied to CJSW once the recording system was in place if appropriate. A date for the submission of the project end report was being scheduled and the project end report would enable the outcomes and learning in all 3 settings, both positive and negative, to be considered and should a new improvement aim be required in relation to CJSW this could be recommended at that time.	Darren Bruce, Police Scotland

Topic	Discussion/Decision			Action By
Page 21	SO11 Alison MacLeod advised that overall Stretch Outcome 11 and its improvement aims were progressing positively and all identifying when they would have data to evidence if aim had been achieved and preparing project end reports. A Vice Chair for the Groups was still sought. In terms of improvement aims she highlighted the following:			
	11	11.4	Reduce tobacco smoking by 5% overall by 2023.	The percentage of people smoking tobacco had declined, however stats showed that vaping, albeit not covered by this project, was a growing issue and could be the focus for the project at point of scaling up, or a further improvement aim.	
		11.7	To support 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023.	The project had been impacted by Project Manager absence, however PM was now back and updated being provided. Recruitment of families to participate in the project had been challenging and Group had felt that participation overall had been reducing across other pieces of work as well and were looking at ways to increase engagement and hoped that the new strategy would assist with this. Nicola Graham suggested there could be alignment with project 2.4 which was looking to work in the same localities. Alison MacLeod undertook to connect Nicola with the PM.	Alison MacLeod, ACHSCP
	16	Michelle Cochlan advised that the Community Empowerment Group was meeting on 26 January 2023 at which time they would be confirming the Project Managers for the 7 improvement aims and the schedule for submission of the project charters to the CPA Board for approval.			

Topic	Discussion/Decision	Action By
	The Chair highlighted that where improvement aims had been achieved but the Stretch Outcome had not been achieved, further improvement aims would be required to ensure that progress was made towards achieving the Stretch Outcome and that Outcome Improvement Groups should be considering this and submitting proposals to the Management Group as appropriate for consideration. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to agree that the actions as recorded above be undertaken by the relevant chair.	
5. Project End 5.1: Increase to 80%, the number of staff who feel confident about how to directly support, or refer a child for support, and signpost to appropriate services by 2022.	The Management Group had before it a report which presented the outcomes of the LOIP Improvement Project Aim 5.1 which aimed to Increase to 80%, the number of staff who feel confident about how to directly support, or refer a child for support, and signpost to appropriate services by 2022 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group – (a) agree to recommend to the CPA Board that testing was concluded and that this Improvement Project was brought to an end on the basis that the most recent questionnaire results were able to demonstrate that the aim had been achieved with over 80% of teaching staff could confidently support children and young people's mental health and wellbeing consistent with their role; (b) note that the dataset for the overall aim would continue to be reported via the Improvement Programme dashboard to ensure progress was monitored; (c) note that the results of the questionnaire would also indicate that further focus was required in order to increase confidence levels linked to signposting for self-help/peer support or other agencies and agree that improvements required be considered by the recently established Mental Health Collaborative and as part of the development of the revised Children's Services; and (d) endorse the opportunities for scale up and spread of the improvements as described above.	

Topic	Discussion/Decision	Action By
	The Management Group resolved: (i) to approve the recommendations; and (ii) to commend the Project Manager and their Team for their achievements and commitment to the project.	
6. Project End 7.1: Increase the number of accredited courses directly associated with growth areas by 7% by 2023.	The Management Group had before it a report which presented the outcomes of Improvement Project 7.1 which aimed to Increase the number of accredited courses directly associated with growth areas by 7% by 2023 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board that testing was concluded and that this Improvement Project was brought to an end on the basis that the project aim had been achieved and changes now embedded as business as usual and that plans to scale up the changes were in place as described at section 7; (b) agree to recommend to the CPA Board that the Children's Services Board monitor the success of the ABZ Campus initiative and consider further areas of improvement activity as part of the refresh of the Children's Services Plan and LOIP; and note that the dataset for the overall aim would continue to be reported via the Improvement Programme dashboard to ensure progress was monitored. **The Management Group resolved:** (i) to approve the recommendations; (ii) to ask that detail on the new courses offered, where they were available and who they were delivered by be added to the report in advance of its submission to the CPA Board on 15 February 2023; and (iii) to commend the Project Manager and their team for their achievements and commitment to the project.	
7. Project End 10.2: Increase to 30 in total, the number	The Management Group had before it a report which presented the outcomes of Improvement Project 10.2 which aimed to increase to 30 in total, the number of individuals who were on a custodial sentence, on a Community Payback Order with a	

Topic	Discussion/Decision	Action By
of individuals who were on a custodial sentence, on a Community Payback Order with a Supervision Requirement, on Unpaid Work Orders, on Remand or who have been Diverted from Prosecution who were being supported to make progress on the Employability Pipeline by September 2022	Supervision Requirement, on Unpaid Work Orders, on Remand or who have been Diverted from Prosecution who were being supported to make progress on the Employability Pipeline by September 2022 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 15 February 2023 that testing was concluded and that this Improvement Project was brought to an end on the basis that the project aim had been achieved and the changes tested would continue with business as usual and the Community Justice Group would continue to monitor data. (b) note that the dataset for the overall aim would continue to be reported via the Improvement Programme dashboard to ensure progress was monitored. (c) note the opportunities for scale up and spread as detailed at section 7 and how the employability support model would be expanded to other employers. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to commend the Project Manager and their team for their achievements and commitment to the project.	

Topic	Discussion/Decision	Action By
8. Project End 10.6: Increase by 15% victims of domestic abuse receiving support by 2022.	The Management Group had before it a report which presented the outcomes of Improvement Project 10.6 which aimed to increase community food growing in schools, communities and workplaces by 12 by 2023 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group (a) agree that testing was concluded and that this Improvement Project was brought to an end on the basis that the project aim had been achieved and change ideas now embedded as business as usual; (b) note that the dataset for the overall aim would continue to be reported via the Improvement Programme dashboard to ensure progress was monitored; and (c) note that the project team and Violence Against Women Partnership would continue to scale up and spread the change ideas as described in section 7 with a view that a further increase in awareness of what domestic abuse was and where and how people who experience abuse could access support. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to commend the Project Manager and their team for their achievements and commitment to the project.	
9. Project End 4.2: To reduce the number of repeat emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023.	The Management Group had before it a report which presented the outcomes of Improvement Project 4.2 which aimed to reduce the number of repeat emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board that testing was concluded and that the improvement project was ended on the basis that the project aim had been achieved and change ideas now embedded as business as usual; (b) note that the project team recognised that consistency in approaches and use of tools were still a challenge and that prevention was key so they would continue to promote, encourage, and scale up and spread the change ideas as described in	

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Topic	Discussion/Decision	Action By
	section 7 and that the Children's Services Board would promote the outcomes achieved and encourage partners to sign up relevant staff who have contact with families with children under 5 to receive the training and have access to the Keep Kids Safe packs; and (c) note that the dataset for the overall aim would continue to be reported via the Improvement Programme dashboard/outcomes framework to ensure progress was monitored. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to commend the Project Manager and their team for their achievements and commitment to the project.	
10. LOIP Outcome 5, Key Driver 5.1 The number of children and young people with an eating disorder who were identified within 3 months of onset was increased by 50% by 2023.	The Management Group had before it a report which provided an update on the status of improvement aim "The number of children and young people with an eating disorder who were identified within 3 months of onset was increased by 50% by 2023" and proposed next steps. **The report recommended:-** that Management Group recommend to the CPA Board that improvement aim "The number of children and young people with an eating disorder who were identified within 3 months of onset was increased by 50% by 2023" be removed from the LOIP on the basis of the data and approach outlined above; and any future improvement aim be considered as part of the development of the Children's Services Plan and approval to add to the LOIP sought at that time as appropriate. **The Management Group resolved:** to approve the recommendations.	
11. Child Friendly Cities	The Management Group had before it a report which outlined the implications of the anticipated incorporation of the UNCRC into Scots Law and makes proposals to support readiness for incorporation. **The report recommended:-** that Management Group	

Topic	Discussion/Decision	Action By
	(a) recommend to the CPA Board that participation with the Child Friendly Cities Programme and Stetch Outcome 8 of the LOIP was paused to ensure all partners have sufficient time to prepare for incorporation; (b) instruct a report back on the implications of the Statutory Guidance when published by Scottish Government; and (c) ensure that delivery of the UNCRC was fully embedded in the Children's Services Plan for 2023-26. The Management Group heard from Eleanor Sheppard who provided an overview of the report and the current status of the anticipated incorporation of UNCRC wherein she also highlighted the positive actions that had been taken to date by the Child Friendly City Programme Board. The Management Group was supportive of the proposal and the rationale for this at this time. **The Management Group resolved:** to approve the recommendations.	
12. Your Safety Matters – Joint Pledge	The Management Group had before it a report which provided information on the Your Safety Matters (YSM) pledge already in place within North East Division and the creation of a joint pledge moving forward. This included specific reference to Police Scotland current processes, national, regional and Divisional approaches and the identification and sharing of good practice. **The report recommended:-** that Management Group (a) adopt the proposal outlined in this report; (b) canvas partner agencies for inclusion in focus group; (c) identify members including communications leads; (d) consider the role of lead partner in the campaign; and (e) consider which partner was best to lead on this, whilst Police might be a natural choice, we feel that another partner leading on the campaign might have greater impact so it was understood to extend beyond Policing.	

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Topic	Discussion/Decision	Action By
Page 28	The Vice Chair spoke to the report, providing a background to the establishment of Your Safety matters and the benefits for all partners staff of taking forward a joint pledge. The Management Group welcomed the report and highlighted that this was a matter that affected staff across many settings and was important that the Pledge was joint across the partnership. It was agreed that to ensure the focus across all relevant partner settings, that it would be beneficial, as proposed in the report, that a Partner other than Police, take the lead on the campaign and that all other partners identify a representative to support the development of the Pledge and ensuring that the material was reflective for their respective settings and reaching appropriate people. **The Management Group resolved:** (i) to approve the recommendation and to suggest that the Scottish Fire and Rescue (SFRS) lead the Your Safety Matters Joint Pledge; (ii) to agree that the Vice Chair speak to Andy Buchan (SFRS) regarding Scottish Fire and Rescue Service taking the lead and subject to agreement request that the report be updated to reflect this in advance of submission to the CPA Board on 15 February 2023.	Davie Howieson, Police Scotland
13. Aberdeen Health Determinants Research Collaborative - Update	The Management Group had before it a report which provided an update on the activity of the Aberdeen Health Determinants Research Collaborative (AHDRC). **The report recommended:-** that Management Group note the update. **The Management Group resolved:** to note the update and that this would be a standing item of future agendas.	
14. Cost of Living – Aberdeen	The Management Group received a brief presentation from Derek McGowan which set out data on the current impact on Aberdeen City on the cost of living crisis. Give timing, Derek highlighted specific data and advised that as per the Board instruction the next step was for the data to be reported to the CPA Board on 15 February along with an analysis demonstrating how these areas were being addressed	

Topic	Discussion/Decision	Action By
	through the LOIP/single systems and identifying any gaps that needed to be addressed. The Management Group welcome the data and agreed that it would be beneficial to revisit this at a future meeting to discuss in greater detail. Eleanor Sheppard advised that the data was being used to identify the priorities within the Children's Services Plan 2023-26. **The Management Group resolved:** to agree that Derek McGowan provide a report to the next meeting of the Board with the data as presented on the impact of the cost of living crisis on the city at present and also demonstrating how these areas were being addressed through the LOIP/single systems and identifying any gaps that needed to be addressed.	
5. Child Poverty Action Plan	The Management Group had before it a report which presented the refreshed Child Poverty Action Plan 2022-2026 for approval for submission to the CPA Board on 15 February 2023. **The report recommended:-** that Management Group approve the report for submission to CPA Board on 15 February 2023. The Management Group welcomed the report and proposed that the following aspects be updated in advance of submission to the CPA Board: • A mapping of how it aligns to the LOIP added as an appendix to provide clarity of the alignment; • A statement to make it clear where the Plan would sit once the revised Children's Services Plan 2023-26 had been developed; and • Section on actions in relation to employers to ensure that there was emphasis on development of child friendly jobs. **The Management Group resolved:** to agree the recommendations subject to the report being updated to reflect the points detailed above.	

Topic	Discussion/Decision	Action By
16. Community Planning Budget 2022/2023 – Q3 Budget Monitoring Report	The Management Group had before it a report which provided an update on the 2022/23 Community Planning Aberdeen's budget financial performance for the period 1 October 2022 to 1 December 2022. **The report recommended:-** that Management Group note Community Planning Aberdeen budget performance during quarter 3 of 2022/23. **The Management Group resolved:** to approve the recommendation.	
17. CPA Forward Planner	The Management Group had before it the CPA Forward Planner. **The Management Group resolved:** (i) to note the CPA Forward Planner; and (ii) to note that dates for submission of some of the future items of business had to be confirmed.	Allison Swanson, ACC
18. CPA Funding Tracker	The Management Group had before it the CPA Funding Tracker. **The Management Group resolved:** to note the CPA Funding Tracker.	
19. Date of Next Meeting	The Management Group noted that its next meeting would be held on 22 March 2023 at 2pm.	

Community Planning
Aberdeen

Progress Report	Draft Children's Services Statutory Plan 2023-26
Lead Officer	Eleanor Sheppard – Chair of Children's Services Board
Report Author	Eleanor Sheppard – Chair of Children's Services Board
Date of Report	23 February 2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report aims to outline the progress made in developing the statutory Integrated Children's Services Plan and seek approval to (1) finalise, submit and then deliver against the Plan from April 2023 to March 2026; and (2) endorse the proposed amendment to the children and young people, Stretch Outcomes 4-9 of the Local Outcome Improvement Plan.

Summary of Key Information

1   BACKGROUND

1.1   Part 3 (Children's Services Planning) of the Children and Young People (Scotland) Act 2014 requires every local authority and its relevant health board to jointly prepare a Children's Services Plan in respect of a three-year period.

1.2   This Children's Services Planning process aims to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focussed on quality and prevention, and dedicated to safeguarding and the promotion of child wellbeing to prevent need from escalating.

1.3   While overall responsibility for children's services planning rests with a Local Authority and its relevant Health Board, it is expected that the Local Authority and health board will work collaboratively with other members of the Community Planning Partnership (CPP), as well as with children, young people and their families to develop Plans.

2.   DEVELOPMENT OF THE REVISED CHILDREN'S SERVICES PLAN 2023-26 – ENGAGEMENT/CONSULTATION

2.1   The draft revised Children's Services Plan 2023-26 is presented in Appendix 1 to this report and is the product of work which started in November 2022 when the Children's Services Board started to gather, analyse and update performance management information drawn from across all services for children and families. Undertaking this population needs assessment helped

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Board members identify current and future need for the child population as a whole, for more vulnerable groups within this and also by age and stage.

2.2   In parallel, the Children's Services Board considered and mapped all anticipated legislation to ensure that the need to prepare for and implement legislation could be reflected in the Plan.

2.3   The Children's Services Board agreed a suite of key data that was felt to highlight where improvements or changes were required. A two week period of engagement was undertaken in late January to help provide the Board with some assurance that the emerging priorities were those most in need of our focus. A range of stakeholders engaged with the key data identified including those delivering services to children and families, those receiving services and those responsible for commissioning services.

2.4   In total, 463 stakeholders considered the key data and emerging themes and fed back their views through 28 engagement sessions. Some of the data surprised stakeholders.

4. Did any of the data surprise you? Please select any sections where you were surprised by the data

More Details

| ● Population Wide | 5 |
● Support For Families	3
● Babies	7
● Under 5's	8
● School Aged Pupils	12
● Those with Disabilities and Addi...	11
● Mental Health	10
● Experiencing Poverty	8
● None	10
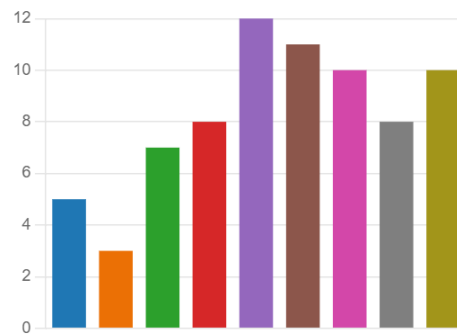
2.5   There was broad agreement on the key areas for development and improvement.

8. Do you agree with the initial thoughts for improvement priorities? Please select yes or no for each section.

More Details

■ Yes   ■ No

Population Wide
Support for Families
Babies
Under 5's
School Aged Pupils
Those with Disabilities and Additional Support Needs
Mental Health
Experiencing Poverty

2
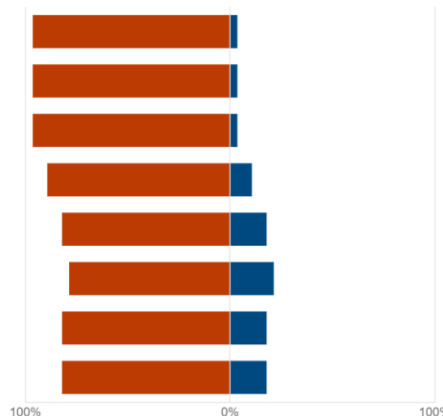
2.6   There were requests for more analysis in some areas and requests for further data sets to be considered. This invaluable feedback was taken into account in preparing the draft Children's Services Plan for consultation.

6. Has any data been missed? Please select any sections where you think data may have been missed from.

More Details

● Population Wide	7	
● Support for Families	6	
● Babies	6	
● Under 5's	4	
● School Aged Pupils	13	
● Those with Disabilities and Addi...	10	
● Mental Health	6	
● Experiencing Poverty	8	
● None	8	
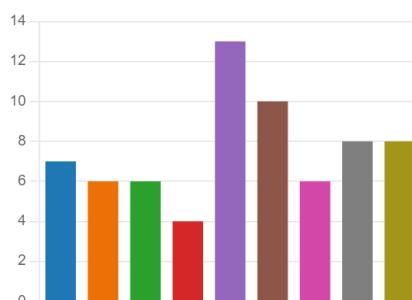
2.7   Feedback from the engagement process has enabled the Children's Services Board to draft the Improvement Plans and structure the Plan with far greater confidence.

2.8   In early February, a Draft Children's Services Plan was developed based on the strategic needs assessment undertaken from November, the feedback from the two week engagement period and the need for better alignment of all statutory Plans. The draft Plan was shared with Children's Services Board members to allow partners to consider the scale of the plan holistically and collate baseline data. This allowed Board members to consider the structures required to deliver the Plan and establish refreshed Terms of Reference to support the delivery of Children's Services Plan.

2.9   The draft Plan (along with a summary of the Plan and a Children and Young People's version) was formally consulted upon through Citizenspace from 20th February to 12 March 2023. 31 adults and 342 children and young people gave their views on the Plan.

2.10   There was overwhelming support for the addition of a stretch outcome related to those with additional support needs and disabilities and a consistent theme regarding the need for regular updates on progress in this area and across other areas of the Plan. A majority of respondents agreed or strongly agreed with all six of the Stretch Outcomes, and similarly a majority believed we had the right multi-agency improvement projects and key actions to achieve our Stretch Outcomes by 2026. The need for close collaboration and alignment with community assets and the Third sector also came through the responses and has been better reflected in the Plan. The Plan is perceived to be suitably ambitious with several references made to the need to ensure effective delivery.

2.11   Some respondents questioned the phrasing of some improvement projects and some asked that targets be increased in some areas. Others noted that missing baseline data should be included where ever possible. Almost all of the suggestions are either already reflected in the Plan or have now been

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taken into account in finalising the draft Plan for approval. This formal consultation process has provided invaluable feedback.

2.12 A Children and Young People's version of the Plan was produced and children and young people asked to consider and provide to feedback individually or through a series of focus groups. **342** children and young people engaged. Feedback from children and young people was also highly supportive of the Plan. Young people shared some helpful insights to support how the work is taken forward and these comments will be shared with project leads. Some of these insights include the following quotes taken direction from the consultation responses:

'Young people aren't bad and shouldn't be treated like criminals'

'It's great to have the opportunity to give our opinions'

'There should be more in-person/video call support options for those with additional needs/disabilities/experience of trauma, etc. Online doesn't work for everyone'.

'We need better mental health support that's quick and easy to access'.

'A journey to a thousand miles begins in one step, so it is very assuring to have Aberdeen go through many upgrades. But as long as the level of quality of these new policies, projects and frameworks are maintained to the letter, things will definitely take an efficient turn for Aberdeen. Thank you!'

3. DRAFT REVISED CHILDREN'S SERVICES PLAN 2023-26

3.1 The draft revised Children's Services Plan 2023-26 is presented in Appendix 1 to this report, along with:
- the Improvement Plan at Appendix 2;
- a summary of the Plan at Appendix 3;
- a Children and Young Person's version of the Plan at Appendix 4

3.2 The Children's Services Plan is one of a suite of Statutory Plans which support delivery of the Local Outcome Improvement Plan. Strategic plans for children include our Corporate Parenting Plan, Child Protection Improvement Plan, Children's Rights Report, Aberdeen City's Health & Social Care Partnership Strategic Plan, the education National Improvement Framework Plan, Early Learning and Childcare Delivery Plan and Accessibility Plan, our Community Learning and Development Plan, Community Justice Plan, Locality Plans and our Child Poverty Plan.

3.3 The Children's Services Board agreed the need to better integrate the full range of statutory Plans into the Children's Services Plan 2023-2026. The Board also expressed a desire to link the Plan to work being coordinated through the local Autism and Carers' Strategy in order to provide clarity around our improvement priorities for both those who support children and families and those who receive services. Better integration of Plans will support our delivery of more integrated services and help the workforce make

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the best use of time and resource to better support those we collectively serve with a focus on prevention.

3.4   As well as seeking approval of the Plan by the CPA Board, approval is also sought that the Children and Young People section of the current LOIP be amended to reflect the multi-agency improvement aims within the Children's Services Plan 2023-26 as per **Appendix 5**. The table at **Appendix 6** captures the proposed amendments to Stretch Outcomes 4-9 the Local Outcome Improvement Plan 2016-26 from the Children's Services Board.

3.5   The Plan articulates the outcomes Community Planning Partners hope to realise for children, young people and families by working together over the lifetime of this Plan. Our vision remains to make Aberdeen a place where all children and young people can grow up loved, safe and respected so that they can realise their full potential.

3.6   The proposed improvement projects have been reviewed to ascertain the proportion focussed on prevention and early intervention in keeping with national and local policy. Around 40% of the proposed work within the Plan is focussed on prevention with a further 50% focussed on early intervention. Given the multi-agency nature of the Plan this balance is thought to be appropriate.

3.7   Given that the Plan also needs to support the safeguarding of children and young people, the Chief Social Work Officer reviewed for Plan for alignment against the Aberdeen City Child Protection Improvement Programme. 30% of proposed activity is aligned with the Child Protection Improvement Programme. Given that this Plan is designed to support all children across Aberdeen City this is thought to be appropriate.

3.8   Summary of the key changes:
   - 6 stretch outcomes remain, but have been reviewed leading to:
      ➢ Increased focus on children and young people with additional support needs and disabilities through new Stretch Outcome 9 "
      ➢ Removal of the current Stretch Outcome 8 "Child friendly city where all decisions which impact on children and young people are informed by them as rights holders by 2026."
   - 34 multi-agency improvement aims across the 6 stretch outcomes.

      Removal of Stretch Outcome 8 "Child friendly city where all decisions which impact on children and young people are informed by them as rights holders by 2026."

3.9   Members will note that children's rights sit at the heart of this Children's Services Plan. There is a clear expectation that all areas of improvement will be directly influenced by the participation of children and young people.

3.10   To ensure that UNCRC is fully embedded and given UNCRC will make the aims a statutory requirement, it is important that these are embedded throughout all of our systems and not deemed the responsibility of one project.

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3.11 Work in this area will now be monitored and reported through Stretch Outcome 16 (100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026). However, in addition to this key outcomes aligned to UNCRC are included within the enabling systems section of the Plan and throughout each of Stretch Outcomes so that children's rights are mainstreamed.

Increased focus on children and young people with additional support needs and disabilities through new Stretch Outcome 9 "100% of our children with Additional Support Needs/ Disabilities will experience a positive destination by 2026."

3.12 Around 39.5% of children and young people in our schools are now identified as having at least one additional support need (ASN), this represents an increase of c.3.8% compared to levels recorded in 2019. More secondary pupils (44%) are identified as being in need of additional support compared to 36.8% in primary. There is considerable evidence that those who experienced the periods of lockdown at the point of transition (current S1 and S2 pupils) have been disproportionately affected by the restrictions.

3.13 There is an increase in the number of children declared disabled. There is also an increase in the number of children assessed or declared disabled from 266 in 2019 to 406 in 2021 (165 in Primary and 241 in Secondary). Nearly 16% of our children and young people who responded to a recent survey told us that they don't think that those declared disabled are treated with respect and provided with the same opportunities as their peers.

3.14 From our engagement on the draft Plan in January, ASN and disabilities in line with data, was highlighted as an area where improvement was needed and that it needed to be added as a priority to ensure the outcomes from children with additional support needs and disabilities were improved and have the same opportunities as their peers. The proposed Stretch Outcome consulted on had aspired for 95%, however following the consultation responses this has been amended to 100%.

4. DELIVERY OF THE PLAN, GOVERNANCE AND ACCOUNTABILITY

4.1 Delivery of the Plan will be overseen by the Children's Services Board with progress against improvement projects and preparations for legislation being reported to Community Planning Aberdeen. Initiation of the multi-agency improvement aims and progress reporting will be through the existing CPA reporting arrangements. An annual review of progress will be developed over the lifetime of the Plan and it is proposed that this yearly update and will be submitted to the Community Planning Aberdeen Management Group and Board.

4.2 Subject to the approval of the revised Children's Services Plan by the CPA Board in April, the current CPA Improvement Programme will also be revised to reflect the new improvement aims. The draft scheduling of improvement project charters for the new and revised multi-agency aims is contained at **Appendix 5.** The scheduling ensures a phased and coordinated approach to the initiation of new projects and the testing of changes with and by

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communities. This will help ensure that resources are channelled to the projects of greatest importance and that no one partner or community is overwhelmed by the number of projects or changes being tested. This prioritisation helps ensure the Partnership is moving at pace. The timeframe for completion of testing and scaling up will vary depending on the complexity of the change and the confidence in the results gathered. The use of rapid cycle testing should ensure that project teams progress towards their improvement aims quickly. Projects should be closed as aims are achieved to allow partners to move on to the next priority.

4.3 Members will appreciate the complexity in developing an integrated Plan across all Community Planning Partners. It will be important to reflect on the approach taken to inform the approach to be taken in 2026. An evaluation of the process taken will be undertaken prior to the summer holiday period to ensure that learning is captured to help inform our on-going work.

5 NEXT STEPS

5.1 Subject to endorsement at this meeting the next steps proposed are:

Submit to CPA Board for approval	11 April 2023
CPA Board to consider	19 April 2023
Subject to approval, submit to Scottish Government	19 April 2023
LOIP Stretch Outcomes 4-9 updated as per Appendix 5	April 2023
Cascade Plan to staff and communities	April 2023
Partners to update their respective Plan	April/May 2023
New Terms of reference for the CPA Board and Sub Groups agreed and implemented	April 2023
New Project Managers to complete the model for Improvement Bootcamp	April onwards
Development and submission of charters	April onwards

Recommendations for Action

It is recommended that members of the CPA Management Group:

i) Endorse the draft revised Children's Services Statutory Plan 2023-26 presented at **Appendix 1** and the Improvement Plan at **Appendix 2** for submission to the CPA Board on 19 April 2023, noting that further baseline data will be added in advance, and subject to approval by the Board agree that the Plan be submitted to the Scottish Government;

ii) endorse the proposed amendment to the children and young people (Stretch Outcomes 4-9) section of the Local Outcome Improvement Plan 2016-26 as at **Appendix 5** and subject to approval by the Board agree that Stretch Outcomes 4-9 be amended accordingly and Partners asked to update their strategic plans to align to the refreshed LOIP;

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iii)	note the table at **Appendix 6** detailing the proposed amendments to Stretch Outcomes 4-9 the Local Outcome Improvement Plan 2016-26;
iv)	endorse the proposed draft scheduling of the project charters under Stretch Outcome 4-9 for submission to the CPA Board for initiation as detailed at **Appendix 5**; and
v)	agree the next steps as outlined at section 5 of the report

Opportunities and Risks

The preparation of this Children's Services Plan satisfies the duty placed upon the Council and Health under section 8 of the Children and Young People (Scotland) Act 2014. The needs of children and young people most often require a strong multi-agency response. This Plan will support the further integration and collaboration across services supporting children and families to help realise improved outcomes. This Plan details how Stretch Outcomes 4 – 9 will be realised over the next 3 years and will help to coordinate our work across the Community Planning Partnership. The Children's Services Plan prioritises prevention and is closely aligned with the National Improvement Framework. The Plan is designed to bring all statutory Plans for children into one Plan to improve service delivery.

Consultation

Children's Services Board
CSB Sub Groups

Appendices

Appendix 1	Draft Children's Services Statutory Plan 2023-26
Appendix 2	Draft Improvement Plan 2023-26
Appendix 3	Summary of the draft Children's Services Plan 2023-26
Appendix 4	Children and Young People's version of the draft Plan 2023-26
Appendix 5	Revised LOIP Stretch Outcomes 4-9
Appendix 6	Table capturing the proposed amendments to Stretch Outcomes 4-9 the LOIP 2016-26

Background Papers

LOIP 2016-2026
Children's Services Plan

Contact details:

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Community Planning Aberdeen

Progress Report	CPA Improvement Programme Quarterly Update and Appendices
Lead Officer	Gale Beattie, Chair of CPA Management Group and Aberdeen City Council Director of Commissioning
Report Author	Allison Swanson, Improvement Programme Manager
Date of Report	28 February 2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report provides an update on the progress towards the Stretch Outcomes and improvement projects within the Local Outcome Improvement Plan 2016-26 which have started, or are due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026 on the basis of the Improvement Programme 21-23 approved by the Board on 15 September 2021.

Summary of Key Information

BACKGROUND

1.1 The refreshed Aberdeen City Local Outcome Improvement Plan (LOIP) was approved by Community Planning Aberdeen Board on 7 July 2021. Within the refreshed LOIP there remains 15 stretch outcomes to be delivered by 2026 and 75 shorter term improvement projects.

1.2 The CPA Improvement Programme 2021-23 was approved by the Board on 15 September 2021 and set out the timescales for both initiation of the new aims within the refreshed LOIP, as well as the timescales for the continuing project charters being reviewed, over the next two years up until 2023. Of the 75 improvement aims within the refreshed LOIP 2016-2026, 41 projects were already initiated and therefore were classed as continuing, whilst 34 were new projects. This report provides an overview of progress to date and also shows the connections with the community ideas for improvement as contained in the Locality Plans approved by the CPA Board on 7 July 2021.

1.3 The Community Planning Aberdeen Outcome Management and Improvement Framework sets out how CPA ensures effective, systematic and collaborative scrutiny of progress towards the achievement of outcomes within the LOIP. The Board on 15 September approved new outcome reporting interfaces to ensure that the various audiences are being provided with the detail to meet their requirements; and also providing the conditions to support the achievement of the project aims within the two year timeframe of the Improvement Programme, and ensuring that the connection with the community ideas for improvement in the Locality Plan are made and progress reported on. These arrangements include quarterly reporting to the CPA Board on progress made in taking forward the LOIP improvement projects.

1.4 On 30 November 2022, the CPA Board approved the addition of a New Stretch Outcome 16 which aimed to achieve "100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026".

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Within the new stretch outcome there were 7 further improvement aims setting out what we will improve, by how much and by when. On 15 February 2023, the CPA Board agreed to remove an improvement aim under Stretch Outcome 5. Therefore as of February 2023, the LOIP has 16 stretch outcomes to be delivered by 2026 and 81 shorter term improvement projects.

CPA IMPROVEMENT PROGRAMME 2021-2023 – OVERVIEW OF PROGRESS TO DATE

2.1 Appendix 1 to the report, provides a high level overview of progress across all 16 Stretch Outcomes (SO), as well as a spotlight on each Stretch Outcome, and the underpinning improvement projects.

2.2 The Chairs of the respective Outcome Improvement Groups will speak to their Stretch Outcome dashboards highlighting progress; key achievements and outcomes achieved by the projects for their Stretch Outcomes over the reporting period, as well as any risks and/or issues being experienced and for the CPA Management Group and Board to take appropriate action to address any barriers to progress at the earliest opportunity.

2.3 The overview provides a performance trend against progress towards the overall SO and individual aim(s) on the basis of declining, improving, steady. Where no data or only baseline data is available this has been highlighted. The key for the performance trend is:

Performance Aim Trend	
↑	Improving
→	Steady
↓	Declining
●	Baseline only
●	No data

2.4 The overviews also include a ragging status to ensure that both Outcome Impvement Groups and Project Teams are reflecting on whether the project is on track, at risk, or off track and highlighting any issues/risks and proposed mitigation.

Project Updates

2.5 From the Stretch Outcome dashboard, you can access the project update reports for projects which have had their charter approved for initiation of testing. Projects updates are a short summary of progress towards achieving the overall project aim, including details of what changes are being tested; within which locality; how it aligns to the Locality Plans and the improvement data which demonstrates whether the changes are making a difference.

2.6 Locality Leads are working with the Locality Empowerment Groups and Priority Neighbourhood Partnerships to identify community connectors to work with the respective LOIP projects to take forward the community ideas in the localities. Opportunities to become a connector are being actively promoted and where a connector is to be identified, the Locality Leads will act as the connector in the meantime.

2.7 The report is designed to focus on the outcomes of the project, rather than a general update on activity. Project team's self evaluate their progress using the Progress Scale below, as well as a project ragging to show whether overall they are on track, at risk, or off track and highlighting any issues/risks and proposed mitigation.

Project Progress Scale	
0	Project on hold
1	Project area identified and agreed
2	Draft Outline Project Charter and team in place
3	Understanding baseline of current system
4	Project Charter endorsed by CPA Board

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5	Change ideas and project measures developed	
6	Testing underway	
7	Initial indications of improvement	
8	Improvements achieved	
9	Sustainable improvement	
10	Project complete	

2.8 Progress updates for live improvement projects can be accessed from both Appendix 1, but also on the Improvement Project Dashboard on the Community Planning Website. This information will also be used by Locality Empowerment Groups/Priority Neighbourhood Partnerships in respect of progress of their community ideas within the Locality Plans.

4. IMPROVEMENT PROJECT AIMS ACHIEVED

4.1 28 projects have now achieved their improvement aims as detailed below, with 13 project end reports approved and a further 16 on today's agenda. The other projects are continuing to monitor progress/impact of change ideas until the next meeting/academic/financial year to ensure that data is available to evidence that the improvement is sustained and thereafter will submit a project end report.

4.2 Project 3.1 (Real Living Wage) has also achieved its aim for 2021 and 2022 in terms of 5% increase in Real Living Wage employers ear on year and will continue to ensure 5% aim for 2023 achieved and towards the aim of being a Real Living Wage City by 2026.

5 IMPROVEMENT AIMS TO BE ACHIEVED BY 2022 AND 2023

2022

5.1 There are 20 improvement aims to be achieved by 2022, 13 of which have been achieved, with 7 project end reports approved and 9 further reports on today's agenda *(2 project end reports for 4.1 and 5.2 (2 aims), are to follow in advance of the meeting).*

5.2 All 2022 aims have now submitted their project end reports with the exception of 3 aims (3.4, 3.5 and 12.6) which are based on the on the financial year, otherwise all project end reports for the 2022 have been submitted. The remaining 3 will be submitted to the next meeting.

5.3 Where an aim has not been achieved, the project will submit a project end report to ensure that the learning and next steps are considered.

2023

5.4 In respect of improvement aims to be achieved by 2023, at present, 15 have been achieved, with 5 project end reports approved and 7 further reports on today's agenda. The remaining 2023 project aims are currently scheduling their project end reports for submission and this is reported at Appendix 1.

5.5 5 live aims have a red ragging status (1.2, 1.5, 10.7, 11.7 and 13.2).

5.6 The Management Group are asked to consider the status of the projects and any issues impacting on these projects progressing.

4 NEW PROJECT CHARTERS/NEW STRETCH OUTCOME 16

4.1 A separate report with new project charters for the improvement aims under Stretch outcome 16 is on today's agenda.

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5 STRETCH OUTCOME 15

5.1 Two of the three aims under Stretch Outcome 15 have been achieved and projects ended. In light of this CPA Management Group asked the Sustainable City Group to consider whether further improvement activity was required at this time to support achievement of the Stretch Outcome. The Sustainable City Group have reviewed data and research to identify further improvement activity to support progressing on Stretch Outcome 15. The Group at its meeting in February 2023 identified further change ideas to be tested. These ideas align to project 15.3 and therefore to ensure no duplication and that efforts are focused on progressing 15.3 which aligns directly to the Stretch Outcome, the Group does not propose to add any further improvement aims at this time.

6 CHAIR OF THE ANTI POVERTY GROUP AND COMMUNITY JUSTICE GROUP

8.1 The Chair of the Anti Poverty Group and the Community Justice Group has moved to a new post and therefore both positions are currently vacant. The Management Group is asked to make appointments to both of these positions.

7 NEXT STEPS

7.1 Projects which have charters approved by the CPA Board will proceed to the designing and testing stage.

7.2 Projects with aims achieved will continue to report on progress to ensure improvement is sustained and thereafter submit a project end report.

Recommendations for Action

It is recommended that the Management Group:
i)   consider the overview of progress against the CPA Improvement Programme, as well as the overview for each Stretch Outcome; respective improvement projects as contained at Appendix 1;

ii)   discuss the status of the improvement aims to be achieved by 2022 and those aims with a red ragging status and where baseline data remains outstanding as detailed at section 5 and in Appendix 1, as well as the risks/issues detailed in each of the Stretch Outcome overviews and determine any mitigating actions required;

iii)   note that a separate report with the project charters under Stretch Outcome 16 for submission to the CPA Board for initiation is on today's agenda;

iv)   note that 28 aims had now achieved and 16 project end reports were on today's agenda *(two to follow in advance of meeting)* and that project end reports for all 2022 aims except three which were based on the 22/23 financial year had been submitted;

v)   note that two of the three aims under Stretch Outcome 15 have ended and that the Sustainable City Group had identified further change ideas aligned to project 15.3 to support achievement of the overall Stretch Outcome and therefore, at this time, did not propose to add further improvement aims; and

vi)   appoint a Chair for the Anti Poverty Group and the Community Justice Group.

Opportunities and Risks

Successful delivery of the revised LOIP 2016-26 requires a robust programme management approach to the delivery of the 74 improvement aims and also requires clear process for alignment to the Locality Plans. The phased approach to the initiation of the projects in the LOIP

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to help ensure we are channelling our resources to those projects which are most likely to have the biggest impact. The clear governance arrangements for both continuing and new project charters also ensures that we have effective outcome management arrangements in place to deliver upon the aims in the LOIP in the timescale and supports projects to continue at pace.

Consultation
Michelle Crombie, Community Planning Manager CPA Outcome Improvement Groups CPA Lead Contacts Group CPA Management Group

Background Papers
Refreshed Local Outcome Improvement Plan 2016- 26 and CPA Development Plan 2021-2022 Final Draft Integrated Locality Plans 2021-26 – North, South and Central

Contact details:

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CPA Improvement Programme 2021-2023

Overview of Progress to Date

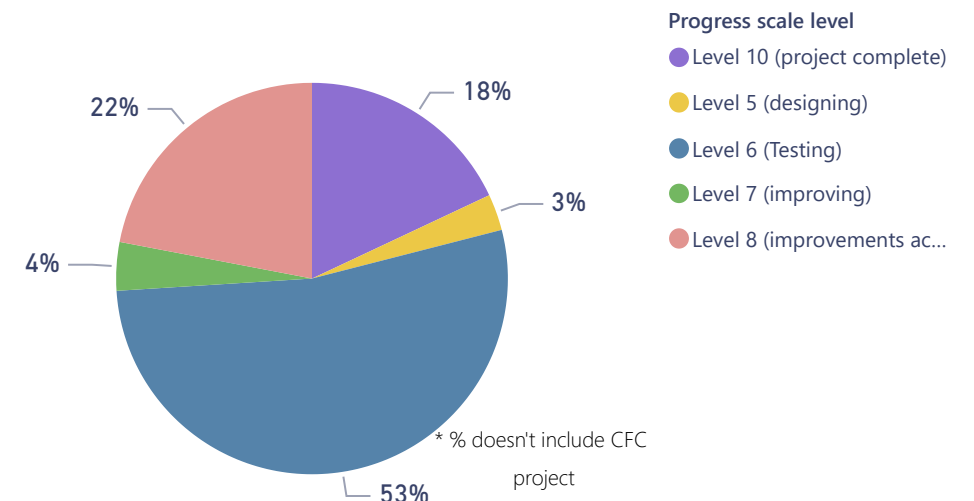| No. of LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended ▲	No. of New Charters Due	No. of New Charters Received	Months Since LOIP Published
74	61	28	13	0	0	20

Overview of Progress by Outcome Improvement Group

OIG	No. of Project Aims	No. of Live Project Aims	No. of LOIP Aims Ended	No. of Aims Achieved ▼	No. of New still to be submitted
Children's Services Board	26	20	6	14	0
Aberdeen Prospers	9	9	0	4	0
Community Justice	8	5	3	4	0
Anti-Poverty	6	4	2	2	0
Resilient, Included & Supported	8	8	0	2	0
Sustainable City	8	6	2	2	0
Alcohol and Drugs Partnership	9	9	0	0	0
Total	**74**	**61**	**13**	**28**	**0**

Percentage of Live Projects by Aim Trend

- 5% Declining
- 42% Improving
- 2% No Data
- 28% Only Baseline Data
- 23% Steady

* % doesn't include CFC project
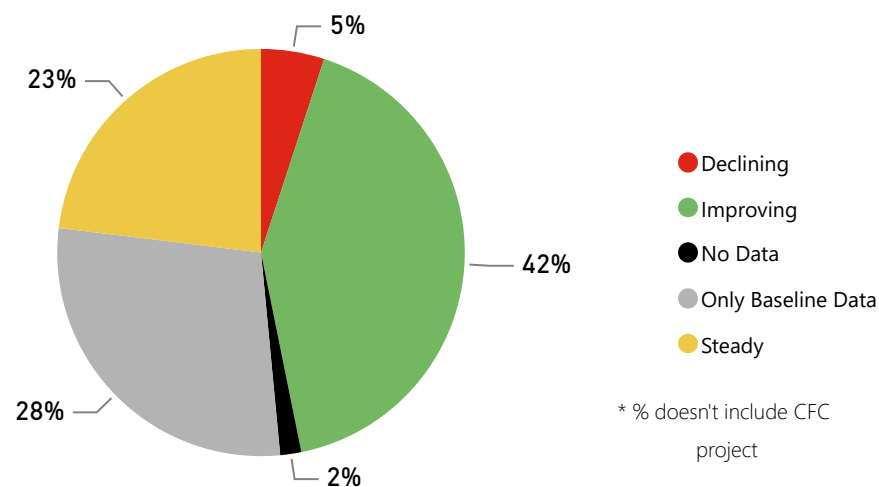
Percentage of Projects by Progress Scale

Progress scale level
- Level 10 (project complete)
- Level 5 (designing)
- Level 6 (Testing)
- Level 7 (improving)
- Level 8 (improvements ac...

- 18%
- 3%
- 53%
- 4%
- 22%

* % doesn't include CFC project

Stretch Outcomes 1-8: Current Status

Overall Rag Key 🟢 On track 🔴 Off track 🟠 At risk

SO	Stretch Outcome	SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	% of New Charters Due Submitted	Overall RAG	Summary and reason for Overall Status
1	No one will suffer due to poverty by 2026.	⬇	6	4	2	2	N/A	🟠	All aims live, 1.1 and 1.6 have had project ends approved. 1.2 & 1.5 had started to test but data on impact require to be analysed and progress as to next steps to be confirmed. 1.3 showing signs of improvement and further test planned but delayed.
2	400 unemployed Aberdeen City residents supported into Fair Work by 2026.	⬆	4	4	1	0	N/A	🟢	All projects live, actively testing and showing signs of improvement. 2.3 aim achieved and project end on today's agenda. See key activity/outcomes.
3	500 Aberdeen City residents upskilled/ reskilled to enable them to move into, within and between economic opportunities as they arise by 2026	⬆	5	5	3	0	N/A	🟢	All projects live, 3.2, 3.4 & 3.5 to be achieved by 2022. 3.4 & 3.5 still to report impact of changes. 3.1 and 3.2 have project end reports on agenda.
4	95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026.	⭐	4	3	4	1	N/A	🟢	Project end report for 4.2 approved and project end reports for 4.3 and 4.4 on today's agenda - project end for 4.1 to follow. New multi-agency improvement aims proposed as part of the revised Children's Services Plan 2023-26.
5	90% of Children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026.	⚪	5	2	3	3	N/A	🟢	5.1, 5.3 & 5.4 aims achieved & projects ended. 5.2 to be achieved by 2022 and project end report to be submitted. New multi-agency improvement aims proposed as part of the revised Children's Services Plan 2023-26.
6	As corporate parents we will ensure 95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026.	➡	4	4	0	0	N/A	🟢	6.1 and 6.2 have project end reports on the agenda. 6.3 continuing. New multi-agency improvement aims proposed as part of the revised Children's Services Plan 2023-26.
7	95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026.	➡	3	2	2	1	N/A	🟢	Aim achieved and project 7.1 ended. Project end report for 7.3 on today's agenda and 7.2 aim proposed to be revised in the Children's Services Plan. New multi-agency improvement aims proposed as part of the revised Children's Services Plan 2023-26.
8	Child friendly city where all decisions which impact on children and young people are informed by them as rights holders by 2026.	⚪	4	4	0	0	N/A	🟠	See separate revised Children's Services Plan 2023-26 report for proposal re future of current Stretch Outcome 8 and aims.

Trend ⬆ Improving ⬇ Declining ➡ Steady ⚪ Baseline data only ⭐ SO Achieved

Stretch Outcomes 9-16: Current Status

Overall Rag Key 🟢 On track   🔴 Off track   🟠 At risk

SO	Stretch Outcome	SO Trend	No. of LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	% of New Charters Due Submitted	Overall RAG	Summary and reason for Overall Status
9	30% fewer young people (under 18) charged with an offence by 2026.	⭐	6	5	4	1	N/A	🟢	Aim achieved for 9.3 and project ended. 4 other aims achieved and project end reports for all other aims on today's agenda. New multi-agency improvement aims proposed as part of the revised Children's Services Plan 2023-26.
10	25% fewer people receiving a first ever Court conviction and 2% fewer people reconvicted within one year by 2026	⭐	8	5	5	3	N/A	🟢	Aim achieved for 10.1, 10.2 & 10.6 & projects ended. 10.3 project end report on today's agenda. 10.7 focusing on testing in two of the three settings, however update needed.
11	Healthy life expectancy (time lived in good health) is five years longer by 2026.	➡️	8	8	2	0	N/A	🟢	Aims achieved for 11.2 and 11.5. Progress of 11.7 impacted due to PM availability & challenges with the number of families volunteering to get involved. New PM to be confirmed for 11.1. Project end for 11.2 on today's agenda.
12	Rate of harmful levels of alcohol consumption reduced by 4% and	⭐	9	9	0	0	N/A	🟢	Baseline for 12.7 is now available and will be reported to the next meeting. 3 project end reports to come to the next meeting.
	Drug related deaths lower than Scotland	⬇️ (red)							Stretch Outcome 12 has 2 outcomes, therefore the SO Trend column is separated to provide the trend for each. Otherwise, the narrative and data in the row immediately above applies
13	Addressing climate change by reducing Aberdeen's carbon emissions by at least 61% by 2026 and adapting to the impacts of our changing climate	⬆️ (green)	3	3	0	0	N/A	🟢	All projects live. Status of 13.2 required - Chair is following this up. 13.1 & 13.3 progressing.
14	38% of people walking and 5% of people cycling as main mode of travel by 2026.	➡️	2	2	0	0	N/A	🟠	Both projects live. Testing at present for both is limited. 14.2 is limited but is to be progressed following funding to Nestrans for 2 cycle projects. Data on impact of the changes tested towards overall aims required. 14.1 & 14.2 to consider if pace/changes will enable aims to be achieved.
15	Addressing the nature crisis by protecting/ managing 26% of Aberdeen's area for nature by 2026	⚫ (grey)	3	1	2	2	N/A	🟢	Project end reports approved for 15.1 and 15.2. 15.3 progressing. Sustainable City Group have identified further change ideas to support achievement of the Stretch Outcome, however these align to project 15.3 and therefore to ensure no duplication and that efforts are focused on progressing 15.3 which aligns directly to the Stretch Outcome do not propose to add any further improvement aims at this time.
16	100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026	⚫ (grey)	7	0	0	0	100	🟢	See separate report with the charters on today's agenda.

Trend Key: ⬆️ Improving   ⬇️ Declining   ➡️ Steady   ⚫ Baseline data only   Aim achieved

Stretch Outcome 1: No one will suffer due to poverty by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of aims achieved	No. of Aims Ended	Overall RAG
⬇ (red)	6	4	2	2	🟠

Project Aim Status

Live Project Ref.	Project Aim	Lead Partner, Project Manager	Project Aim Trend	Project End Due	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
1.1	Increase the number of people using community pantries by 20% by 2023.	Cfine, Sam Leys	⬆ (green)	N/A - Project Ended - 6/7/22	N, S & C	10	⭐	Aim achieved - Project Ended.
1.2	Reduce by 50% the number of homes with an EPC rating of F&G by 2023, leading to 100% by 2026.	ACC, Mel Booth	⚪ (grey)	End of 2023	S	6	🔴	Project struggling to make progress. Webinar was delivered on 16 February 2023 for private landlords was delivered on 16 February 2023. 43 landlords signed up and 23 attended. Feedback from the event was positive. The data from the changes tested to date is currently being analysed, however attendance and engagement at the test in person information session was low.
1.3	Ensure 100% of people presenting as homeless have a full financial assessment and access to all appropriate benefits by 2023.	ACC, Angela Kazmierzak	⬆ (green)	End of 2023	None	6	🟠	Project progressing, however the change idea of testing using the Housing Option Officers to complete the benefit check as part of the homelessness assessment has been delayed due to staffing issues. It is expected this change would enable the aim to be achieved, in meantime the Financial Inclusion Team continue to complete the assessments.
1.4	Increase support for those who have been most disadvantaged through the pandemic by 2023.	GREC, Dave Black	⚪ (grey)	End of 2023	N &S	6	🟠	Data on impact of the changes and progress towards overall aim required - PM gathering this. Project taking forward a new test to see how training individuals from community groups on the financial advice/support available in the City increases uptake of services from people in minority ethnic communities.
1.5	Decrease the number of households in extreme fuel poverty in Aberdeen by 4% by 2023; and reduce the rate of socially rented households in fuel poverty in Aberdeen by 8% by 2023.	Scarf, Lawrence Johnston	⚪ (grey)	End of 2023	N, S & C	6	🔴	Project update and data needed - project not progressing at pace and impact of changes to date not provided. Webinar was held for private landlords delivered on 16 February 2023. The data from the changes tested to date is currently being analysed, however attendance and engagement at the test in person information session was low. Project testing delivery of a programme for Langstane Housing Association to support vulnerable tenants- October 2022 – March 2023. The data from the changes tested to date is currently being analysed, however attendance and engagement at the test in person information session was low. Since October clients can apply online with required information for in-house advice team to assess eligibility for support and type of support required. This has enabled a higher volume of applications to be received but processing time remains the critical path. Project impacted by staff vacancies at Scarf but nearly back at full complement.
1.6	Increase the uptake of unclaimed benefits by 10% across Aberdeen City by 2023.	ACC, Angela Kazmierzak	⬆ (green)	N/A - Project Ended - 30/11/22	N, S & C	10	⭐	Aim achieved - Project Ended.

Key Outcomes/Activity

Key Issues/Risks

1. Pace & progress of projects 1.2 & 1.5 and data for both on progress towards aim and impact of change ideas - both impacted by staff vacancies and internal restructuring within Scarf which has put extreme strain on availability of time to allocate to the project and impacting progression of both aims. Both to ensure multi agency project team meetings are being held to ensure not single system.
2. 1.3 change idea of testing using the Housing Option Officers to complete the benefit check as part of the homelessness assessment has been delayed due to staffing issues. It is expected this change would enable the aim to be achieved, in meantime the Financial Inclusion Team continue to complete the assessments.

Latest Outcomes Framework Data

No new OF data to report

Stretch Outcome 2: 400 unemployed Aberdeen City residents supported into Fair Work by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of LOIP Aims Ended	Overall RAG ▼
⬆	4	4	1	0	🟢

Project Aim Status

Live Project Ref.	Project Aim ▲	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
2.1	Increase employer sign up to the Real Living Wage by 5% year on year to 2023 to achieve Real Living Wage City Status by 2026.	⬆	End of 2023	Scottish Enterprise, Martin Barry	N, S & C	8	🟢	78 employers headquartered in the city are now real Living Wage accredited – a 70% increase since the project started and a 34% increase since January 2022. Over 1600 workers have received an uplift in wages since the establishment of the real Living Wage movement in the city. Further accreditations are in the pipeline.
2.2	Supporting 50 people to start a business in Aberdeen who will be coming off the benefits system or significantly reducing their benefits through starting a business by 2023 and 100 by 2026.	⬆	End of 2023	Elevator, Roz Taylor/Kirsty McLaughlin	N, S & C	7	🟢	92 referrals of individuals in receipt of universal credits who are investigating starting a business since the start of the programme with 32 individuals starting a business which either takes them off universal credits or significantly reduces their universal credits
2.3	Support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023.	⬆	Apr 2023	ACC, Angela Taylor	N	8	🟢	Project aim achieved with 15 CEYP having gained employment at Nov 2022.Project end report on today's agenda.
2.4	Support 50 people into sustained, good quality employment by 2023, and 100 by 2026, with a particular focus on; those from priority neighbourhoods and people over 50.	⚪	End of 2023	SDS, Nicola Graham	N, S & C	6	🟠	Update needed.

Key Outcomes/Activity

2.1 Real Living Wage - 78 employers headquartered in the city are now real Living Wage accredited.
93.2% of the working population being paid the Real Living Wage in Aberdeen City, a 6.7% increase since 2021.
2.2 Start up businesses – 92 referrals of individuals in receipt of universal credits who are investigating starting a business since the start of the programme with 32 individuals starting a business which either takes them off universal credits or significantly reduces their universal credits.
2.3 - aim achieved

Key Issues/Risks

Latest Outcomes Framework Data

1. In January 2023 there were 18,297 people in Aberdeen City on Universal Credit – up from 18,112 in December 2022.
2. In January 2023 there were 4,985 Claimants in Aberdeen City – down slightly from 5,020 in December 2022.

Stretch Outcome 3: 500 Aberdeen City residents upskilled/reskilled to enable them to move into, within and between economic opportunities as they arise by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
⬆	5	5	3	0	🟢

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
3.1	Increase the number of responsible businesses working with Community Planning Aberdeen (CPA) through Community Benefits and CSR activity by 200% by 2023	⬆	Apr 2023	ACC, Charlotte Saunders	N, S & C	8	🟢	Aim achieved and project end report on today's agenda.
3.2	By December 2022, increase by 10% the number of people in Aberdeen who: • Have digital access; and • Feel comfortable using digital tools.	⬆	Apr 2023	ACC, Emma Shanks/Margaret Stewart	N, S & C	8	🟢	Aim achieved and project end on today's agenda.
3.3	Increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and above by 10% by 2023	⬆	End of 2023	RGU, John Issacs/Aberdeen City Council, Charlie Love	None	8	🟢	Aim achieved with an 18% increase in the number of people graduating from NESCOL & School with Level 7/8 qualification in ICT or Digital subject from 19/20 to 21/22. Despite the aim being achieved, the project is continuing to ensure that improvement is sustained. Impact of changes to be added. RGU is currently working on a mapping exercise to identify providers of Adult/ post school qualifications. This will allow a holistic view of the current provision and numbers of students gaining qualifications at this level to be determined. It will also identify the subject areas (eg digital skills, programming) in which provision is strongest and areas where it could be enhanced.
3.4	Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.	⬆	June 2023	Nescol, Duncan Aberrnethy	N & C	6	🟠	Aim is to be achieved by 2022 on basis of financial year. The target of increasing the number of GA by 5% by 2022 has been met - data on MAs awaited. The collective impact of changes is yet to be assessed by the Project and relies on data. Project on track for submitting an end report by May 2023 following release of SDS data.
3.5	80% of young people will successfully complete their Modern Apprenticeship programme by 2022.	➡	June 2023	Nescol, Ian Runcie	N & S	6	🟠	Aim on track to be achieved by 2022. Update advised that activity is ongoing however data on impact of changes still to be provided. All new hairdressing apprentices for this year are being given the opportunity to buy the kit, and a refund programme based on successful outcomes is being devised to incentivise students. Project team has now reflected on choice of Hairdressing MA as the pilot and work ongoing to look at spreading changes to engineering or other, higher demand MA.

Key Outcomes/Activity

3.1 and 3.2 aims achieved.
3.2 City Voice 46 (Dec 2022) – based on responses to questions relating to digital foundation skills, 80% of respondents were identified as having Basic Digital Skills – up slightly from 78.7% when these questions were last asked in 2020 (City Voice 44).

Key Issues/Risks

1. Data on impact of change ideas 3.4 & 3.5 & pace of progress & progress of these projects for aims to be achieved by 2022
2. Data on impact of change ideas for 3.3

Latest Outcomes Framework Data

In 2022-23 Q3 there were 1,073 Modern Apprenticeships in training – similar to the figure for Q2 of 1,077. In Q3 73.9% of leavers achieved an MA – up from 70.4% in the previous quarter

Stretch Outcome 4: 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026

Overall Progress

SO Trend	No. of LOIP Project Aims ▼	No. of Live Project Aims	No. of Aims Achieved	Overall RAG
★	4	3	4	🟢

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
4.1	Reduce the number of births affected by drugs by 0.6% by 2022.	⬆	Apr 2023	ACHSCP, Simon Rayner	None	8	🟢	Aim achieved and project end report on today's agenda.
4.2	Reduce the number of repeat emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023	⬆	N/A - Project Ended - 15/02/23	ACHSCP, Rachel Thompson	None	10		Aim achieved and project end report approved on 15/2/23.
4.3	Increase uptake of parenting and family support by 10% by 2022.	⬆	Apr 2023	NHSG, Nicola Dickie	S & C	8	🟢	Aim achieved, project end report on today's agenda.
4.4	Reduce the number of children starting P1 with an identified speech delay by 5% by 2023.	⬆	Apr 2023	ACHSCP, Nicola Anderson	None	8	🟢	Aim achieved, project end report on today's agenda.

Key Outcomes/Activity

All projects have achieved their aims.

Key Issues/Risks

Latest Outcomes Framework Data

1. In 2019/20-2021/22 there were 121 maternities with drugs use – similar the figure of 119 for the previous period.
2. In 2019/20-2021/22 there were 23 births affected by maternal use of drugs – down from 28 in the previous period.
3. In 2019/20 to 2021/22, 41.2% of babies in Aberdeen City were exclusively breastfed at 6-8 weeks – up from 40.9% in the previous period.
4. In 2020/21, 72.8% of children in P1 had no obvious tooth decay – up from 70.1% in 2019/20. (Note: no data available for 2020/21 due to COVID-19).

Stretch Outcome 5: 90% of children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026. This is reflected in interactions, activities, supports and services.

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended ▲	No. of New Charters Still to be Submitted	Overall RAG
⚪	5	2	3	3	0	🟢

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend ▲	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
5.1	Increase to 80%, the number of staff who feel confident about how to directly support, or refer a child for support, and signpost to appropriate services by 2022.	⬆	N/A - Project Ended - 15/2/23	ACC, Lisa Williams	N, S & C	10	⭐	Aim achieved and project end report approved on 15/2/23.
5.2	Increase by 80% the use of digital wellbeing resources for children and young people's mental health and wellbeing by 2022 and Increase by 40% the use of the wellbeing scenario on the Mind of my Own app by care experienced children and young people by 2022.	⚪	Apr 2023	NHSG, Tracy Davis	N & C	6	🟠	Project reporting was impacted by the absence of the Project Manager. Project end report due and is to follow in advance of meeting.
5.3	100% of schools offer sustainable and equitable access to counselling for those children aged 10 and above who require it by 2022.	⬆	N/A - Project Ended -14/9/22	ACC, Gael Simpson	None	10	⭐	Aim achieved and project end report approved on 14/9/22.
5.4	100% of children and young people have free access to physical activity which improves mental health and wellbeing by 2022.	⬆	N/A - Project Ended - 14/9/22	ACC, Gael Simpson	N, S & C	10	⭐	Aim achieved and project end report approved on 14/9/22.

Key Outcomes/Activity

3 of the 5 aims have been achieved.

Key Issues/Risks

2. 5.2   Progress reporting impacted by absence of PM.

Latest Outcomes Framework Data

No new OF data to report

Stretch Outcome 6: As corporate parents we will ensure 95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026.

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims ▼	No. of Aims Achieved	No. of Aims Ended	Overall RAG
➡️	4	4	0	0	🟢

Project Aim Status

Live Project Ref.	Project Aim ▲	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
6.1	Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022	⬆️	Apr 2023	ACC, Larissa Gordon	S	7	🟢	Aim to be achieved by 2022 and project end on today's agenda.
6.2	Increase to 43% by 2023 the proportion of children and young people who are supported to live in kinship care or are looked after at home by 2023 and increase by 20% the number of children and young people remaining in a placement looked after at home/kinship between 16-18 years old by 2023.	➡️	Apr 2023	ACC, Angela Maitland	None	6	🟠	Project end report on today's agenda.
6.3	Increase the number of care experienced young people by 10% receiving multiagency throughcare/aftercare support by 2023.	⚪	End of 2023	ACC, Isabel McDonnell	None	6	🟢	Current data highlights that 100% of 15 year olds, as per statutory guidance have a pathway plan in place. Individually these plans will highlight the extent to which the pathway plan reflects multi-agency support being provided to the young person, plans are currently being reviewed to explore the extent to which they reflected multi-agency support and whether the improvements taken forward have led to the aim being achieved, as well as areas where further improvement can be made which will contribute to the revision of the Children's Services Plan 2023 – 26

Key Outcomes/Activity

Key Issues/Risks

1. 6.2 - Alignment of aim to current key policies

Latest Outcomes Framework Data

No new OF data to report

Stretch Outcome 7: 95% of all our children, including those living in our priority neighbourhoods, will sustain a positive destination upon leaving school by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved ▲	No. of Aims Ended	Overall RAG
→	3	2	2	1	🟢

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend ▲	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
7.1	Increase the number of accredited courses directly associated with growth areas by 7% by 2023.	⬆	N/A - Project Ended - 15/02/23	ACC, Mark Jones	S	10		Aim achieved and project end report approved on 15/2/23.
7.2	Increase the number of vulnerable learners entering a positive and sustained destination by 7% by 2023.	⬇	By end of 2023	Aberdeen Foyer, Leona McDermid	N & S	6	🟢	Aim data showing a declining trend with 20/21 data at 81.5 the lowest since 2017/18. Following testing of Upstream in NESCOL, now confirming with Upstream Wales that this can be piloted in Lochside and Northfield schools. Advocate posts have been created (0.2 FTE) within each secondary school providing supported and care experienced learners with an opportunity to have an informed advocate in school to advise and support in the area of choices, vocational pathways and future options. Looking at how pathway associates also interface with project 6.1 to ensure maximum impact as early evidence is showing it as a powerful model.
7.3	Increase the number of young people who leave school with a minimum of SCQF 3 in literacy and numeracy and 4 other qualifications to 93% 2023.	⬆	Apr 2023	ACC, Caroline Johnstone	None	8	🟢	Aim achieved and project end on today's agenda.

Key Outcomes/Activity

2 of the 3 aims have been achieved.

Key Issues/Risks

Latest Outcomes Framework Data

No new OF data to report

Stretch Outcome 8: Child friendly city where all decisions which impact on children and young people are informed by them by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of LOIP Aims Ended	Overall RAG
⚪	4	4	0	0	🟠

Project Aim Status

Live Project Ref.	Project Aim ▲	Project Aim Trend	Project End Due	Lead Organisation, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
8.1	Achieve UNICEF badges in: - Cooperation & Leadership - Culture - Communication - Place - Child Friendly Services - Participating			ACC, Matt Reid	S		🟠	See separate revised Children's Services Plan 2023-26 report for proposal re future of current Stretch Outcome 8 and aims.
8.2	Increase to 100% of staff working directly and indirectly with children who have recevied child friendly city training by 2023.	⬆	By end of 2023	ACC, Jade Leyden	None	6	🟠	See separate revised Children's Services Plan 2023-26 report for proposal re future of current Stretch Outcome 8 and aims.
8.3	Increase by 50% the number of communications which are accessible to children and young people by 2023.	⚫	By end of 2023	NHSG, Tracy Davis	C	5	🟠	See separate revised Children's Services Plan 2023-26 report for proposal re future of current Stretch Outcome 8 and aims.
8.4	By 2023 increase to 100% the number of multiagency governance arrangements which impact on children on young people that include their participation and engagement.	⚪	By end of 2023	Police Scotland, Davie Howieson	None	5	🟠	See separate revised Children's Services Plan 2023-26 report for proposal re future of current Stretch Outcome 8 and aims.

Key Outcomes/Activity

Key Issues/Risks

Latest Outcomes Framework Data

Stretch Outcome 9: 30% fewer young people (under 18) charged with an offence by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
⭐	6	5	4	1	🟢

Project Aim Status

Live Project Ref.	Project Aim ▲	Project Aim Trend	Project End Due	Lead Organisation, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
9.1	1. Increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023	⬆	By end of 2023 Apr 2023	ACC, Julia Milne	N	8	🟢	Aim achieved and project end report on today's agenda.
	and 2. reduce by 5% the number of 16/17 year olds with higher support needs offending by 2022.	⬆	Apr 2023	ACC, Julia Milne	None	8	🟢	Aim achieved and project end report on today's agenda.
9.2	Reduce by 10% both the number of offences of sexual or criminal exploitation and the number of 'digital' offences by Young People (Under 18) by 2022.	⬆	Apr 2023	Police Scotland, Lisa Kerr	None	8	🟢	Aim achieved and project end report on today's agenda.
9.3	Increase by 10% the number of young people (16-17 year olds) who are jointly reported to SCRA and COPFS who are offered robust alternatives to entering the statutory system by 2022.	⬆	N/A - Project Ended - 14/9/22	SCRA, Emma Scrimger	None	10	⭐	Aim achieved - Project End report approved on 14/9/22.
9.4	Reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.	➡	Apr 2023	Police Scotland, Jordan Walker	N, S & C	6	🟠	Project end report on today's agenda.
9.5	Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023.	⬆	Apr 2023	ACC, Craig Singer	N, S & C	8	🟢	Aim achieved and project end report on today's agenda.

Key Outcomes/Activity

All of the aims have been achieved.

Key Issues/Risks

1. 9.4 - aim not achieved

Latest Outcomes Framework Data

In 2021/22 there were 65 DP cases commenced for 16 and 17 year olds – up from 40 in 2020/21.

Stretch Outcome 10: 25% fewer people receiving a first Court conviction and 2% fewer people reconvicted within one year by 2026

Overall Progress

SO Trend ▼	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
⭐	8	5	5	3	🟢

Project Aim Status

Live Project Ref.	Project Aim	Aim Trend ▲	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Progress RAG	Summary and Reason for RAG
10.1	Increase by 10% those individuals, aged 21+ and not subject to statutory throughcare arrangements, who access support services upon release from HMP Grampian by 2022.	⬆	N/A - Project Ended - 6/7/22	SPS, Mike Hebden	None	10	⭐	Aim achieved - Project End report approved on 6/7/22
10.2	Increase to 30 in total, the number of individuals who are on a custodial sentence, on a Community Payback Order with a Supervision Requirement, on Unpaid Work Orders, on Remand or who have been Diverted from Prosecution who are being supported to make progress on the Employability Pipeline by 2022	⬆	N/A - Project Ended - 15/2/23	SDS, Nicola Graham	N	10	⭐	Aim achieved - Project End report approved on 15/2/23
10.3	Reduce the number of wilful fires by 10% by 2022	⬆	Apr 2023	SFRS, Andy Buchan	None	8	🟢	Aim achieved and project end report on today's agenda.
10.4	100% increase in hate crimes reported to police by 2023.	⬆	First meeting of 2024	GREC, Dave Black	C	6	🟢	Testing ongoing.
10.5	Decrease the number of incidents of domestic abuse reported to the Police by 15% by 2023.	➡	First meeting of 2024	ACC, Lucy Simpson	N	6	🟢	Project progressing. From March 22 to current date, 48 self-referrals for support have been made. Promotion of the new domestic abuse phoneline is ongoing to raise awareness of the service and ability to self-refer for support. In 2022, 77 women received Own My Life training.
10.6	Increase by 15% victims of domestic abuse receiving support by 2022.	⬆	N/A - Project Ended - 15/2/23	ACC, Lucy Simpson	C	10	⭐	Aim achieved - Project End report approved on 6/7/22
10.7	Increase by 10% the number of clients who access assessment/support/ treatment/services in relation to mental health issues:- in Police custody; on a community disposal; in HMP Grampian by 2023.	⚪	June 2023	ACHSCP, John Donaghey	None	6	🔴	Update and latest data needed to show impact. A meeting is being held on 15/3/23 to discuss status of project. As agreed at last meeting the project will continue to progress its improvements in the current 2 settings and continue the conversation with CJSW to resolve the recording issue and identify areas where improvements are required.
10.8	Reduce the number of drug related deaths occurring within 6 months of liberation from custody from 10 to zero by 2023.	⬆	By end of 2023	ACHSCP, Fiona Wright	None	6	🟢	Number of drug related deaths occurring within 6 months of liberation from custody has reduced by 5 in 2021. Naloxone kits continue to be offered at point of liberation from HMP Grampian. The data indicates an upwards trend in the number of naloxone kits being accepted at the point of liberation from HMP Grampian.

Key Outcomes/Activity

10.1, 10.2, 10.3 and 10.4 have all achieved their aims

10.8 All 9 teams within Justice Social Work have now received training and information for making referrals to Drug Related Death Prevention Assertive Outreach Team. A Justice Social Work practitioner attends meetings and huddles to update/feed information into the service. A senior practitioner from the Connection's Women's Centre at Justice Social Work now attends meetings to provide information/updates re women that are at risk of overdose/DRDs. In the month of February there has been an increase in referrals from Justice Social Work to Assertive Outreach. Numbers are below 5 and therefore not displayed at this time. However, data is indicating an upward trend in referrals, and it is anticipated that this will continue during and after project

Key Issues/Risks

1. 10.7 - Pace and progress of the changes - Baseline data for 1 aspect of the aim still require - project focusing on testing in the other 2 settings. Discussion ongoing with CJSW to resolve recording issues and identify areas of improvement.
2. 10.7 HMP Grampian have been unable to recruit to OT post, Assistant Psychologist post vacant from December 2022 therefore no further appointments will be provided until replacement in post.

Stretch Outcome 11: Healthy life expectancy (time lived in good health) is five years longer by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved ▲	No. of Aims Ended	Overall RAG
➡	8	8	2	0	🟢

Project Aim Status

Live Project Ref. ▲	Project Aim	Lead Partner, Project Manager	Project Aim Trend	Project End Due	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
11.1	Reduce the rolling 3-year average number of suicides in Aberdeen to below 26 (2019) by 2023.	Police Scotland, Juliet Henderson	➡	By end of 2023	N, S & C	6	🟠	PM has moved post and new PM awaited.
11.2	Increase opportunities for people to increase their contribution to communities (volunteering) by 10% by 2023.	ACC, Colin Wright	⬆	Apr 2023	N & C	8	🟢	Aim has been achieved. Project End report on today's agenda.
11.3	Support 100 people to feel confident to promote wellbeing and good health choices by 2023.	ACHSCP, Chris Smillie	⬆	By end of 2023	N, S & C	6	🟢	36 people have been trained with MEOC and post session 100% have all reported that feel confident to promote wellbeing and good health choices.
11.4	Reduce tobacco smoking by 5% overall by 2023	AHSCP, Chris Smillie	⬆	By end of 2023	N & C	6	🟢	Changes being progressed with initial ASH Scotland Training delivered to the Youth Work network in Nov 2022. Delivered to 9 people initially. The evaluation indicates that the staff members found the training informative, have increased their knowledge of the topics, knowledge of resources and tools they can use to inform their discussions with young people and improved their confidence in feeling able to discuss the topics with young people. As at Nov 22 - 38 organisations had signed up to the Charter for Smoke Free, an increase of 4 since Oct 22.
11.5	Reduce youth homelessness by 6% by 2023.	ACC, Graeme Gardner	➡	By end of 2023	None	8	🟢	Data is showing that the rates of homelessness amongst young people (16/17 year old) appears to be steady, with improvement achieved in 21/22. However, data for 22/23 to date is showing an 8% increase amongst young people (18-24 year old) and although this is concerning it is lower that then 23% overall increase in homelessness in Aberdeen this year. Work has started to design better experience of temporary accommodation for 16/17 year olds, which in the long term may also see reduction in youth repeated youth homelessness. First host has been signed up for Community Hosting in Aberdeen.
11.6	Increase the number of unpaid carers feeling supported by 10% by 2023.	Quarriers, Andrew Falconer	⚪	By end of 2023	N & S	6	🟢	Data from the Health and Care experience survey (HACE) in 2022 looked at how many Carers feel supported which looked at positive, neutral and negative responses. 32% responded positively. A further survey was issued as part of the Consultation on the draft Carer Strategy. Going forward performance will be based on this data. The Strategy is in the final stages of being published and will be linked to from this page once published on the website.
11.7	To support 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023.	NHSG, Tracy Davis	⚪	By end of 2023	N, S & C	6	🔴	Update required. Project had been impacted by PM absence and recruitment of families to participate in the project has been challenging. A new communication plan had been developed to go out to Groups working with families. Shops have been registered to provide healthy food options at lower prices and data was awaited.
11.8	Refer 20% of people living with COPD or other respiratory conditions into specific PR physical activity and other support programmes delivered in community settings by 2023.	NHSG, Lucy McLeod	⚪	By end of 2023	N & C	6	🟢	Westburn and Northfield Sport Aberdeen sites. Assessments for Pulmonary Rehab and 6 week rolling classes. Impact monitoring to begin in February. Review of pathway, information, programme and exercise class referrals to RGU Student led classes and Sport Aberdeen completed. – Guide to Pulmonary Rehab and other support with Graphic Comms team NHSG – to be distributed through touchpoints in the pathway for respiratory patients

Key Outcomes/Activity

11.2 has achieved its aim.
11.3 - 11 People have signed up for the Health Issues in the Community tutor training with representatives from ACHSCP, GREC, Community Learning and Development, Barnardo's, Aberdeen Foyer. This will enable a minimum of 9 courses being delivered in 2023 targeting Young carers, New Scots, Gypsy Travellers at Clinterty, Criminal Justice and 3 Locality based programmes.
An introduction to Health Issues in the Community course has been offered to Locality Empowerment group members. 2 community members have signed up with 3 organisational members who are keen to join.
11.4 The 2021 Scottish Health Survey which contributes to the Prevalence rate shows that the number of current smokers has decreased to 15% in 2021 showing a reduction in current smokers from 23% in 2017.
11.6 - 41% increase in 22/23 (to date) in the no. of young carers accessing support (135 compared to 96 in 21/22)

Key Issues/Risks

11.1 new PM to be confirmed.
11.5 data for 22/23 to date is showing an 8% increase in youth homelessness amongst young people (18-24 year old)
11.7 Pace and progress of project 11.7 - will pace enable aims to be achieved? No progress reported.

Latest Outcomes Framework Data

No new OF data to report

Stretch Outcome 12: Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026

Overall Progress

No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG ▼
9	9	0	0	🟢

Project Aim Status

Live Project Ref. ▲	Project Aim	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
12.1	100% of vulnerable young people, who are at-risk of developing problem substance use, have access to evidence-based Prevention & Early Intervention (incl Universal, Selective & Indicated Prevention support) by 23.	⚪	By end of 2023	ACC, Steve McConnachie	None	6	🟢	Project progressing - see key activity.
12.2	To decrease the number of 13 and 15 year olds who have reported using substances in Aberdeen to below the national average by 2023, through curriculum delivery and a whole population approach	⚪	By end of 2023	ACC, Niki Paterson	None	6	🟢	New guidance is in the final stages of publication making a more accessible reporting procedure through digitalisation. The no. of report incidences increasing through an improved reporting procedure, this is recognised as 'positive' risk as the number of unknown pupils are a concern. 3 schools will test a combined package of guidance, staff training and curriculum resource support. Police Scotland will deliver specific training on 8/2/23, in conjunction with Daniel Spargo Mabbs Foundation.
12.3	Increase % of the population who feel informed about using alcohol responsibly and Increase by 10% the percentage of adults in Aberdeen City who are non drinkers or drink alcohol in a low risk way by 2023.	⬆	Sept 2023	ACC, Lucy Simpson	N	6	🟢	44 staff have been trained in alcohol awareness in Feb 2023. 151 residents used the Try Dry app in Aberdeen in 2022 and looking at exploring use of this locally.
12.4	Increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023	⬇	01/06/2023	NHS, John Mooney	None	6	🟠	ABIs in primary care have recommenced. Project to test Housing Officers delivering ABIs with the potential to reach ~22,000 social housing tenants. There has been a 63% decrease in the number of ABI carried out from the baseline year (2017/18) to 'year to date' figures for 2022/23. However, across all settings there has been a 58% increase in ABI numbers already from 2021/22 (full year) to 2022/23 (Apr-Dec 22). Comparing Q2 Jul - Sep 22, with Q3 Oct - Dec 22, there has been a 34% increase in ABIs across all setting.
12.5	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 2023.	➡	June 2023	Fraser Hoggan, ADA	N & C	6	🟢	Project progressing and preparing project end report for the next meeting.
12.6	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022.	⬇	Apr 2023 June 2023	ACHSCP, Simon Rayner	S	6	🟢	Aim to be achieved by 2022, project end postponed to the next meeting to enable the data for the full financial year 22/23 to be evaluated.
12.7	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2023.	⚪	By end of 2023	NHS, John Mooney	C	6	🟢	Baseline data has been established and is now been cleansed in advance of being publicly reported in April 2023. From initial review, data indicates that testing levels have returned to pre-pandemic levels which is testament to the improvements driven forward by the Team
12.8	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023.	➡	June 2023	Simon Pringle, ADA	N & C	7	🟢	With 1 quarter still to go, the numbers for engagement with ADA for each of the priority postcode areas are on target to increase by more than 10% (indeed AB11 and AB24 have already exceeded the averages).
12.9	Increase the number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2023.	➡	By end of 2023	ACHSCP, Simon Rayner	N & C	6	🟢	Designing an employability/education support pathway for people in recovery to help secure future opportunities with initial meetings held and workshops involving lived experience, businesses and recovery services being scheduled. A pilot testing whether incentives increases engagement is being developed.

Key Outcomes/Activity

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Key Issues/Risks

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Latest Outcomes Framework Data

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Stretch Outcome 13: Addressing climate change by reducing Aberdeen's carbon emissions by at least 61% by 2026 and adapting to the impacts of our changing climate

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
⬆	3	3	0	0	🟢

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
13.1	Reduce public sector carbon emissions by at least 7% by 2023.	➡	By end of 2023	ACC, Kat Ramsay	None	6	🟢	Project progressing with 73 green champions and 3 initiatives ongoing - Food waste; Collecting winter clothes for Ukrainian and Iranian Men and Art collection containers-reuse/pass it on. Impact of the changes being tested in other partner organisations to be provided. In 2020, Public Sector CO_2 emissions for Aberdeen City were 103 ktCO2e – up from the (revised) figure of 100 ktCO2e in 2019.
13.2	Reduce the generation of waste in Aberdeen by 8% by 2023.	➡	By end of 2023	ACC, Pam Walker/Kris Hultman	C	6	🔴	Status on what the project will test to achieve the aim to be confirmed, appears no activity for a few months. Is testing of the reuse shop proceeding? Can the project connect with the bike recycling project being taken forward by 14.2?
13.3	Community led resilience plans in place for areas most vulnerable to flooding by 2023, leading to resilience plans in place across all areas of Aberdeen by 2026.	⚪	First meeting of 2024	SFRS, Richard Finlay ACC, Fiona Mann	N & C	6	🟢	Project progressing - see key activity/outcomes, however raising risk that achieving the aim by end of 2023 will be challenging and may be more like 2024. Work is ongoing to develop the required IT infrastructure to maintain a volunteer list like Peterculter already has. A city-wide publicity campaign is being run, in order to gather volunteers for the group, as well as start to establish similar groups in other priority areas.

Key Outcomes/Activity

13.1 73 green champs now active, a 40% increase since Jan 22. Since Jan 22, 30 staff carbon initiatives have been run saving 38.769KgC02e.

Key Issues/Risks

1. 13.1 - data on impact of initiatives being taken forward by all partner green champions being collected.
2. 13.2 - Status of project - no active changes at present and data on the impact of the single change idea tested to date and how it supported achievement of the overall aim is not available.

Latest Outcomes Framework Data

No new OF data to report

Stretch Outcome 14: Increase sustainable travel: 38% of people walking and 5% of people cycling as main mode of travel by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved ▲	No. of LOIP Aims Ended	Overall RAG
➡	2	2	0	0	🟠

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link ▲	Current progress scale	Project Progress RAG	Summary and Reason for RAG
14.1	Increase % of people who walk as one mode of travel by 10% by 2023.	➡	Nov 2023	Nestrans, Kelly Wiltshire	N & C	6	🟢	Project just testing one change at present - which is to get a series of park benches installed on Westburn Road and around the Foresterhill Campus. This was raised by a Community Connector to encourage more people to walk to the Foresterhill Campus, if there were places to rest and stop. A pedestrian count on Westburn Road/Hutcheon Street as a baseline is being done, which will then be repeated 3 months after the park benches are installed then a year later. Data from pedestrian counters to be analysed.
14.2	Increase % of people who cycle as one mode of travel by 2% by 2023.	➡	Nov 2023	Nestrans, Kelly Wiltshire	N, S & C	6	🟠	Project preparing for the bike recycling project to commence, in meantime no active changes being tested. Project to ensure impact of changes can be provided and to consider timescales for testing and if changes/pace of testing will achieve the aim. Data from cycling counters to be analysed.

Key Outcomes/Activity

14.1 City Voice 46 (Dec 2022) – 89.1% of respondents walked as one mode of travel in the past year – up from 77.8% in 2021 (City Voice 45).
14.2 City Voice 46 (Dec 2022) – 14.8% of respondents cycled as one mode of travel in the past year – down from 17.3% in 2021 (City Voice 45).

Key Issues/Risks

14.1 & 14.2 - Pace of testing and reporting of data on the impact of the change ideas tested

Latest Outcomes Framework Data

No new OF data to report

Stretch Outcome 15: Addressing the nature crisis by protecting/managing 26% of Aberdeen's area for nature by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved ▲	No. of Aims Ended	Overall RAG
⬤	3	1	2	2	🟢

Project Aim Status

Live Project Ref. ▲	Project Aim	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
15.1	Increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023.	⬆	N/A - Project Ended - 6/7/22	ACC, Steven Shaw	N, S & C	10	⭐	Aim achieved - Project End report approved on 6/7/22
15.2	Increase community food growing in schools, communities and workplaces by 12 2023.	⬆	N/A - Project Ended - 30/11/22	ACC, Steven Shaw	N, S & C	10	⭐	Aim achieved - Project End report approved on 30/11/22
15.3	At least 23 organisations across all sectors in Aberdeen pledging to manage at least 10% of their land for nature by 2023 (23BY23) and at least 26% by 2026 (26BY26).	⬤	First meeting of 2024	ACC, Steven Shaw	S	6	🟢	Project progressing - see key outcomes. Further change ideas identified and to be taken forward to support achievement of the aim and overall Stretch Outcome.

Key Outcomes/Activity

1. 15.3 The Aberdeen Climate and Nature Pledge launched 16th November 2022. It's open to businesses, organisations and members of the public to pledge their support to our city-wide goals of reducing emissions, adapting to the effects of climate change, and restoring nature across our city. We encourage everyone to join us – the pledge can be viewed and signed here: https://www.aberdeencity.gov.uk/net-zero-aberdeen/aberdeen-climate-and-nature-pledge
To date 53 organisations and individual/ household pledges have been made. 18 organisations have given their pledge.
2. City Voice 46 (Dec 2022) – 68% of respondents reported being satisfied with the overall quality of green / open spaces in the City – up from 64.5% in 2021 (City Voice 45).

Key Issues/Risks

Latest Outcomes Framework Data

STRETCH OUTCOME 16: 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026

Overall Progress

SO Trend	No of. Project Aims ▼	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
⚪	7	0	0	0	🟢

Live Project Ref.	Project Aim	Project Aim Trend ▼	Lead Organisation, Project Manager	New/Revised Project Charter Due	Current progress scale	Project Progress RAG	Summary and Reason for RAG
	Increase the rate and representativeness of the response to Aberdeen City Voice to 63% by 2024.	⚪	ACC/GREC, Dave Black	April 2023	2	🟢	Charter on today's agenda
	100% of decisions which impact on children and young people are informed by them by 2026 (LOIP Stretch Outcome 8).	⚪	ACC/Police Scotland/NHSG, Margaret Stewart	June 2023	2	🟢	Charter on today's agenda
	Increase the number of community ideas identified within locality plans being tested by CPA and partners where communities are involved in the design process to at least 50% by 2024.	⚪	ACC, Allison Swanson	April 2023	2	🟢	Charter on today's agenda
	Increase number and diversity of community members participating in community planning at a meaningful level (Rung 5 and above) by 100% by 2024.	⚪	ACC/ACHSCP, Jade Leyden & Iain Robertson	April 2023	2	🟢	Charter on today's agenda
	70% of community led organisations feeling supported by partners to access funding for community led initiatives by 2025.	⚪	ACVO, Maggie Hepburn	June 2023	2	🟢	Charter on today's agenda
	Increase awareness of community led projects across the City and help celebrate and promote at least 70% of known community led projects by 2024.	⚪	SHMU, Murray Dawson	June 2023	2	🟢	Charter on today's agenda
	Increase the number of people (staff and communities) who state they have the skills, tools and support they need to work together to make improvements in the community by 50% by 2025.	⚪	NHSG/Grampian Engagement Network, Elaine McConachie	June 2023	2	🟢	Charter on today's agenda

Key Outcomes/Activity

Community Planning Aberdeen Board approved a new Community Empowerment Strategy on 30 November 2022 which will see partner organisations striving to ensure all communities across the City have the opportunity to be equal community planning partners. A hard launch of the new strategy will follow in the New Year with details of ways staff and communities can get involved in taking forward the 7 new improvement projects within the strategy.

Key Issues/Risks

Locality Empowerment Groups have not met during 2022. It has been agreed that these will resume at the beginning of 2023.

Improvement Project Key

Overall Rag Key   ● On track   ● Off Track   ● At Risk   **Project Ended**

Trend Key: ⬆ Improving   ⬇ Declining   ➡ Steady   ● Baseline data only   ● No data

Project Progress Scale ▲	Description
0	Project on hold
1	Project area identified and agreed
2	Draft Outline Project Charter and team in place
3	Understanding baseline of current system
4	Project Charter endorsed by CPA Board
5	Change ideas and project measures developed
6	Testing underway
7	Initial indications of improvement
8	Improvements achieved
9	Sustainable improvement
10	Project complete

Community Planning
Aberdeen

Progress Report	Project End Report 2.3: Employability Support for Care Experienced Young People
Lead Officer	Allison Carrington
Report Author	Angela Taylor
Date of Report	28/02/2023
Governance Group	CPA Management Group – 22/03/2023

Purpose of the Report

This report presents the results of the LOIP (Local Outcome Improvement Plan) Improvement Project Aim 2.3 which sought to support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023 and seeks approval to close the project as the aim has been achieved.

Summary of Key Information

1   BACKGROUND

1.1   Many care experienced young people face significant barriers to employment and the majority of those who do will need additional support and mentoring to help them achieve and sustain employment. The range of barriers faced is broad and can seem overwhelming.

1.2   Significant interventions and support can be needed to get them to a position of being ready for employment and able for work. Some of these young people are living chaotic lifestyles, and mental health can be a challenge for many. Events in their pasts prevent them from accessing certain jobs or put them at a disadvantage, for example a lack of family support and guidance, or indeed ongoing family issues can cause difficulties.

1.3   This is not the case for all care experienced young people and it is important that all are treated as individuals. This report is written in general terms, with a recognition that care experienced young people generally face greater barriers than those who are not care experienced. It is known that a higher proportion of care experienced young people are likely to engage in risky behaviours, including drug use, to offend, or to have a criminal record than those who are not care experienced. This cohort is also at a higher risk of homelessness than those who have not come through the care system. It is also known that many care experienced young people will have lower attainment levels than those who are not care experienced. Positive and early work experience or employment helps with a smoother transition to life beyond care and minimises the risk of homelessness and offending.

1

1.4   National Health Service Research found that a young person not in education, employment, or training (NEET) in 2008 would cost an average of £56,000 in public finance costs before retirement age. This reflects the public finance costs of welfare payments, health and justice-related costs and lower tax and national insurance revenue. On the basis of this, the Scottish Government estimates the lifetime cost of a single cohort of young people failing to make the transition into regular employment to be in the region of £2 billion. There are significant links between unemployment and poor physical and mental health.

1.5   The Covid-19 pandemic negatively impacted the employment opportunities for young people, both in the short term and longer term 'scarring effect,' as well as being known to have increased social isolation, anxiety, and mental health difficulties. This report should be read in the context of care experienced young people facing event greater barriers to employment than pre-Covid, but conversely with greater funding available in the employability system to support them.

2 IMPROVEMENT PROJECT AIM

2.1   Against this background, on 22 February 2022 the CPA Board approved the project charter for the initiation of an improvement project which aimed to support 15 care experienced young people into employment through public sector-funded employability programmes. Work on this improvement aim was already underway via a charter which was created ahead of the LOIP refresh.

2.2   The additional challenges faced by care experienced young people, and poorer outcomes across many areas of life are well known. This is a group of young people who may need extra support and, in many cases, do not have family support, or appropriate family support, but are instead reliant on corporate parents. The majority of Community Planning Aberdeen member organisations are corporate parents. Supporting these young people into employment can result in significant improvements in their life outcomes, and reduce the risks, listed above, which they may face.

3   WHAT CHANGES DID WE MAKE?

3.1   The journey to employment can be a lengthy one, sometimes with bumps along the road and taking years to navigate. The prospect of entering employment can also be frightening for some people and may seem unachievable. In delivering this project, while employment was the ultimate end goal, securing a 'positive destination' (education, training, formal volunteering) was the initial focus with a longer-term view of moving into employment.

3.2   A number of changes were tested during the project:

RiteWorks

3.3   Working Rite was commissioned to deliver a pilot programme delivering intensive employability support for care experienced young people, taking account of the wide variety of needs and challenges they may face, in partnership with Aberdeen City Council's ABZWorks employability team. Youth Social Work teams, the Virtual Headteacher, and partner agencies including Skills Development Scotland were informed of the project and referral routes into it, and sat on the project steering group.

3.4   This project gave Working Rite direct access to relevant teams across the organisation, including in Children's Homes – more access than any other local authority has ever provided them with – and this approach has been particularly helpful in ensuring the appropriate support has been in place for each young person engaging in the

2

RiteWorks project, as well as ensuring that any concerns could be immediately addressed by the most appropriate professional.

3.5 The intention was to start with one-to-one activity and move to groupwork when individuals were ready, however given the different stages on the employability pipeline, interests, and barriers they were facing, combined with the pandemic and lockdowns, most of the work was one-to-one. It included confidence building, access to fitness and team building activity (largely through Street Soccer sessions), online and face-to-face training, ASDAN qualifications, work tasters, and work experience. Linked to this, the WorkingRite team has been supporting the young people capture their stories, in their own words.

Guaranteed Interview Scheme

3.6 The Council has offered a guaranteed interview scheme under the Disability Confident Scheme for over 20 years to those candidates that consider themselves to have a disability under the Equality Act 2010. In September 2019, the scheme was expanded to allow for proactive and positive action for other disadvantaged or under-represented groups including care experienced young people, those that are in continuing care or are a care leaver up to age 29 applying for all jobs. Applicants will be required to meet the minimum job requirements for the specific role.

Kickstart

3.7 The UK Government Kickstart scheme, operated by the Department of Work and Pensions, provided paid six-month work experience placements for 16-25-year-olds who were in receipt of Universal Credit and identified as being at risk of long-term unemployment. Aberdeen City Council acted both as a Kickstart gateway, supporting employers to access the scheme, and as a Kickstart employer in its own right.

Seed Fund

3.8 Using Young Person Guarantee Funds from Scottish Government, ABZWorks created a seed fund for 16-25-year-olds who were not in education, employment, or training.

Communication

3.12 A series of information sharing sessions was hosted by ABZWorks to help social workers supporting young people to understand the support available from the employability team.

ABZWorks Website

3.13 Aberdeen City Council's Socio-Economic Rescue Plan identified two specific actions linked to employability and education: the first was to create a website promoting employability support to people of all ages in the city, and the other to promote learner pathways to young people and parents. These actions were taken together to create the ABZWorks website, which was delivered via Young Person Guarantee funding.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 Yes, the project has achieved its aim with 15 care experienced young people moving into employment. Between 1 April 2019 and 31 January 2023, 63 had accessed support via ABZWorks. Of those, 15 had moved into employment, three into further or higher education, eight had progressed to further training and the remainder continue receiving support. Since 31 January, two care experienced young people have been referred to/registered with ABZWorks, in addition to the 34 who have come forward for the aforementioned paid work experience project.

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No of CEYP Accessing Support through ABZWorks

A line chart showing: 2019: 8, 2020: 17, 2021: 44, 2022: 63. Y-axis ranges from 0 to 80. Legend: Series 1.
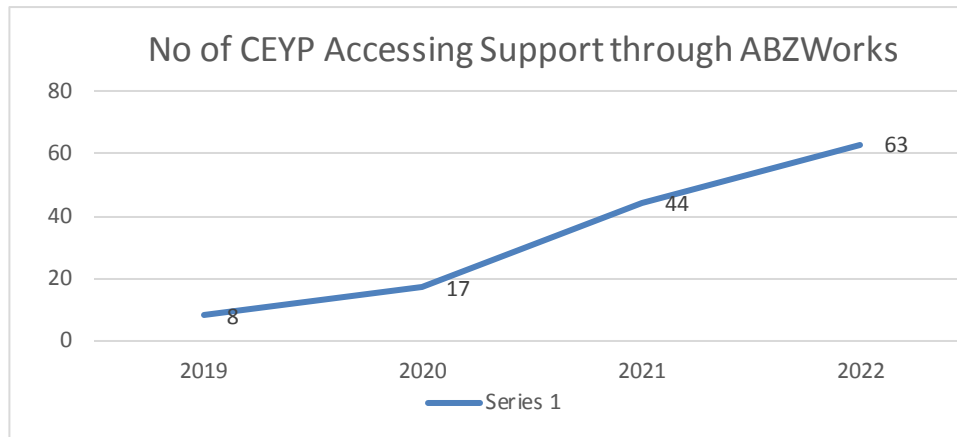
The project measured the impact of each of the changes tested with the following impact achieved:

RiteWorks

4.2   Twenty-eight young people have received support through the RiteWorks project. Of those, 12 have moved onto positive destinations (employment and further education), eight of whom are known to have sustained beyond six weeks. Three are currently on work experience placements, five continue to engage with support, eight are disengaging or failing to reach a positive destination, though support remains available to them.

Guaranteed Interview Scheme

4.3   Unfortunately, the system used for recruitment does not enable reporting of numbers who ticked the Guaranteed Interview box, so we cannot report on outcomes for this. However, this scheme is promoted to all care experienced young people by various teams supporting them and specifically by the People and Organisational Development team which actively promotes the option, the Youth Team, and ABZWorks employability keyworkers, all of whom actively encourage care experienced young people to identify themselves as care experienced. This includes reassurance where needed that the scheme is beneficial, not detrimental, to a young person's chances of securing employment. Information about this scheme has been shared with training providers across the city.

Kickstart

4.4   The DWP controlled referrals to Kickstart jobs and does not record whether a young person is care experienced, so we are unable to confirm the number of care experienced young people securing jobs with employers who accessed it via the ACC Gateway. Of the 83 Kickstart interns who secured Kickstart opportunities within the authority, two disclosed that they are care experienced. They have since secured sustained employment outwith the authority. Kickstart was a fixed-term opportunity and the DWP currently has no plans to repeat it.

4.5   Through the Scottish Government-funded Long Term Unemployed Labour Market Initiative scheme for people aged 25+ who had been unemployed for 12 months or more Aberdeen City Council supported 89 people into paid work experience placements in similar vein to Kickstart, paid at Real Living Wage rate. Three of the 89 are care experienced. This scheme will run until the end of March 2023.

4.6   Following the success of Kickstart, Council officers have developed a paid-work experience scheme of 12 weeks duration and paid at Real Living Wage rate, for care

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experienced young people within the authority. 34 young people have been put forward for this to date, with carefully selected managers signed up to participate and support these young people. Employability officers working alongside the Talent team will oversee the placements. Work is being carried out in advance of young people being placed to ensure that they are ready for the opportunity, and employability support will be put in place for those who are not yet ready, with a view to moving them into placements at the right time. Single year employability funding means that the future of this project, if successful cannot be guaranteed.

Seed Fund

4.7   Of the 11 young people who have accessed this fund to date, two disclosed being care experienced. Of them, one is resident in Aberdeen and was supported to set up a carpet fitting business. The other is a young woman who is cared for outwith the city and was supported to set up in business as a personal trainer working in a gym. All young people accessing the seed fund receive support from their ABZWorks keyworker and a Business Gateway advisor. The seed fund will continue to be offered, subject to availability of funding.

Communication

4.8   During those sessions and discussions with the Youth Team lead it became apparent that social workers were not fully aware of the support available, and many had been trying to provide employability support themselves. These sessions also helped to assuage concerns from social workers that insufficient support would be provided to young people who may struggle to engage or were not yet ready for employability support. The assurance that the door to employability support remains open to our care experienced young people was welcomed. This messaging has resulted in an increase in referrals for employability support from social work. Referral sources are not recorded in such a way as to enable us to report on the numbers received without going through the record of every participant on employability programmes, however, the increase in the numbers of care experienced young people receiving support via ABZWorks reflects the success of this simple approach, which is now BAU.

ABZWorks Website

4.9   The Champion's Board was involved in the creation of the site, which since launch on 20th September 2021 has had 7,956 visits. In early 2021, the Champions Board was consulted on how best to directly engage with care experienced young people. In June 2021, direct consultations were held with care experienced young people. Their views were sought on the design and navigation of the website, the content and the visual elements. They were also invited to co-produce some content for the website and this process provided an entry pathway into broader ABZ Works Employability Programmes. The ABZWorks chatbot was introduced as a direct response a direct response to feedback from care experienced young people, to help them to easily find what they need. It is not possible to say how many of those visits have been by care experienced young people.

4.10   The views of young people, via the Champions Board, have been taken into account in the development and delivery of the above listed activity, whether that is in the development of their bespoke employability action plans with their keyworker, or development of programmes

5   HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1   External funding streams have been used to deliver elements of the improvement activity detailed in this report and these funds are essential to ensure ongoing support at scale. We will continue to provide support to care experienced young people and to

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deliver activity which we have established is successful, but also to trial new and innovative approaches, and to include young people in the development of those. An early example of this has been to set up a working group of care experienced young people with support of a City Growth Employability project officer to develop a pilot employability project for care experienced young people

5.2   Ongoing and regular communication with partner services and agencies to promote the availability of employability services to care experienced young people is essential to ensuring awareness of the support available and ongoing referrals and engagement. This is now business as usual. It is equally essential that ABZWorks continues working with the Youth Team, virtual headteacher, and Skills Development Scotland to promote the availability of support directly to young people. This relational piece is essential to ensuring an ongoing spirit of trust and collaboration between professionals, which results in positive opportunities and outcomes for young people.

5.3   The Guaranteed Interview Scheme and associated support activity has been incorporated into business as usual.

5.4   The identification of care experienced young people as a target group for support in the LEP Delivery and Action Plan ensures that a focus will remain on this cohort of young people. Several LEP members are corporate parents, which further cements the focus on this group of young people for future years.

5.5   Taking a person-centred approach and ensuring that the needs and aspirations of care experienced young people are heard and taken into account in the development of their individual employability activity is essential to success and continued engagement. That person-centred approach is built into the Scottish Government's No One Left Behind strategy, which is our main source of funding and so is embedded into the service as business as usual.

6   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1   The ABZWorks team is required as part of the No One Left Behind grant agreement with Scottish Government, which provides the majority of funds for employability activity delivered by the Council, to report on everyone receiving employability support and the barriers they have to employment. Being care experienced is one of those barriers. This reporting is anonymised.

6.2   The LEP is required to report, via the LEP Chair (Council's employability lead), to Community Planning Aberdeen on a quarterly basis, about its activity, including support delivered to and outcomes achieved for target groups. The quarterly report is delivered to Aberdeen Prospers.

6.3   Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to Aberdeen Prospers, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7   OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1   One of the key improvements made through this project has been achieved via relationship building, information sharing, and awareness raising both amongst professionals and individuals. The successes of that have led to significantly increased numbers of care experienced young people engaging with employability

services and progressing along the employability pipeline. This activity is applicable to any group of people entitled to employability support and is being stepped up across the piece. A good example of this is in the response to the influx to Aberdeen of displaced Ukrainian people. The response has brought Council services and other agencies together to not only work closely together to support our Ukrainian Guests across a range of needs, but also to share information, knowledge, and best practise resulting in, for example, ESOL (English for Speakers of Other Languages) for the care sector classes being delivered to support activity to move people into employment in the health and social care sector.

7.2   Participant voice is incredibly important to the success of any employability activity and should be embedded in all employability work, and in any LOIP activity which seeks to provide support to groups of people and individuals to improve outcomes for them. Lived experience is invaluable.

7.3   As noted elsewhere in the report, the scale of success of this Improvement Project would not have been possible without external funding, and Young Person Guarantee (YPG) funds in particular have been used to pay for activity which involved cost in this Improvement Project. YPG funds are now at an end and, while we continue to receive No One Left Behind monies, financial restrictions will limit how far activity can be scaled up or spread for care experienced young people. Funding, alongside procurement rules, mean there is no guarantee that the RiteWorks programme can be extended beyond the current contract. However, the learning from it can be taken forward and applied elsewhere.

7.4   The Guaranteed Interview Scheme is something which could be spread and adopted by other organisations. Aberdeen City Council has already increased the number of Guaranteed Interview Scheme options for other groups, including people with disabilities and your people educated in Aberdeen City Council schools.

7.5   Experience gained through this project is being used in other Aberdeen Prospers activity, including a project to support people aged 50+ into employment, and another to support people with convictions into employment.

Recommendations for Action

It is recommended that the CPA Management Group:

i)   Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end on the basis that 15 care experienced young people have secured employment and almost 100 are engaged in employability support activity.
ii)   Note that the majority of activity delivered as part of this project has been delivered using external funding, provided on an annual basis, from Scottish and UK Government and that prevents permanent implementation of the activities outlined above.
iii)   Note that long-term employability support is required in the majority of cases to ensure that a young person can not only engage and sustain employability activity, but also to sustain a positive destination.
iv)   Note that while this project was to support care experienced young people into employment, the success of young people who have continued to engage or moved into other positive destinations should be recognised.
v)   Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored

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Opportunities and Risks
The capacity of services to continue to deliver the level of support required is a risk in the face of growing demand for employability support. That said, the opportunities to create and deliver innovative and person-centred approaches to employability support to help people progress along the employability pipeline and into employment or other positive destination are broad, and taking lived experience into account and supporting co-design of activity are attractive and will result in positive outcomes. Strengthened links between partner agencies and identification of key individuals in those agencies creates a stronger network of support for officials and participants, with greater sharing of knowledge, experience, and best practise. There is an appetite to work collaboratively across services, agencies, and providers. As detailed elsewhere in this report, financial risks impact this activity. It costs on average £6,000 to move someone into employment; more if an individual needs longer-term or more intensive support. Single year funding from Government poses challenges for maintaining support, particularly for those in need of longer-term support as it prevents the issuing of longer-term contracts for employability provision and carries staffing risks. Consistency of relationships is important for participants.

Consultation
Aberdeen Prospers

Background Papers
The following papers were used in the preparation of this report. ABZWorks Employability Plan, City Growth and Resources Committee June 2022 Local Outcome Improvement Plan Charter Charter-2.3-CEYP-Employment.pdf (communityplanningaberdeen.org.uk) Aberdeen Local Employability Partnership Delivery and Action Plan

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Community Planning Aberdeen

Progress Report	Project End Report 3.1: Increase the number of responsible businesses working with Community Planning Aberdeen through Community Benefits and CSR activity by 200% by 2023
Lead Officer	Allison Carrington, Chair of Aberdeen Prospers
Report Author	Charlotte Saunders, Improvement Programme Officer
Date of Report	28/02/2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 3.1 which sought to increase the number of responsible businesses working with Community Planning Aberdeen through Community Benefits and CSR activity by 200% by 2023 and seeks approval to end the project.

Summary of Key Information

1. **BACKGROUND**

1.1 Aberdeen has an engaged business community who are proud of the city and routinely support a wide variety of causes. As a response to the emerging issues arising out of the COVID-19 pandemic, it became clear that there was an opportunity for business collaboration with Community Planning Aberdeen. In 2020, a platform was created for businesses to find information about how they could align their corporate social responsibility efforts to the Local Outcome Improvement Plan and contribute to long lasting, transformational change.

1.2 Responsible Business - Community Planning Aberdeen was officially launched at Community Planning Aberdeen's first Responsible Business event, held in partnership with Business In The Community Scotland. The event was the first of its kind for Community Planning Aberdeen and was a starting point for the partnership's relationship with Aberdeen Responsible Businesses. The online event attracted 61 attendees representing 17 businesses, as well as public and third sector organisations across the city.

1.3 Following the event, Community Planning Aberdeen received several new enquiries from the business community of how they could support the Local Outcome Improvement Plan. An opportunity arose for us to work to grow and connect with more Aberdeen Responsible Businesses across the city to support overall delivery of LOIP projects. This report provides an update on progress since the beginning of the project and reports evidence of how we have achieved our aim and supported the overall stretch outcome.

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2. IMPROVEMENT PROJECT AIM

2.1 On September 2021 the CPA Board approved the project charter for the initiation of an improvement project which aimed to Increase the number of responsible businesses working with Community Planning Aberdeen through Community Benefits and CSR activity by 200% by 2023.

3. WHAT CHANGES DID WE MAKE?

3.1 Responsible Business Event – Since their launch in 2020, we have delivered these events yearly. The events are structured to attract businesses from across the city and are used for promoting opportunities for business support with Local Outcome Improvement Plan projects, sharing good practice from members of our current network, and to offer a networking space between private business, the third sector, and statutory partners involved with the delivery of the LOIP.

3.2 Partnership working with Business in the Community – We have worked closely with BITC throughout the project, taking a joint approach to our Annual Responsible Business event, and utilising the opportunities they can provide to businesses in the form of workshops, networking sessions and funding opportunities. We have used BITC's CSR Networking Sessions to connect with the business community. These events are quarterly and offer Community Planning Aberdeen and opportunity to share information to the BITC network.

3.3 We continue to make use of the Responsible Business Platform hosted on the Community Planning Aberdeen website to share information with businesses and promote events.

3.4 Community benefits presented an opportunity to increase responsible business activity. We have made changes to the community benefits plan part of tender documentation to include stronger community engagement during community benefit delivery. One example of a change made in this area is a specific ask of contracted businesses to approach their surrounding community no less than one month before commencement of the project to gather ideas and opportunities of where support is best placed.

3.5 Social Media – Whilst Community Planning Aberdeen were already sharing opportunities on their website, and social media platforms Facebook and Twitter, Linked in provided an opportunity for stronger business engagement due to the nature of the platform and it's users. This was set up in 2022 and has attracted 77 followers, the platform is used to promote project communications and updates and opportunities for business collaboration.

4. HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 Our changes have resulted in improvement, with an increase in responsible business partners from 2 in 2020 to 27 in 2023. This is a 200% increase since the beginning of this improvement project in September 2021 which means the project has achieved its aim.

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No. of responsible businesses working with CPA through Community Benefits and CSR activity
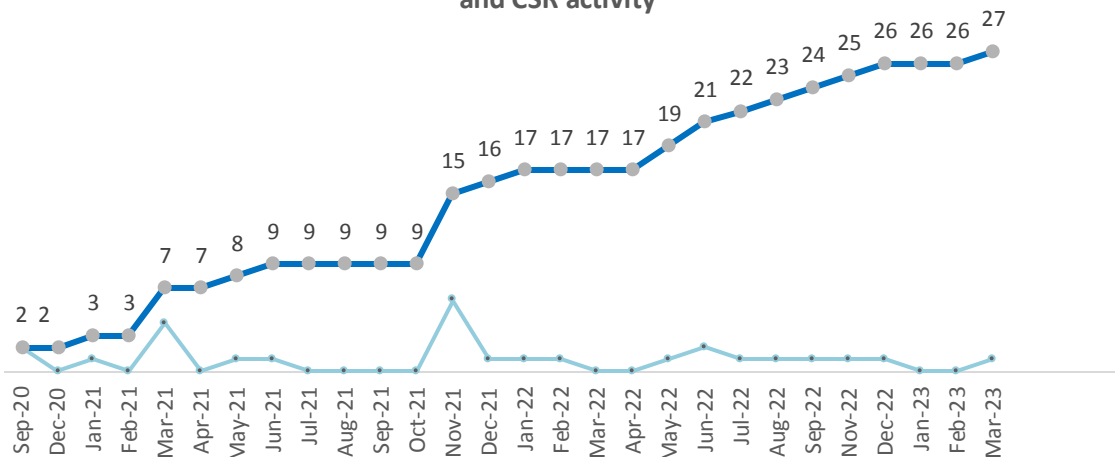
4.2 Our Annual Responsible Business event has been one of our most impactful change ideas. Since its launch in October 2020, engagement in the events has grown. It provides an opportunity for businesses to engage with each other, Community Planning Aberdeen, and the third sector, and to understand more about the Local Outcome Improvement Plan and how they can get involved. The event is open to all business across the city and highlights opportunities for businesses of all sizes to support with our improvement projects. The event has been tested yearly since 2020 and each year has attracted new business enquiries, which has led to future collaboration as well as sustaining relationships with current members of the network.

Impact of Responsible Business Event
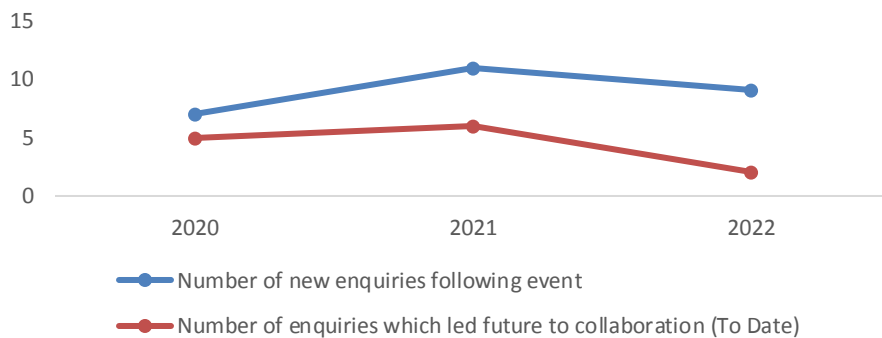
4.3 The chart provides information on the number of new enquiries following the annual responsible business event each year. It is important to note that although enquiries following the event are usually immediate, in many cases it does not result in immediate collaboration as this is something that takes follow up and further support provided to businesses. An enquiry in November 2021 for example may not lead to becoming a member of the network until the following year.

4.4 Our most recent Responsible Business event was the first in person opportunity for businesses to network and collaborate on several issues and opportunities affecting the city. We worked with a number of other projects to share information and offer opportunities for businesses to support. The event attracted 55 attendees and 24 businesses and has led to several new enquiries from businesses via email and social media. This was slightly less than previous years which may be due to members not being able to join online. Going forward we will look at options for hybrid events.

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4.5 A similar approach was tested in June 2022 with responsible businesses in a new setting as part of the employability support fair. The approach attracted 15 businesses, some of which already within the responsible business network, and led to 4 new businesses committing to future collaboration with the network. The fair supported 140 residents of Aberdeen with employability upskilling and promotion of opportunities.

No. of people attending CPA Responsible Business Events

Annual Responsible Business Event open to all

Quarterly CSR Networks held in partnership with BITC

61, 11, 10, 10, 11, 63, 13, 11, 55

Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22

No. of businesses represented at CPA Responsible Business Events

24 Businesses attended our first in person Responsible Business event. This is a decrease from last years virtual session however we found more value with in person networking.

17, 8, 6, 7, 8, 38, 9, 7, 24

Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22

4.6 We are now working with 27 Responsible Business Partners all contributing to the achievement of our LOIP outcomes:

BARCLAYS
CONNECT GOLF Network North-East
Balfour Beatty
AFC ABERDEEN FC COMMUNITY TRUST
BUSINESS IN THE COMMUNITY The Prince's Responsible Business Network
KIER
WILLIAM RAE FLAT ROOFING SPECIALIST
acciona
neos NETWORKS
Worley energy | chemicals | resources
SIEMENS
VITAL ENERGi
CHAP GROUP
skyform SPECIALIST PART OF THE SKYFORM GROUP
ROBERTSON
wood.
Bancon Construction
Morrison Construction
CMS Law.Tax
bp
TotalEnergies
MAC ROOFING & CONTRACTING LIMITED
TAQA
WM DONALD CIVILS • UTILITIES • CONTRACTORS
GRAHAM

4.7 Another change idea that has resulted in improvement is partnership working with Business in the Community to create and promote events for members of the business networks to come together and discuss good practice. Business In the Community and Community Planning Aberdeen took a joint approach to the Annual Responsible Business event in 2022. Through business in the Communities quarterly CSR Networking Sessions,

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many businesses were able to be introduced to the work of community planning Aberdeen and has led to enquiries and engagement from a diverse range of new businesses.

4.8 The creation of a Community Planning Aberdeen linked in has attracted 83 new followers from members of the business community. We are using this platform to target business engagement with specific LOIP activities.

5.1 WHAT IMPACT HAVE WE HAD?

5.1 The chart below summarises just some of the outcomes achieved by our Responsible Business Partners in 2021-2022:

Our Network's Impact

- 7 Accreditted Real Living Wage employers
- 40 Work Placement opportunties
- 34 Apprenticeships/grad apprenticeships
- 6 Employability engagement events
- 31 School/further education engagement
- 23 SME/Third Sector support
- 7 Promoting adoption and fostering
- 22 Workforce support and training
- 25 Taking Measures to achieve net zero
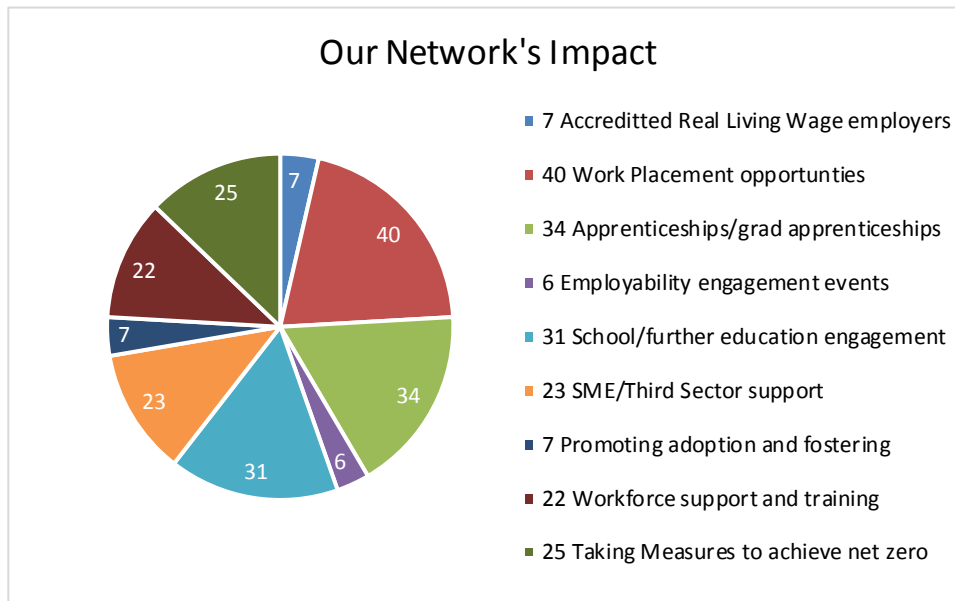
5.2 Highlights of Responsible Business Impact by Priority:

Supporting Our Economy

Robertson Group working with barnardos to provide placement opportunities for 12 trainees

CHAP supporting ABZ works by providing training, placements and employment for long term unemployed

CMS collaboration with DYW to provide learning opportunities for the future workforce

Bancon constuction mentoring 2 young people in Aberdeen and providing a 4 week paid internship at the end
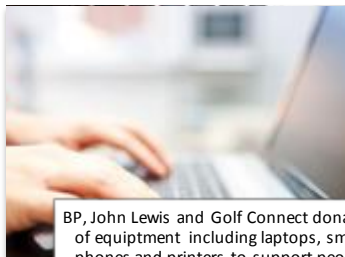
BP, John Lewis and Golf Connect donation of equiptment including laptops, smart phones and printers to support people into employment and improve digital skills

Balfour Beatty developing the young workforce through industry training

5

Supporting Our People

CHAP donation of materials and container to support creation of a Youth Hub with Northfield Youth Action Group

Vital Energi supporting local schools by delivering lessons about the industry and environment

Donations from accross our network of food, christmas presents and nessesities to our most vulnerable

Graham construction supporting wellbeing in work by training mental health first aiders in the workplace as well as issuing monthly 'Health MOTs' for staff

MAC Roofing donation of footballs and sponsorship of local youth football team
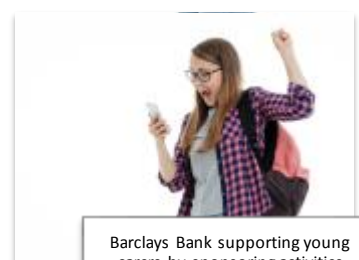
Barclays Bank supporting young carers by sponsoring activities

Supporting Our Place

Worley and Barclays supporting the city with group litter picks

Morrison Construction providing support to local community in aftermath of storm Arwen

William Rae Roofing supporting local sea cadets during bad weather by making essential repairs and prolonging life of buildings

WM Donald have recieved carbon neutral status and become an accreddited living wage employer

Total Energies and Balfour Beatty support Ukranian Refugees in Aberdeen through donations and volunteering

Robetson Construction restoration of seaton community Totem Pole

6. HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- Bi-monthly meetings with a streamlined working group to discuss progress and links to where the network can be supporting ongoing projects.

- Continuation of CSR Networking sessions and Annual Responsible Business Event by taking a joint approach between Aberdeen City Council and Business in the Community.

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- We will continue to maximise delivery of community benefits through the project tender documentation and maintain a strong link between the community benefits project officer and Community Planning Aberdeen.

- Social media channels will continue to be monitored and updated by Community Planning Aberdeen team and will reflect upcoming opportunities and share good practice.

7.   HOW WILL WE MONITOR THESE IMPROVEMENTS?

7.1 We will continue to track the number of Responsible Businesses working in partnership with Community Planning Aberdeen and publish this data online via the Aberdeen Outcomes Framework. We will also continue to gather data about attendance at Aberdeen Responsible Business events; connections made through linkedin and other social media platforms; and community benefit activity through the Annual Procurement Report. This will ensure that we respond to any indications that improvements are not being sustained.

8.   OPPORTUNITIES FOR SCALE UP AND SPREAD

8.1 To date the Aberdeen Responsible Business initiative has focussed on engaging businesses across the City to support delivery of the Local Outcome Improvement Plan. In September 2022, ACVO agreed to merge their ACVO Affiliates Programme with the Aberdeen Responsible Business initiative in order to strengthen the programme and maximise the use of shared partner resources. There is potential to grow the Aberdeen Responsible Business network considerably further as a result of this merger and spread the impact of the initiative to support wider third sector partners and community groups. ACVO will join ACC colleagues as co-leads for the delivery of the Aberdeen Responsible Business initiative going forward.

Recommendations for Action

It is recommended that the CPA Management Group:

i)   Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end on the basis that we have achieved our aim and have implemented changes that will sustain these improvements; and
ii)   Notes plans to continue to scale up and spread the Aberdeen Responsible Business initiative to wider third sector partners and community groups in partnership with ACVO.

Opportunities and Risks

The Aberdeen Responsible Business initiative was initially a response to the Covid-19 pandemic. Since then we have continued to grow the network and in the face of the Cost of Living Crisis, working hand in hand with the business sector, and other partners continues to offer the best chance of recovering now and in the longer term. Responsible businesses understand that they have an important role to play in supporting the most vulnerable in society and by working with Community Planning Aberdeen they can make a real difference to these people's lives.

Consultation
Michelle Crombie, Community Planning Manager Claire Shaw, ACVO Maggie Hepburn, ACVO Tanita Addario, ACC Members of Aberdeen Prospers

Background Papers
The following papers were used in the preparation of this report. Annual Procurement Report Local Outcome Improvement Plan 3.1 Community Benefits Project Charter

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Progress Report	Project End Report 3.2: By December 2022 increase by 10% the number of people in Aberdeen who have digital access and feel comfortable using digital tools.
Lead Officer	Allison Carrington, Chair of Aberdeen Prospers
Report Author	Emma Shanks/Margaret Stewart
Date of Report	28/02/23
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 3.2 which sought to increase by 10% the number of people in Aberdeen who have digital access and feel comfortable using digital tools and seeks approval to end project.

Summary of Key Information

1. **BACKGROUND**

1.1 This Project is included in Stretch Outcome 3 of the LOIP with Stretch Outcome "500 Aberdeen City residents upskilled/ reskilled to enable them to move into, within and between economic opportunities as they arise by 2026".

1.2 There is also a link to another Aberdeen Prospers improvement project: "Increase the number of people within Aberdeen City gaining qualifications in ICT and Digital skills at SCQF Levels 7 and above by 10% by 2023" Which focuses on more advanced digital skills.

1.3 We recognise that 'comfortable' will have different meanings for different groups of users. From discussions with groups working with a wide range of individuals in the city we have agreed that 'comfortable' for the purpose of this improvement aim will be measured against a set of essential digital skills.

1.4 Some of the benefits of increasing citizens digital literacy are that citizens acquire skills for employment opportunities which could reduce levels of unemployment in the city.

1.5 Volunteering is a positive way for individuals to develop their own skills as well as support others, particularly with groups of older people and younger people it is positive for cross age group interaction.

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1.6 Groups operating in communities encourage social interaction, where there may be individuals at risk of social isolation, for example the Silver Surfers sessions are in a café style and encourages social interaction.

1.7 Some individuals may require further support in other areas of their life and engagement with these groups could lead to signposting which will have a positive effect on their life. CFINE offers a foodbank to those in need but whilst they are accessing that service they can get support applying / maintaining their benefit claims.

1.8 Individuals may have the desire to engage with services digitally but do not have the skillset, by upskilling citizens demand on other services in the city could be reduced.

1.9 During the pandemic the importance of being connected became even more important as many of the most vulnerable in the city had to shield from family and friends. Many of us had the equipment, connectivity, and digital confidence to stay connected to friends and family, and able to continue working, essential shopping and accessing health information and other transactional services.

2. IMPROVEMENT PROJECT AIM

2.1 The aim of this project is by December 2022, increase by 10% the number of people in Aberdeen who have digital access; and feel comfortable using digital tools.

3. WHAT CHANGES DID WE MAKE?

3.1 Our multi agency project team tested a number of improvements to increase both digital access and the number of people comfortable using digital tools, namely:

1. Promote existing access and new access to digital devices, such as library computers, council digital resources, and universities.

2. Test how the Connecting Scotland programme increases the number of people in Aberdeen who have a digital device and improved digital skills during periods of high need and during and in recovery of the Covid-19 pandemic. This initiative sought to bridge the gap with those citizens that could not access these benefits because they don't have the confidence, kit and connectivity at home.

3. Work with communities to increase support available through digital champions linked to Connecting Scotland programme and similar schemes.

4. Test a staff training programme with a team of individuals in the city to upskill them so that they feel confident supporting customers/clients with digital processes.

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4.   HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1   Yes, the project has achieved its aim. Prior to the pandemic a City Voice questionnaire was undertaken to identify the % of Aberdeen Citizens that identify as having Basic Digital Skills and asking whether they owned or had easy access to (1) a smart phone, (2) a tablet or (3) a laptop or PC. There has been a 9.4% increase in the % of respondents identified as having basic digital skills, with 80% of respondents in 2022, compared to 70.6% in 2018.

% of CV respondents identified as having Basic Digital Skills
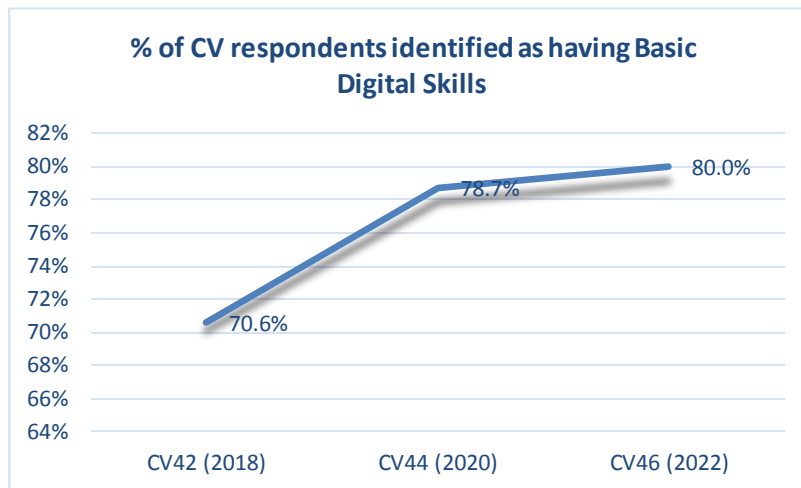
4.2   In relation to digital access, we have also seen improvement. Since the questions were first asked in 2018, the proportion of respondents who own or have easy access to a smart phone has increased from 71% to 88% and the proportion of who have access to at least one of the devices has increased from 90% to 96%.
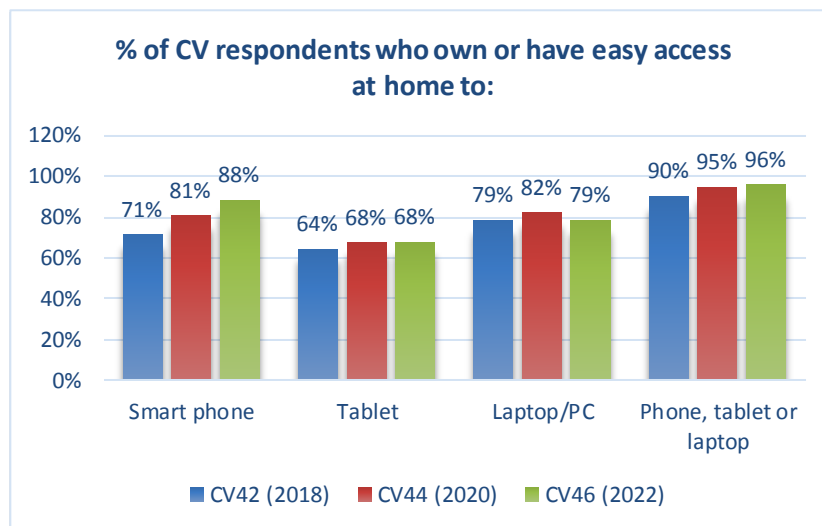
% of CV respondents who own or have easy access at home to:

<u>Test how the Connecting Scotland programme increases the number of people in Aberdeen who have a digital device and improved digital skills during periods of high need and during and in recovery of the Covid-19 pandemic.</u>

4.3   Whilst digital access is showing a 6% increase from City Voice respondents, through our test with Connecting Scotland programme across the city a total of 43 projects that were awarded devices as part of Phase 1-3 of Connecting Scotland which were distributed by public and 3rd sector organisations. As

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evidenced from the data below this has had a positive impact on our aim of improving digital access with a total of 1439 digital devices were issued between March 2020 and March 2021. In addition, 1798 people/households received MiFi - this has ensured 1798 households now have digital access.

- Phase 1 provided 385 devices to individuals who were shielding.
- Phase 2 provided 541 devices across families, looked after children and young people, with an additional winter support programme targeting elderly residents with 174 devices.
- Phase 3 provided 320 devices to individuals who were unemployed and on low incomes.

Connecting Scotland Aberdeen City Devices
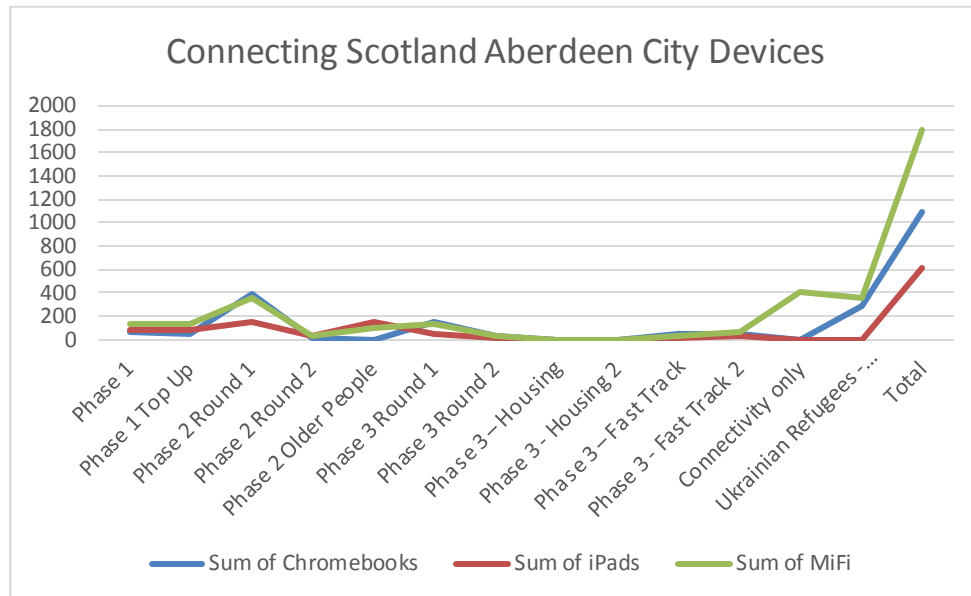
4.4   We do not hold the data for all of the groups that were involved in Connecting Scotland project so are unable to provide data on how citizens felt before and after receiving their device and digital support.

<u>Work with communities to increase support available through digital champions linked to Connecting Scotland programme and similar schemes.</u>

4.5   Digital Champion roles were taken on by staff across public and 3rd sector organisations as part of the Connecting Scotland roll out to support individuals to develop and improve basic digital skills. While not all sessions with Digital Champions were captured, these instances were recorded across Community Learning and Development and Library staff:

- Phase 1 - 90 people supported over 6 months with 1-2 sessions per week, delivered by 25 CLD/Lib staff
- Phase 2 - 86 families supported over 6 months 1 session per week, delivered by 37 CLD/Lib staff

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Library and CLD Digital Champion Support

A horizontal bar chart titled "Library and CLD Digital Champion Support" showing Phase 1 and Phase 2 data for Library and CLD staff (red) and People supported (blue). Phase 2: Library and CLD staff ≈ 37, People supported ≈ 85. Phase 1: Library and CLD staff ≈ 25, People supported ≈ 90.
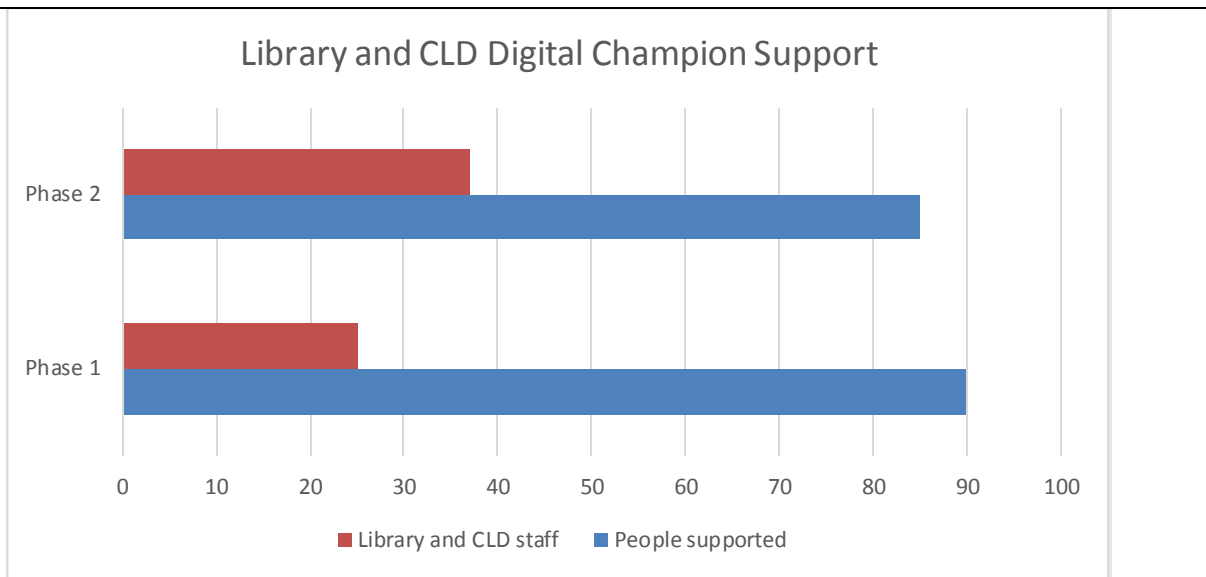
4.6 Digital Champions operated during lockdown and within the restrictions at the time, many sessions took place outside in park and a cemetery. Really where people felt most comfortable. One Digital Champions supported learners with additional support needs to set up voice activation setting on their Chrome book, enabling them to use their device to pursue is interests online and to communicate with others who shared those interests. This helped to alleviate feelings of isolation during covid restrictions when he was unable to access mainstream services.

4.7 The support of Digital Champions enabled many individuals to use video calls to keep in touch with friends and family during lockdown. Parishioners of St Fitticks Church, with digital champion support were able to attend online services on Sunday's throughout lockdown.

4.8 North East Sensory Services (NESS) took part in Connecting Scotland initiative, which has enabled all their CIS Digital project staff and volunteers to complete 'Digital Champion' training free of charge. A number of staff are also accessing free Digital Inclusion SCQF qualifications via Connecting Scotland and Kelvin College. NESS completed the set-up stage of this project from December 2020 as planned:
- identifying and prioritising participants
- developing a training schedule
- recruiting and training additional volunteers, and
- procuring digital equipment (e.g. tablet and 'Mi-Fi' (mobile Wi-Fi) devices) where required.
- Purchasing different stands and accessories to ease and support participants' use of the devices based on individual needs, including bean bag rests; these accessories are vital to service users with restricted vision and mobility, to enable them to get the best use of their tablet.

4.9 Participants have experienced reduced social isolation as a result of NESS training and support, particularly in the use of video messaging to communicate with geographically distanced family and friends. One lady was "delighted" to

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see her granddaughter and listen to her play the piano after almost two years of only having telephone contact, while a new participant was "over the moon" when we were able to help her "find" the family photographs sent by her daughter; she is now able to take the photographs from her email system and download them into the photo folder on her iPad. Others are enjoying the ease of taking photographs using their devices.

4.10   A test with Bon Accord Care, ACC Libraires, RGU Occupational Health students and tenants took place across two Sheltered Housing complexes. 11 tenants who had been provided with Connecting Scotland devices were supported with basic digital skills to access Life Curve, (an app that promotes independence as you age) along with learning other digital functions.

<u>Promote existing access and new access to digital devices, such as library computers, council digital resources, and universities.</u>

4.11   The project recognised that there were already a number of organisations providing access to digital devices, such as library computers, council digital resources, and universities and also providing digital skills classes. In light of this, and with the new Digital Champions, the project did not want to duplicate activity and instead focused on raising awareness of existing support/access and developing tests where provision was not readily accessible e.g. sheltered housing. As a result of the awareness raising, we have seen the following outcomes:

- Between Dec 2019 and Dec 22, Adult Learning, ACC supported 106 learners who took part in group 'Beginners Computing' and' ICT SQA level 3' and 'Continued Learning' sessions pre Covid, with activity stopping due to lockdown when Adult Learning staff were re deployed to other areas of work. With the role out of Connecting Scotland staff were brought back as Digital Champions to work 1-1 with recipients of devices (these numbers are in addition to the Connecting Scotland stats show above). Post covid the Adult Learning teams digital sessions were reinstated and were initially 1-1 in nature, with group sessions returning in November 2021. There were 85 learners from the central locality and 18 from the North locality.

- Adult Learning in Willowdale Community payback have successfully supported11 individuals to complete their Core Skill Level 2 in Information and Communication Technology and 8 individuals to complete their Core Skill Level 3 in Information and Communication Technology.

- The library service offers bookable PCs, printing and free WIFI access the central and community libraries access to PCs in libraries has seen an increase of 6266 users on pc in libraries post covid-19 showing the increase in digital literacy post lockdown. In North the increase was 1537 users; in South it was 2845 users and Central 1884. This showed that targeted promotion within localities was successful.

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Library PC Usuage
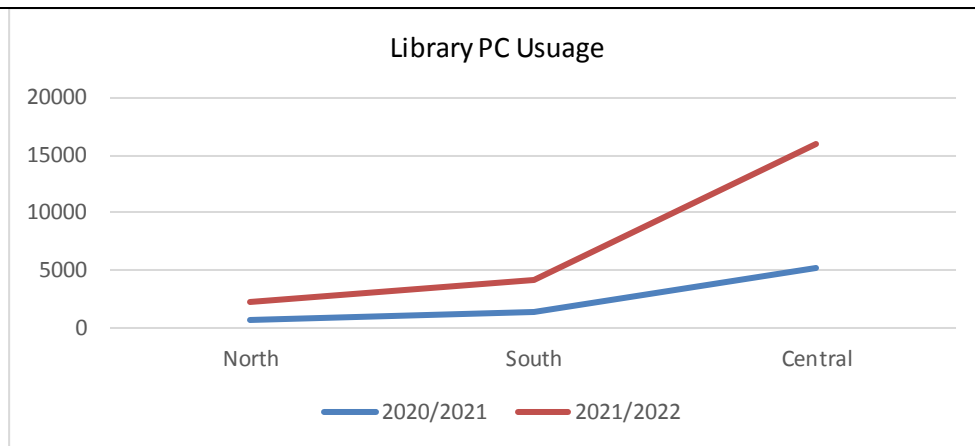
- Most PC usage is carried out independently however Library staff as capacity allows, can be available to support digital skills, these are recorded as technical support less than 15 mins and more than 15 mins.
- Technical support can include regular customers asking for help to build up their digital skills as well as on the spot requests for support with form filling where customers are not so confident. Customers are often signposted to library services from Marischal College with some interactions being transactional more than developing skills. Staff in the media centre reported the support they give to regular customers as an ad-hoc rolling computer class.

	More than 15 mins	Less than 15 mins
01/01/20 – 31/12/20	67	2336
01/01/21 – 31/12/21	29	706
01/01/22 - 31/12/22	548	5172
Top 3 sites for technical support	1. Central 2. Tillydrone 3. Dyce	1. Central 2. Airyhall 3. Bridge of Don

5.   HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1   The City Digital Group that has grown in membership since the start of this improvement project and will continue to meet on a regular basis and to promote existing access and new access to digital devices, such as library computers, council digital resources, and universities providing access to digital. The following are now embedded and will continue in terms of support digital skills.

5.2   Life Curve project: Aberdeen City Libraries and Bon Accord Care continue supporting individuals in sheltered housing to keep healthy and become more comfortable using digital tools to stay connected. New partnerships are in development to being in the North East Culture Collective to develop sustainable volunteer models in this setting.

5.3   Silver City Surfers continue to offer face to face tuition for over 55's in the City helping them to become more comfortable using digital tools.

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5.4   North-East Sensory Services continue to support their clients with face to face support visits, MIFI devices ensuring individuals have digital access and accessories to support participants use their devices.

6.   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1   The City Digital Group continue to meet on a quarterly basis to discuss initiatives ongoing in the city, share best practice and identify projects where collaborative working can take place.

6.2   Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Aberdeen Prospers Group, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7.   OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1   As above, the Life Curve project which to date has supported individuals in sheltered housing to keep healthy and become more comfortable using digital tools to stay connected, could be expanded to other groups where they are at risk of social isolation. New partnerships are in development to being in the North East Culture Collective to develop sustainable volunteer models in this setting.

7.2   With the cost of living crisis, we may start to see a drop in digital access since households cannot afford Wi-Fi/internet access or digital devices which could see a drop in progress made over the last few years. We are spreading our promotion to raise awareness that our Warm Spaces have free internet access and access to devices.

7.3   Adult Learning run weekly digital skills workshop with 11 learners who benefited from the Connecting Scotland initiative, classes are running in Seaton and Cummings Park Flat and scope to be scaled up further.

Recommendations for Action

It is recommended that the CPA Management Group:

i)   Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved and that the changes are embedded where possible and continues across the city's partners to enhance both digital literacy and the higher-level digital skills required for increased connection and, quality of life and by many employers; and

ii)   Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored.

Opportunities and Risks

With the cost of living crisis, we may start to see a drop in digital access since households cannot afford Wi-Fi/internet access or digital devices which could see a

drop in progress made over the last few years. We continue to promote Warm Spaces on the Aberdeen City website where spaces have free internet access and access to devices.

Consultation
Aberdeen Prospers Project Team

Background Papers
LOIP 2016-26 3.2 Project charter

Contact details:

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Progress Report	Project End Report 4.3: Family Support within Aberdeen City
Lead Officer	Eleanor Sheppard – chair of Children's Services Board
Report Author	Nicola Dickie
Date of Report	09/02/2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project 4.3 which aimed to increase uptake of parenting & family support by 10% and seeks approval to end project as the aim has been achieved.

Summary of Key Information

1   BACKGROUND

1.1   The COVID pandemic has had a substantial impact on our children, young people, and their families. Feedback from education & other early years workers is that there is an emerging gap in children's development and the skills they have before they begin nursery or school compared to pre Covid 19. We need to ensure children have their development reviewed at the key HV pathway contacts to identify any issues and then receive the appropriate intervention they require at the earliest opportunity. This will ensure children's developmental skills are at the best level possible when they enter early years/education system.

1.2   Within the LOIP refresh it was proposed that we continue to focus on children reaching their developmental milestones and that by providing early intervention & support to families in the first few years of their life would ensure that they meet developmental milestones & in turn achieve positive outcomes.

2   IMPROVEMENT PROJECT AIM

2.1   Against this background, on 23/02/2022 the CPA Board approved the project charter for the initiation of an improvement project which aimed to increase the uptake of parenting and family support by 10% by 2022.

2.2   Universal services (health & education) also provided feedback that during Covid almost all avenues for family support had decreased with those on offer being mainly virtual which parents did not engage with to the same level as face to face support.

2.3   Feedback indicated that the existing referral process for family support via submission of a Childs Plan was a barrier to referring due to the time needed to complete. Also when services opened up there would often be a scatter gun approach to referring in order to access support quickly.

2.4   The Fit like Family Wellbeing service (FLH) (started in Nov 2020) supports the mental wellbeing of children, young people & families in the community. It was recognised by the group that the FLH were already offering family support both individually and via group work via the use of a single Request for Assistance form (RFA).

3.   WHAT CHANGES DID WE MAKE

3.1   The group agreed that there was a need to improve systems and processes to:
- Make the Request for Assistance process simpler and more easily accessible.
- Reduce the need for a "scatter gun" approach by professionals

3.2   In response to this the group tested the following change ideas:
1. Development of a single request for assistance form for family support from Homestart/Peep & Family Learning to replace the previous use of Childs Plan - This has simplified the request for assistance process for all professionals looking for family support.
2. Development of a Community Nursery Nurse referral form on MORSE – the form has included a priority referral system to ensure families are seen according to level of need.
3. Ongoing promotion of a multi-agency approach via the Fit Like Hubs with universal services & self-referrals which are supporting families accessing parenting and family support via 1:1 and group work.

4.   HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1   Yes, our aim has been achieved with a 52% increase in the uptake of parenting and family support between 2021 and 2022, with 574 families supported in 2022, compared to 378 families in 2021.

No. of families supported by the Fit Like Hub
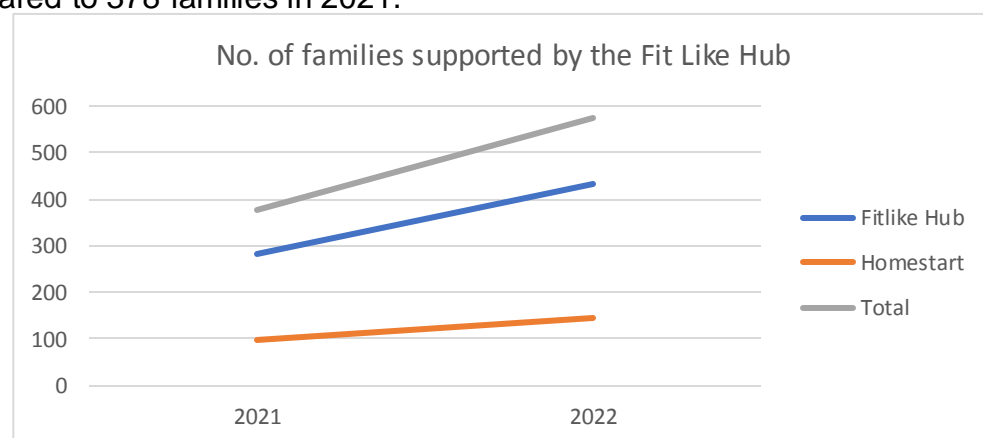
4.2 We have seen an increase in the number of families supported both via the Fit-Like Hubs and Homestart, with a 53% increase via Fitlike and 50% via Homestart.

4.3 The project measured the impact of the changes tested as described below.

4.4 Through, our change ideas we have also seen a substantial increase in the number of referrals for support, with a 77% increase in multi-agency support referrals for family and parenting support to the Fit Like hubs between 2020/21 (335) to 2021/22 (433). Whilst, initially most referrals came from education as a result of the multi-agency approach to supporting families accessing parenting and family support increasingly referrals are coming from from other agencies.

Fit-Like Hubs - Multi-Agency Support Referrals Overview
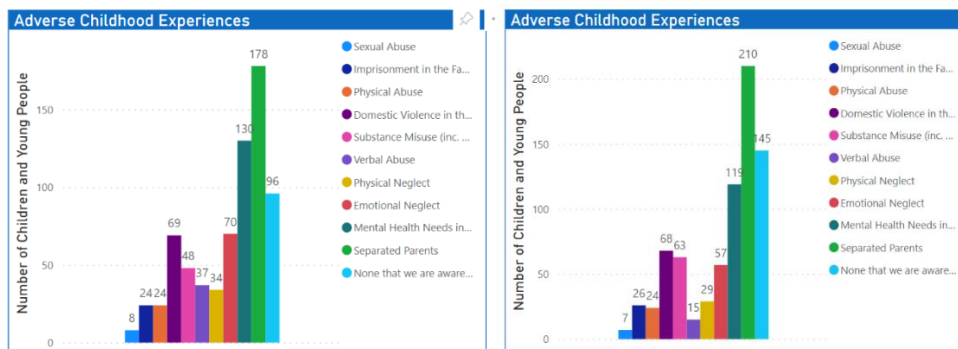
4.5 Over 2022, a total across all services of 1515 referrals for parenting and family support were made, an increase of 49% since 2021.

4.6 Working collaboratively has meant that the offer of supports have been more effective, timely and provide earlier intervention and prevention. The building of confidence in the systems of support and removal of barriers and lengthy timescales for response, being open to new ideas and listening to what children and young people need and want has been key.
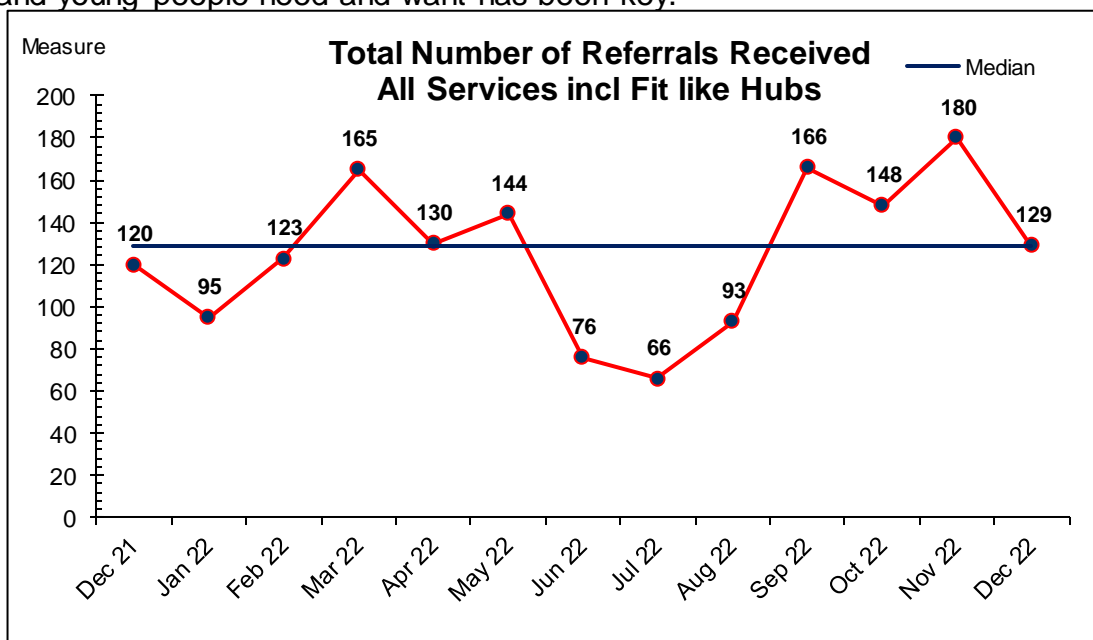
4.7 Examples of feedback from families regarding the support they have received

"Gained confidence in dealing with my son's meltdowns. Provided courses to help extend my knowledge on emotion training & sleep"

"Family Learning for me has been having someone non-judgmental and supportive during a time of struggle with family life, to listen and give advice and also reassure you're doing the best you can"

"The support you've given has been invaluable"

"This is like a bespoke service for me & my family, it's the first time support has felt right for me and fits for what we actually need"

Development of a single request for assistance form for family support from Homestart/Peep & Family Learning to replace the previous use of Childs Plan –

4.8 This has simplified the request for assistance process for all professionals looking for family support. The Single Request for Assistance (RFA) form has been completed & is in use by all agencies. There have been some challenges with health services from an information governance aspect with regards getting the form added into MORSE, but that is being progressed. Homestart reported an 80% uptake & Peep reported 51% uptake of RFA's during 2022.

4.9 Feedback from staff using the new single RFA

"The single referral form for PEEP / Homestart / Family Learning has made the referral process much simpler and easier to complete. Before with the Child's Plan I was never always sure how much information to put in for Homestart / PEEP referrals however with the new form it is made very clear what information is required"

"The single referral form for Homestart, Peep and Family learning is more user friendly, easy to navigate and allows quicker and more efficient referrals to be made. I would refer more often now using the single form, it enables a clear referral pathway to the services."

Total Number of Referrals Received
Home Start / PEEP / Family Learning
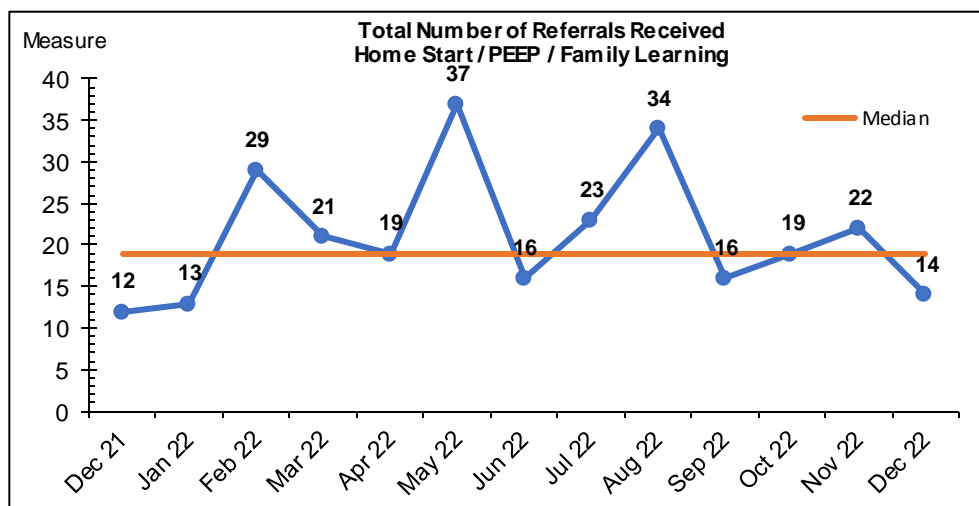
4.10 Development of a Community Nursery Nurse referral form on MORSE – the form has included a priority referral system to ensure families are seen according to level of need.

4.11 Community nursery nurse RFA was rolled out onto their system (MORSE) in June 2022 and we have seen a continual increase in the numbers of referrals since this happened. We have managed to streamline the referral system to the Family support team as well as the Community Nursery nurses within the Health Visiting team which has resulted in a quicker referral system. Of the referrals to community nursery nurses since the form went Live on Morse in June 2022 up to December 2022, 90% have been supported.

4.12 Feedback from Health Visitors re use of form

"The CNN referral form on Morse has simplified the referral process and enables record of the referral and the support provided"

"CNNs are such a valued part of the team and really help provide so many of our families with additional parenting support around routines, behaviour, sleep, feeding. The work CNNs do within the nursery settings I feel has strengthened our relationship with Education and helped provide collaborative working across agencies. The referral forms on Morse are very clear and I find the traffic light system is a beneficial way of identifying the priority of work that needs completed. Getting feedback from the CNN Morse form is also very useful in evidencing improved outcomes for the child / family."
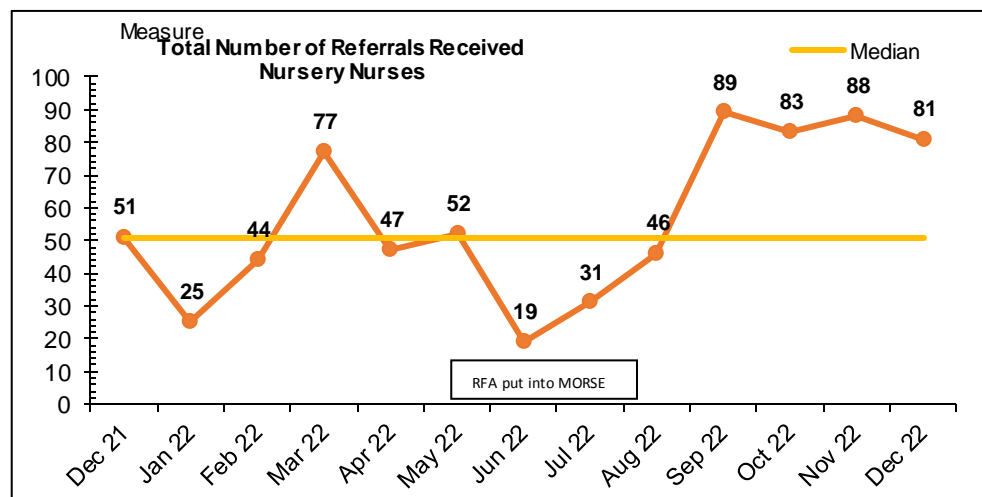
Total Number of Referrals Received Nursery Nurses

Ongoing promotion of a multi-agency approach via the Fit Like Hubs with universal services & self-referrals which are supporting families accessing parenting and family support via 1:1 and group work.

4.13 There are more opportunities for family support on offer with the introduction of the Fit-Like Family Wellbeing hubs who are offering 1:1 support and group work. The Fit-Like hubs promote families to access them directly and as a result have

also received 88 self-referrals for support.   By sharing information and recognising the mutual benefits and values of partnership working, practitioners pulled together collective knowledge and skills which enabled them to develop a shared understanding and ethos that is embedded within the framework of the promise and ensuring support is available for families. Collaboration and Co-production has brought about cultural changes with shared leadership resulting in strong multi-agency partnership working to co-deliver effective and early intervention supports to children young people and families.

5   HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1   The improvements tested have now been embedded and moved to business as usual. We will continue to use the single Request for Assistance form as the key tool for managing the process. The process will be reviewed on an ongoing basis to ensure that it continues to achieve the outcomes provided to date. Any changes required will be actioned. The review will include feedback from families and relevant staffing groups.

5.2   Ongoing development of the form to include feedback to the referrer has now been implemented to help with managing the whole process.

5.3   Continue to review the number of referrals compared to uptake to ensure that demand on services is considered and action taken should demand exceed service provision.

6   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1 We have robust monitoring system in place with the following embedded:
   - Dashboard has been created for the family support team to submit data on
   - Collection of data via MORSE
   - Feedback from professionals & families regards availability and uptake of support via the RFA

6.2   Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Best Start in Life Sub Group of the Children's Services Board, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7   OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1   Development of a single system and agreeing on a multi-agency basis the key data to be collected and developing a system to allow us to do that, has given us a strong understanding of families' needs and how the services involved in the project can address these. This is an approach which could be beneficial in other areas and projects.

7.2   The changes will be scaled up as part of the development of a Family Support Model and a Barins Hoose which will offer earlier and preventative support with a particular focus on kinship carers and preventing children and

young people from entering care. These areas are key outcomes proposed within the revised Children's Services Plan for 2023-26.

Recommendations for Action

It is recommended that the CPA Management Group:

i)   Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved and changes have been embedded as business as usual;

ii)   Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and

iii)   Note the plans to scale up and spread the changes tested.

Opportunities and Risks

Opportunities: -
- Better communication in partnership working
- Learning opportunities across multiagency – Homestart currently monitor engagement of referrals which we could look to replicate
- Working collaboratively means the offer of supports can be more effective, timely and provide earlier intervention and prevention.
- To ensure the supports provided are sustained, at the heart of this is the strength of relational approaches, building confidence in the systems of support and removal of barriers and lengthy timescales for response, being open to new ideas and listening to what children and young people need and want.

Risks: -
- If the offer of support from universal & 2nd tier services were not present then there would be a risk to the health & wellbeing of children & families. Parents would not get the ongoing support needed to promote their child reaching developmental milestones.
- The electronic version of the referral form being put on MORSE has stalled due to NHSG Information Governance's concerns around the use of the .org email address from Homestart. This is currently awaiting a decision from them which is impacting on practitioners being able to complete with families in their homes.

Consultation

Project Team
Children Services Board
Best Start in Life group

Background Papers

The following papers were used in the preparation of this report.
Refreshed Aberdeen City Council Local Outcome Improvement Plan 2016-26
Charter 4.3 Family Support within Aberdeen City

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Community Planning
Aberdeen

Progress Report	Project End Report 4.4: Reduce the number of children starting Primary 1 in Aberdeen city with an identified speech delay by 5% by August 2023
Lead Officer	Fiona Mitchelhill
Report Author	Nicola Anderson
Date of Report	February 2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 4.4 which aimed to reduce the number of children starting Primary 1 in Aberdeen City with an identified speech delay by 5% by August 2023 and seeks approval to end the project.

Summary of Key Information

1   BACKGROUND

1.1   Following the Covid-19 pandemic, concerns were raised that a growing number of children were identified either by entering education or by the Health Visiting service as having speech and language delays. The restrictions imposed by the pandemic prevented social and family interactions which have had a significant impact on the development of young children.

2   IMPROVEMENT PROJECT AIM

2.1   Against this background, in February 2022 the CPA Board approved the Project Charter for the initiation of an improvement project which aimed to reduce the number of children starting Primary 1 in Aberdeen City with an identified speech delay by 5% by August 2023.

2.2   This aim was identified given the concerns around the number of children being highlighted as having speech and language delays when entering education at Primary 1 level.

3   WHAT CHANGES DID WE MAKE?

3.1   A Project Charter Group was formed with representation from Homestart, Aberdeen Libraries, Scottish Childminding, City Health Visiting Service, City Community Nursery Nursing, all Parents as Early Education Partners (Peep) and the Speech and Language Team (SALT).

1

The project focused on testing the following changes:

1   Expanding the Nursery Nurse role to include supporting those identified at Health Visitor developmental review for further intervention.
2   Developing multiagency & parent resources to provide a consistent, single source of confident early intervention information & signposting to speech & language development support.
3   Training for Health Visitors (HV), Community Nursery Nurses (CNN) around universal services early intervention
4   Training for Community Childminding (CC) services to upskill and improve confidence in detection and supporting - We looked at the Community Childminders who provide a service to large numbers of pre-school children, often some of these children come via the Eligible 2's programme and may have varying degrees of social issues etc. We quickly identified there was a training need for this cohort of staff who felt they could be far more influential in identifying possible speech delays with the correct training and support.
5   Building on the partnership between health and (early) education though the Links Nursery and Hub, by ensuring speech and language therapy are integrated into planning for children who are facing adversity to ensure their speech and language needs are identified and supported at the earliest opportunity. We tested weekly children's meeting held within the Links Nursery and Hub to promote information sharing and multiagency working, with Speech and Language Therapy, Health Visitor, Centre Manager and Excellence and Equity Practitioners all represented.

4   HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1   Yes, data from SEEMiS, the school management information system, as at January 2023 shows a 23% decrease since 2021 in the number of primary 1 pupils with a speech or language disorder. However, it is recognised that this is early evidence and it is thought too early to draw firm conclusions.

No. of Primary 1 with a Speech or Language Disorder

2
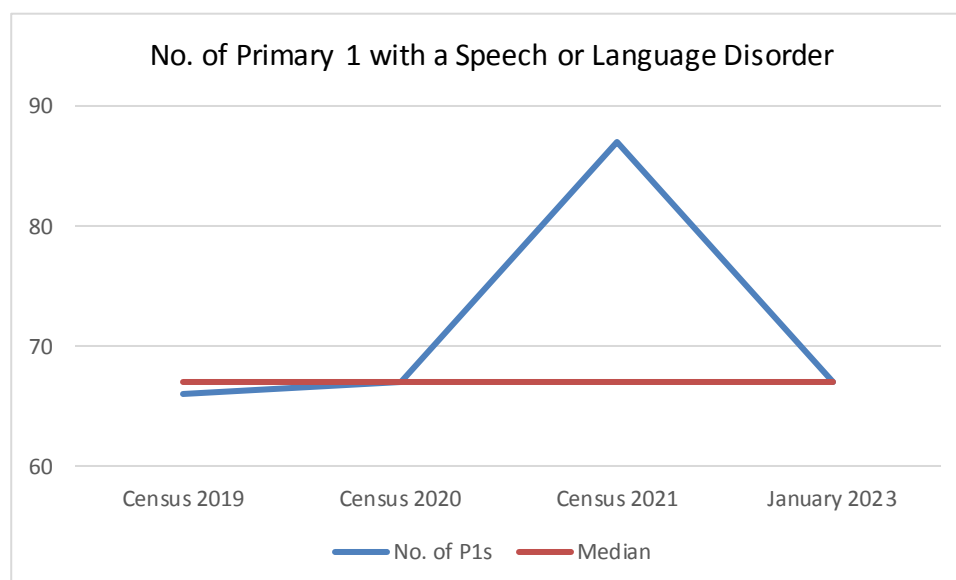
4.2   However, in terms of primary 1 school roll the % as a January 2023 compared to 2021 shows that this has remained at the same level as shown in the chart below.

% of Primary 1 School Roll with Speech or Language Disorder

	Census 2019	Census 2020	Census 2021	January 2023
% of P1 school roll				
Median				

.
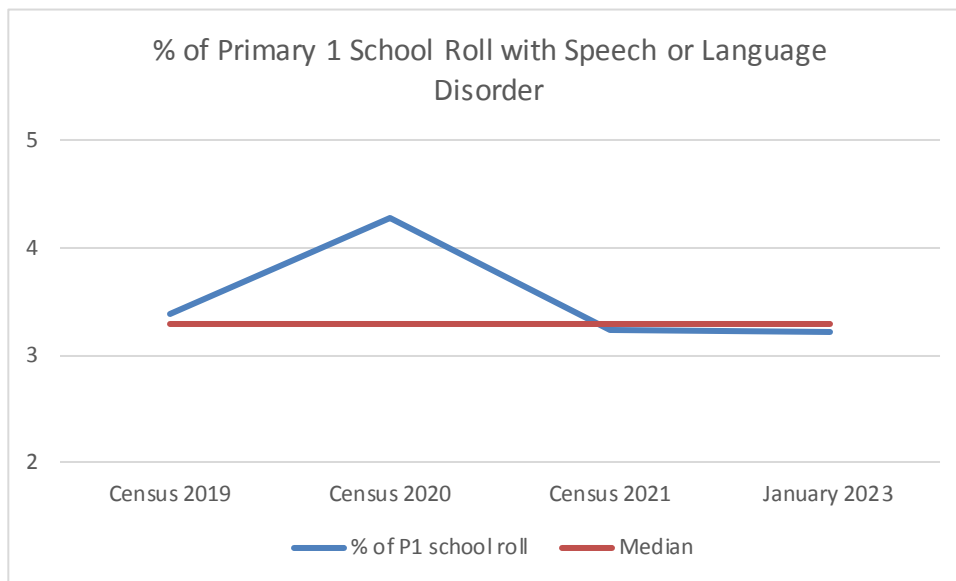
4.3   In terms of the changes tested, the project focused on early intervention and ways to increase identification at the earliest opportunity that a child had a speech concern. Data at the 4-5 years preschool review in 2020/21 identified a 35% increase in detection of SAL concern and this is a positive outcome of the early recognition, improved skill and appropriate action both targeted and universal implemented through the change ideas. With children being identified at the earliest opportunity and through collaborative working between health and education, it has enabled health and education to work together to identify and provided targeted support to children 1 and through the joint working we can see the impact of the support in the reduction above although it is thought early to draw firm conclusions.

Number of Children with an identified speech concern at 4-5 year

63 42 37 50
2017/18 2018/19 2019/20 2020/21
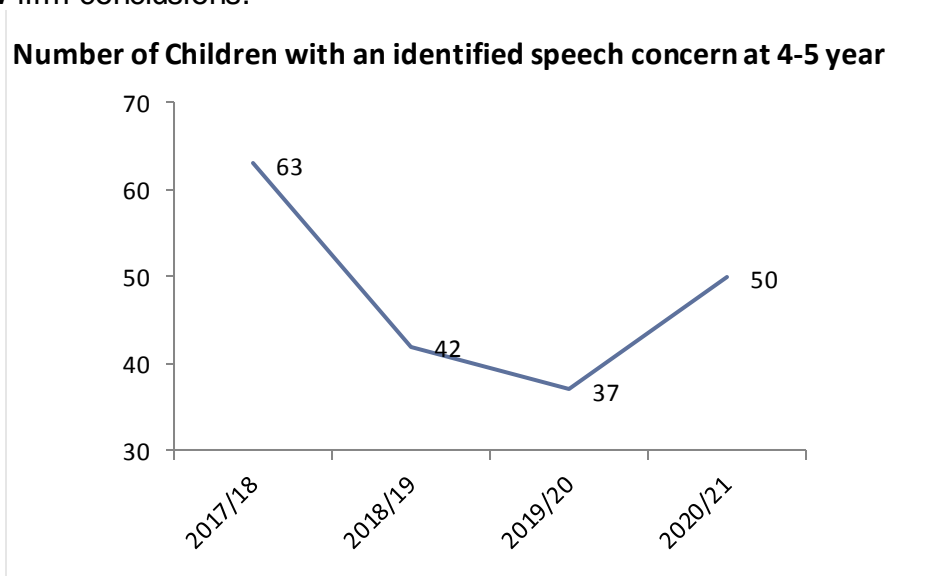
The impact of the changes we tested are as follows:

1 Expand the Nursery Nurse role to include supporting those identified at Health Visitor developmental review for further intervention.

4.4 In preparing for the testing of the changes it became apparent very early on that accessing SALT Referral number baseline data was going to be challenging as there was no easy way for this to be produced by SALT Service. However, as a result of the project this challenge has now been overcome and moving forward referral data will be reportable from the MORSE system which is the electronic record system used by Health Visiting (primary referrers). Initial Health Visitor referral data for the 12 month period from August 2021, ie P1 school entry, to August 2022 reports 392 Health Visitor referrals made to SALT.

2 Develop multiagency & parent resources to provide a consistent, single source of confident early intervention information & signposting to speech & language development support.

4.5 This resource has to date been was utilised in conjunction with the training sessions that have taken place ie the Community Nursery Nurses and the Community Childminders. Planning around wider distribution is underway, work around the possibility of devising a 'thinglink' for use by services and parents/carers is being explored. Those who have utilised the resource have said:

"Wide variety available for both professionals and families."

"Accessibility is good through mobile links and printable posters/leaflets."

The resources identify development norms and outline every day tasks/activities which would support early intervention in speech, language and communication delays."

"Resources for professionals offer information on the difference between speech delay and speech disorders, how to implement social stories, song signifiers and visuals."

"There's printable visual aids which professional and parents can access when required."

"At the training were shown a variety of links relating to supporting families with children who have additional support needs."

"Most resources are in English and discussions took place around accessing the information in different languages."

"Some great, meaningful YouTube videos that show the infants perspective, included impact on parental screen use."

4

3   Training for Health Visitors, Community Nursery Nurses around universal services early intervention to upskill and improve confidence in detection and supporting

4.6   Training sessions were compiled by NHS-G SALT and delivered by one of the Lead Therapists. Uptake of places was excellent with the first two sessions being instantly fully booked – current position is that 68 / 120 childminders (57%) have undertaken the training – further courses will be run to accommodate the remainder who wish to participate. A similar training session took place for Community Nursery Nurse x5 with 100% attendance (x5) post session questionnaires are being collected. The key resources mentioned above were introduced & utilised at all training sessions.

4.7   Both groups, Childminders and Community Nursery Nurses were asked to complete a pre-training questionnaire and a post training questionnaire so that measurement of improvement could be attained. We are still collecting the post training questionnaires but early indicators show there has been a significant increase in the confidence of this cohort of staff who now feel better equipped to identify speech delays and also have a clear pathway of support via the City Health Visiting Service.

4.8   Post CC training feedback in response to one of the questions included the following comments:

Has the training course helped you deal with some of your difficulties identifying speech and language delays in young children?

"I feel a lot more confident now since having the training"

"Overall things are a lot clearer now"

"Yes – very much so"

"Much clearer now and I feel more confident"

"Yes – most definitely, I feel better equipped to know what I should be looking for and what I then need to do"

4   Building on the partnership between health and (early) education though the Links Nursery and Hub, by ensuring speech and language therapy are integrated into planning for children who are facing adversity to ensure their speech and language needs are identified and supported at the earliest opportunity – weekly meetings

4.9   This has provided a targeted approach to supporting children & families including more specialist SALT input, inclusive weekly meetings ensure that SALT is considered at the heart of all planning. Through these meetings 5 children have been referred for SALT support between January and June 2022.

5

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 The changes tested to date have been embedded as business as usual. We will continue to review and develop further training. Given the impact of initial training with childminders this training will be rolled out across other cohorts of staff. The information from the pre and post training questionnaires will be used to hone and develop further training.

5.2 Speech and language therapists will continue to be active participants in the weekly pre school provision meetings.

5.3 The collaborative working between education and health has been key to the project and this will continue through Education and Health embedding the use of the Child Inclusion Research into Curriculum, Learning and Education' (CIRCLE) framework to help support early child development. It is a research-based approach to universal support for all children and young people as they emerge from the pandemic. Following the identification of a 'CIRCLE Lead' in each ELC, Primary and Secondary setting, professional networks are being established and benefitting from input from partner agencies such as NHS Grampian. The approaches advocated by the CIRCLE Framework are being utilised to support settings to implement flexible strategies of support. Implementation is led by the needs of the individual setting and their unique context, and designed to afford consistency across Aberdeen City whilst leaving school-level autonomy. Support for staff is available via CIRCLE Surgeries and bespoke Microsoft Teams (virtual) channels. These are providing valuable opportunities for sharing experiences, practice, and reflections as the impact of the CIRCLE Framework is monitored. This work will be on-going with impact regularly reviewed by the Children's Services Board over the lifetime of this Plan.

5.4 It is recognised that it is still too early to draw conclusions from the data and speech and language remains a priority within the revised Children's Services Plan 2023-2026. With the changes from this project having been embedded as business as usual and with the CIRCLE framework being implemented it is proposed that the impact of the implementation of the CIRCLE framework on speech and language skills be reviewed when the education census is completed again in September 2023 and at that time determine whether this area needs to be the focus of a further multi-agency improvement aim.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1 As a result of the project this challenge has now been overcome and moving forward referral data will be reportable from the MORSE system which is the electronic record system used by Health Visiting (primary referrers). Data will be taken from MORSE (as the primary referrers are Health Visitors) this will be reported on a year to year basis to identify whether the "pillars" put in place are having a positive impact on early recognition, intervention & support measures to address speech and language delay.

6

6.2　Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Best Start in Life Sub Group of the Children's Services Board, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

6.3　The Children's Services Board will review the impact of the CIRCLE Framework on speech and language.

7　**OPPORTUNITIES FOR SCALE UP AND SPREAD**

7.1　The success of the training offered to one cohort of staff has given the group confidence that this can be replicated across other service areas thereby hopefully resulting in improved communication between services, networking between professionals and the use of the single point of access for shared resources.

Recommendations for Action
It is recommended that the CPA Management Group:

i)　Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end on the basis that (1) the aim has been achieved and the changes tested have been embedded and will continue across the community setting and that scaling up has begun with the start of a cohesive training programme put in place for other settings; and (2) that separate to the project Education was embedding the use of the CIRCLE framework and as such it was requested that the impact of this be monitored to ascertain if further work on early speech and language is required; and that within the Children's Services Plan 2023-26 it was proposed that the need for a multi-agency Improvement project would be reviewed in March 2024;

ii)　Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and

iii)　Note the plans to scale up and spread the changes tested.

Opportunities and Risks

Key Opportunities
- Relationship building with services who work with children and families from a universal, targeted & opportunistic approach.
- Single point of access where existing accredited resources can be accessed and utilised
- Creation of a cohesive training programme

Risks
- SALT Service unable to accommodate increasing referral numbers.
- Lack of accurate data regarding referral rates from SALT Service

Consultation
Best Start in Life group.
Project Charter Team
Children's Services Board

Background Papers
The following papers were used in the preparation of this report. LOIP & Project Charter 4.4

Contact details:

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Community Planning Aberdeen

Progress Report	Project End Report 6.1: Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022.
Lead Officer	Graeme Simpson
Report Author	Larissa Gordon
Date of Report	1.3.23
Governance Group	CPA Management Group – 13.3.23

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 6.1 which sought to Increase the number of [i]care experienced young people accessing a positive and sustained destination by 25% by 2022 and seeks approval to continue the project.

Summary of Key Information

1   BACKGROUND

1.1   Official statistics show that looked after children less well at school that their peers. Our key goal is to narrow the educational attainment gap for all looked after children.

Source: Education outcomes for looked after children: 2016 to 2017. Scottish Government.

1.2   The 2019-20 report shows that the education outcomes for Looked After Children remain higher than in 2009/10, however, there is a fall from the 2016/17 data which informed the project initially.

1.3   38% of 'looked after' school leavers gained one or more qualifications at SCQF level 5 (up from 35% in 2018-19) and 75% of 'looked after' school leavers went on to a positive destination (for example college, training or employment) after leaving school (up from 71% in 2018-19).

1.4   The statistics also reflect the impact of the COVID-19 pandemic on the experiences and outcomes of [ii]Care Experienced Young People. The availability of certain opportunities to 2019-20 school leavers may have been directly affected by the pandemic as start dates for certain apprenticeships and college courses were delayed.

2.   IMPROVEMENT PROJECT AIM

2.1   Against this background, on October 2021 the CPA Board approved the revised Project Charter for the initiation of an improvement project which aimed to Increase the number of[iii]care experienced young people accessing a positive and sustained destination by 25% by 2022.

2.2   How each school in Aberdeen delivered this was dependent on their context and the particular needs of children and young people within their school. Although the aim was to increase the number of [iv]care experienced young people accessing a positive and sustained destination by 25% by 2022, as the [v]care experienced cohorts are small and can vary significantly from year to year, the intention was to undertake significance testing on the percentages from year to year along with comparing the percentage change. This ensured that we are looking at a 25% increase whilst taking into account the cohort changes.

3.   WHAT CHANGES DID WE MAKE?

3.1   Following a positive test of change at St Machar Academy, this project further tested MCR Pathways, a structured mentoring programme delivered to targeted pupils from S1 to S6 across 6 of the 11 academies in the city in 2020.

3.2   The Virtual School continued to support schools to discharge their corporate parenting responsibilities in order to support delivery of the project.

4.   HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1   There is a 13% increase in sustained positive destination rate of those young people who are Looked After. Whilst this is short of the aim of a 25% increase it does show positive outcomes which the project anticipate will be further evidenced when validated data for sustained positive destinations for 2021/22 leavers is available in June 2023.

Graph - Number and Percentage of Looked After Children in a Positive Destination (follow-up) Aberdeen City

Number and percentage of looked after children in a positive destination (follow-up), Aberdeen City

Source: Scottish Government, Education Outcomes for Looked After Children. August 2022.
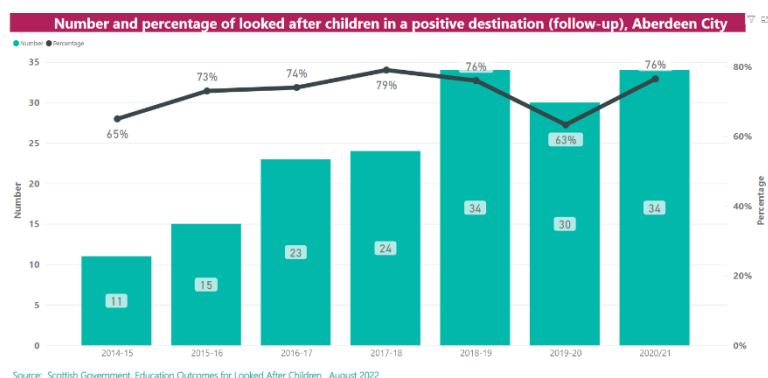
4.2 The graph shows that from the start of the programme in 2020, there has been an increase in the sustained positive destinations of those young people who are Looked After of 13%.

4.3 The validated data for this 2023 leavers will not be available until June 2024. In order to gain an early indication the 6 schools delivering the MCR Pathways programme were asked to complete an additional data set providing their professional judgment on the likelihood of leavers sustaining their future destination.

4.4 Based on the professional judgement of school staff 73% of this year's cohort in the MCR Pathways programme are likely to sustain a positive destination, this data is helping to inform the supports available to young people in advance of their leaving school and indicates that delivery of the MCR programme alone will not realise our ambitions for young people.

Likelihood of Sustaining Leaver Destinations - All MCR Pupils, February 2023
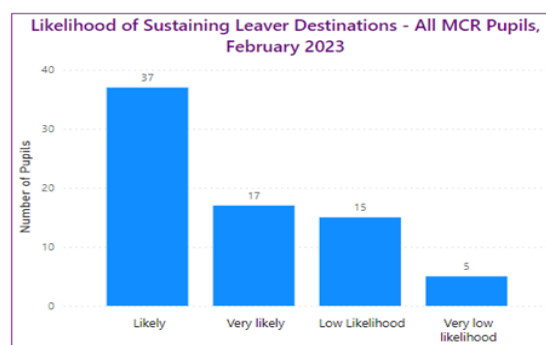
MCR Data

4.5 Not all care experienced young people participate in the programme and there are a number of reasons for that. Reasons include:
- The young person is not attending school regularly
- The young person has moved to another local authority or moved to a school without the MCR programme
- The school have not recommended the young person for mentoring
- The young person declined to be involved in the programme following a discussion with the pathways co-ordinator

4.6 Data provided by MCR Pathways to ACC includes all pupils who have been recommended for the programme. However, the analysis is based on those young people who are described as being as being active and engaged by MCR.
- Group 1 includes those pupils who are both currently and previously Looked After
- Group 2 includes Young Carers, those in Informal Kinship and those who are in need of additional support

4.7 Central to evaluating the ongoing impact of the MCR Programme is the feedback from young people and how they have benefitted from having a mentor in S3-6 to provide input and support. The following quotes are from young people:

"Making a big difference and has given ideas for after school. Opened my eyes to all the options out there for me. Huge confidence boost to me and I don't feel so worried about leaving school."

"She is making me feel more confident and less worried about college and work. Easy to speak to and making me feel more confident in myself."

"Getting on really well with my mentor and she is arranging for me to go to the police to see what that job entails and is also trying to get some time with a chef to see what happens in that job."

"Speaking with my mentor has helped me decide to try and stay in school longer. He has also increased my confidence."

'Good, I like mentoring she helps me with school and basic life skills that school can't teach.'

'I enjoy meeting my mentor and she is really nice. I have been struggling with coming back to school and found everything a bit overwhelming. I think it is going really well, I enjoy our sessions together. I think she is beginning to get to know me and she is keen to help me.'

4.8 As well as considering positive and sustained destinations, MCR also looked at attendance and exclusion rate.

Attendance

4.9 The following graphs show attendance rates for both the general school population in the 6 MCR Pathways academies and those young people who are active in the MCR Pathways programme for S1-6. It should be noted that this data is heavily influenced by the impact of public health restrictions.

4.10 It should be noted that 2018 and 2019 provide a baseline comparison of the attendance rate prior to the start of the programme in 2020. Further data cleansing is being undertaken to ensure all previously Looked After Children are accurately represented in the data for these 2 years.

Graph 1 – Attendance Rate for whole school cohort across 6 MCR Pathways Schools (S1-6)

Attendance Rates - All Pupils in MCR Schools, S1 - S6

Academic Year	2018	2019	2020	2021	2022
Attendance Rate	90%	89%	91%	89%	87%
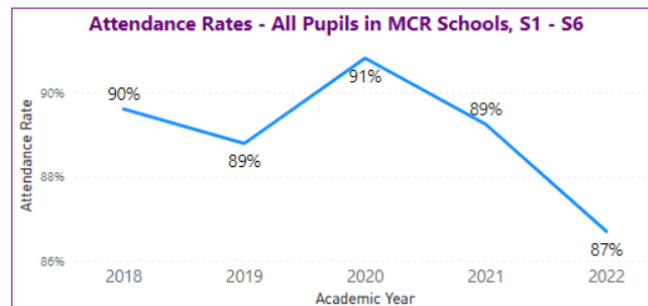
Graph 2 - Attendance Rate for pupils (Group 1 and Group 2) who are active in the MCR Pathways Programme across the 6 schools (S1-6)

Attendance Rates - All Active MCR Pupils S1 - S6

Academic Year	2018	2019	2020	2021	2022
Attendance Rate	91%	87%	85%	81%	81%
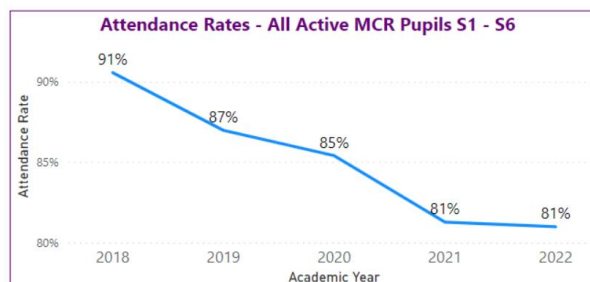
Graph 3 – Attendance Rate Group 1 pupils who are active in the MCR Pathways Programme across the 6 schools (S1-6)

Attendance Rates - All Active Group 1 MCR Pupils, S1 - S6

Attendance Rate

90%

85%

80%

88%   91%   86%   82%   81%

2018   2019   2020   2021   2022

Academic Year
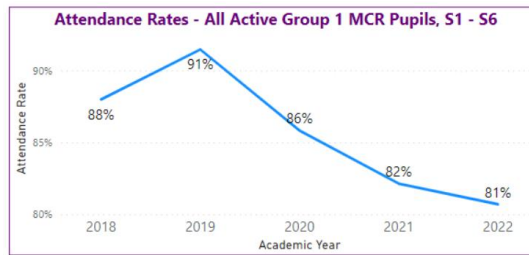
4.11   Graph 1 shows over the past 5 years overall attendance has fallen. This trend is mirrored in Graphs 2 and 3 which show attendance for group 1 and 2 collectively and Group 1 alone. The impact of Covid (2020) can been seen in the fall in attendance from 2019 and has been well documented those with experience of care being among those most affected.

4.12   Much of this can be attributed to "psychological trauma, including adverse and traumatic experiences in childhood. In particular, growing up with adverse childhood experiences (ACEs) – such as abuse, neglect, community violence, poverty, homelessness or growing up in a household where adults are experiencing mental health issues, and exposure to/involvement in harmful alcohol or drug use – can have a long-lasting effect on young people's lives". This has resulted in many having attachment difficulties which during times of stress, loss or change - such as they have experienced during the pandemic - will often mean a return to their earliest insecure attachment behaviours. As a result, some have found it exceptionally challenging to engage with learning, self-regulate or interact socially, until they feel both physically and emotionally safe. This will inevitably have impacted on their attendance at school. https://www.gov.scot/publications/adverse-childhood-experiences-aces/pages/aces-overview/

4.13   However, it can be seen that for those young people who are being supported by MCR pathways and have experience of care, although they have an attendance rate of 81% compared to their peers which is 87%, the fall in overall attendance has slowed in comparison and appears to have stabilised to date for session 2022/23. This data will continue to be carefully monitored and is it thought too early to draw firm conclusions. It is recognised that the impact of Covid continues beyond the periods of lockdown impacting on overall attendance of the school population, however, academic session 2021/22 was more stable and enabled the programme to be fully taken forward in the way it was intended to run. Based on evidence to date, it is anticipated that attendance will begin to improve and this will be monitored carefully.

Exclusion

Graph 4 – Pupils in the whole school cohort across the 6 MCR Pathways Schools (S1-6) with 1 or more exclusion incident

Pupils with at least 1 Exclusion Incident - All Pupils in MCR Schools, S1 - S6

Number of pupils

65

60

55

56   66   65   62   55

2018   2019   2020   2021   2022

Academic Year
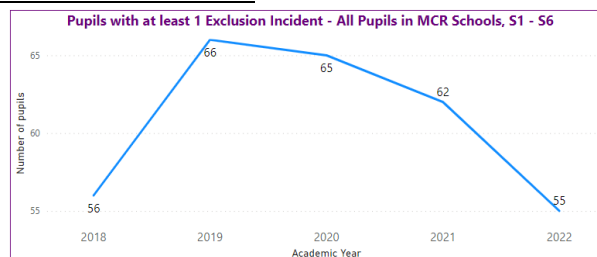
4.14 Graph 4 shows pupils in the whole school cohort across the 6 MCR Pathways Schools (S1-6) with 1 or more exclusion incident. It can be seen that there is a fall in the number of incidents which is consistent with the city wide fall in exclusion incidents.

Graph 5 – Number of pupils (Group 1 and Group 2) who are active in the MCR Pathways Programme across the 6 schools with at least 1 exclusion incident

Pupils with at least 1 Exclusion Incident - All Active MCR Pupils, S1 - S6
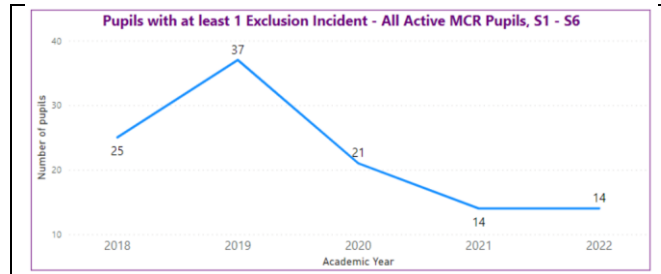
4.15 Graph 5 shows that collectively (group 1 and 2) the number of pupils with at least 1 exclusion incident has also fallen since the introduction of the MCR Pathways Programme in 2020. Data for 2018 and 2019 is for those same pupils who are now supported and so provides the baseline to compare the progress. Additional analysis has been undertaken for group 1 pupils only and figures are consistently below 5 with no evident trend across the 6 schools.

Engagement

Table 1 - Engagement with Mentor sessions S3-6

MCR Pupil / Mentor Engagement - February 2023			
School Name	Pupil Attendance Rate	Average Young Person Attendance (%)	Average Mentor Attendance (%)
Dyce Academy	88%	85	92
Harlaw Academy	87%	85	96
Hazlehead Academy	86%	83	90
Lochside Academy	74%	79	91
Northfield Academy	82%	91	93
St Machar Academy	81%	72	90
Total	**83%**	**82**	**92**

4.16 Table 1 shows the attendance of young people with their mentor sessions in S3-6. This is a new measure being collected by MCR for academic session 2022/23 and will be routinely collected going forward. For the majority of the schools, at this point in the academic year, the overall attendance at school is similar to their attendance at their mentor sessions with a variance of 2-3% in general. Both Northfield Academy and Lochside Academy however, have a higher rate of engagement with the mentors. These 2 schools have the highest number of [vi]care experienced young people attending.

Graph 6 – Total Number of Mentor Meetings

Total Mentor Meetings Completed for Active MCR Pupils as of February 2023
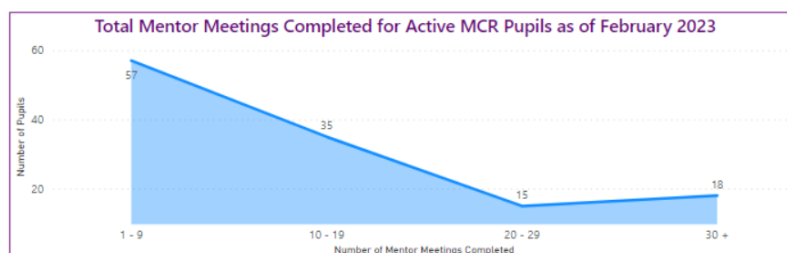
4.17   Graph 6 shows the number of mentor meetings that have taken place since the start of the programme. Relationships are key to supporting a young person to feel safe and loved and ultimately achieve. The Promise Scotland makes reference to 'relationships' 153 times in the foundation report and states that "schools must also be supported to encourage and develop mentoring relationships for those who would benefit". It can be seen that 125 young people have sustained mentor relationships through the programme. This includes young people who are not care experienced. By offering the programme to a wider range of young people within the school ensures that it is non-stigmatising.

4.18   MCR pathways supports a number of young people and contribute to their positive destination. As referenced earlier in para 4.5, not all young people choose to engage or are thought appropriate to engage in the programme.

4.19   A high level of personalisation is required to ensure that each young person accesses the supports they require to achieve positive outcomes. Knowing that 'one size doesn't fit all' has influenced our direction of travel with the establishment of 2 Edge of Care pilots and of Pathways Associates in each school to support further improvement in this area.

5   HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1   There is agreement from Scottish Government to fund 3 years of the MCR Pathways programme in each of the schools. This commenced from the time that MCR contract extension commenced (dates between 24.2.22 – 31.8.22). MCR Pathways are undertaking a review of the sustainability of the programme nationally over this academic year and we will continue to monitor the impact of the programme locally.

5.2   Two Edge of Care pilots are currently being tested by Education and Children's Social Work within targeted schools to realise further improvement in this area. The Pilots offer bespoke support to young people and their families in keeping with taking a whole family approach and there is emerging evidence of positive impact. The impact of this approach will be evaluated to inform next steps.

5.3   In addition, all secondary schools have been allocated resource to establish a Pathways Associate to support care experienced young people navigate post school opportunities. This approach ensures that a key individual supporting those with care experience is available to young people in their schools. The impact of this approach will be evaluated to inform next steps.

5.4   It is proposed that the impact of the intensive Edge of Care Pilots at Lochside and Northfield Academies and the introduction of Pathways Associates on CEYP attainment, achievement and positive destinations be evaluated by 2024 to inform next steps. Therefore, it is not proposed that a multi-agency improvement aim be added at this time. Year 1 evaluation will be presented to the Children's Services Board and the Education and Children's Services Committee in July 2023 to outline proposed next steps.

6.   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1   The MCR Pathways programme will continue to be embedded within each of the 6 schools. The Virtual School will continue to have a key role in monitoring the impact of the programme. Should it be agreed that the project is ended, the data recorded will continue to be monitored and reported to the Corporate Parenting Sub Group of the Children's Services Board, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

6.2   Schools continue to have a focus on tracking and monitoring of their young people with experience of care with attendance, exclusions, attainment, initial destinations and positive destinations all being monitored.

6.3   Monitoring arrangements are in place for both of the Edge of Care pilots with a Year 1 evaluation to be presented to the Education and Children's Services Committee in July 2023. Similar arrangements are in place to evaluate the impact of Pathways Associates to help determine next steps.

7.   **OPPORTUNITIES FOR SCALE UP AND SPREAD**

7.1   Evaluation of the Edge of Care Pilots and provision of Pathways Associates will help inform how learning is spread.

Recommendations for Action

It is recommended that the CPA Management Group:

i)   agree to recommend to the CPA Board on 19 April 2023 that the project is ended on the basis that whilst the aim has not been achieved, a 13% increase has been achieved and that single system work being piloted by Education within target schools is ongoing to further improve the % of CEYP experiencing positive and sustained destinations;

ii)   note as contained in the draft Children's Services Plan 2023-26 that the impact of the intensive Edge of Care Pilots at Lochside and Northfield Academies and the introduction of Pathways Associates on CEYP attainment, achievement and positive destinations be evaluated by 2024 to inform next steps; and

iii)   note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored.

Opportunities and Risks

Risks
- Relationships have been developed between mentors and young people. If the programme is not continued these relationships will end. For the many of these young people, this may be the only positive relationship they have and we could see this having a detrimental impact on them
- As a result of the pandemic, the programme has not had the anticipated length of time to embed in the schools and deliver the full impact. If this were to not be continued, those in S1/2 who are positively engaging with the group work will not have the opportunity to go on to work with a mentor and we are not seeing the potential impact of mentoring for S3-6 pupils active on the programme
- The Promise Scotland highlighted that "Mentoring has a significant positive impact on children and young people who receive it, with evidence that it can improve educational attainment". It is still too early in the implementation journey to see the full impact in Aberdeen City

    Opportunities
- Learning identified in relation to constraints associated with data capture and analysis would be used to set clear criteria for continuation of a contract with MCR Pathways

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Consultation

Corporate Parenting Performance and Improvement Group
Children's Services Board

Background Papers
The following papers were used in the preparation of this report. LOIP Charter-6.1-Care-Experienced-Young-Pe Education Outcomes for Looked After Children 2016-17 Education Outcomes for Looked After Children 2019-20

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[i] Data informing the aim is for children who have a legal status of being Looked After
[ii] Both previously and currently Looked After children and young people
[iii] Data informing the aim is for children who have a legal status of being Looked After
[iv] Children who have a legal status of being Looked After
[v] Children who have a legal status of being Looked After
[vi] Both previously and currently Looked After children and young people

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Community Planning Aberdeen

Progress Report	Project End 6.2: increase to 43%, by 2023, the proportion of children and young people who are supported to live in kinship care or are looked after at home; and increase by 20% the number of children and young people remaining in a placement, looked after at home/kinship, between 16-18 years old by 2023
Lead Officer	Eleanor Sheppard – Chair of Children's Services Board
Report Author	Tam Walker
Date of Report	01/03/2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Aim 6.2 which sought to increase to:
(1) 43%, by 2023, the proportion of children and young people who are supported to live in kinship care or are looked after at home; and
(2) Increase by 20% the number of children and young people remaining in a placement, looked after at home/kinship, between 16-18 years old by 2023 and seeks approval to end the project.

Summary of Key Information

1   BACKGROUND

1.1.   This project is important as it aims to increase the number of children and young people who are supported to live in kinship care or be looked after at home with their parents. Both Aim statements, are important because, it is mandated that we ensure that families remain together- where it is safe to do so. This improvement charter is also aligned with the direction of travel set out in the recommendations and final report of the independent care Review (2020). The Promise explicitly states that: *"Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way"*

1.2.   An important consideration, for Aberdeen City in considering why this charter is important emerges when we explore our 'Balance of Care' - or more plainly, where children who are "Looked-After" live and who they live with. It was recognised that Aberdeen City has a higher percentage of children and young people placed in a fostering setting compared to the national position. At the

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start of the improvement project (April 2019) 14.7 % of children were looked after at home, 19.1 % lived in kinship care and 52 % were accommodated in foster placements. The remaining 15.2 % were with other placement types such as adoption and residential/group living. Given the complex needs of this group of children, it was recognised that reducing the number of children in foster placement to align with the national average will take a number of years, however it was recognised that there was an opportunity to undertake improvement work in relation to address the balance of care and focusing in family.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, the CPA Board approved the refreshed project charter which aimed to: increase to 43%, by 2023, the proportion of children and young people who are supported to live in kinship care or are looked after at home; and increase by 20% the number of children and young people remaining in a placement, looked after at home/kinship, between 16-18 years old by 2023.

2.2 We focused our activity on increasing the number of children living in kinship placements, including the specific requirements for 16-18 year olds as per the focus of the second aim, given that this area is prioritised in The Promise and Plan 2021- 24 and critical to our balance of care position. We were less confident about commencing change ideas to increase the number of young people looked after at home as this runs contrary to the intention of policy and legislation in terms of the no order principle/ minimal intervention. Furthermore, Scottish Government statistics showed that there had been a downward trend in number of children looked after at home for some years.

2.3 At the outset, it was acknowledged that baseline data was not available on the number of 16–18-year-olds remaining in a looked after placement due to there not being a standardised recording systems across the service and the Dynamics 365 build reducing IT support to produce this data set. As such a priority for the team was establishing the data set and designing the improvements for this aspect. This data set was received in August 2022 and analysed.

3 WHAT CHANGES DID WE MAKE?

3.1 During the project we focused on testing improvements to strengthen the support offer to kinship placements through the provision of enhanced packages of support to children when placements were identified as vulnerable, and young people were facing points of transition. This was with the view to bolster the longevity and stability of kin placements. Enhanced packages varied depending on the needs of the child and young person and the circumstances of the kinship placement.

3.2 To support this, the Family Time Hub (FTH) also took on responsibility for supporting supervised contact arrangements and carers were provided with practical and emotional support from the Family Network Team as and when it was required. Feedback from kinship carers reflected positively on this support and helped them to develop a clear understanding of the needs of the child in

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their care and the impact of early life events/trauma on their needs and behaviours. This learning will directly feed into how we evolve the role and capacity of the kinship team to support kinship carers going forward.

3.3   We also tested a change idea that by developing the professional relationships between CSW, SCRA and CHS this would enhance decision making in relation to children and young people. A number of shared learning events occurred, attended by all three agencies to support an understanding of childhood trauma. Feedback from these has supported a continuing and open dialogue across agencies and has supported professional contributions to the Children's Hearing Review that will conclude in April 2023.

4   HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1   We measured outcome data quarterly in relation to the number of children living in kinship placements and young people looked after at home during the reporting period. The data shows that there has been a 5.4 % increase in the number of children living in kinship placements and looked after at home (33.8% Q1 2019) to 39.2% Q3 2022).

4.2   We are however still unlikely to achieve this aim and while the improvement is positive, the data is distorted when considered collectively, as it masks the downward trend in relation to the number of children looked after at home.

% LAC at home and Kinship 2019-2022
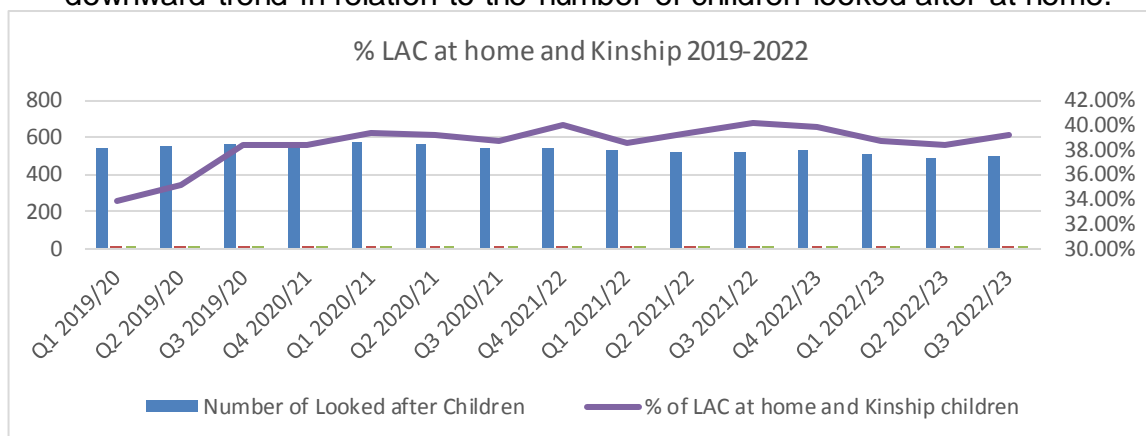
4.3   Scrutiny of Scottish Government Looked After returns demonstrates that the proportion of children looked after at home has reduced significantly in the past decade. For example, in 2010 looked after children at home made up 39% of the looked after population, this fell to 25% in 2020 and 22% in 2021.

4.4   The data shows that Aberdeen City has mirrored this lineal trend. From January to September 2022 there has been a 2.68% reduction in children looked after at home in Aberdeen. The % of looked after children at home and in kinship care was 39.2% at the end of Quarter 3 in 2022. If looked after children at home had remained static, the overall % would be 42.6% and we could say with some confidence that the data indicates we would have met the overall aim. This is not likely due to the pattern sequence showing a downward trend locally and nationally in relation to looked after children at home and this has meant that any gains made in relation to increasing kinship care has been offset.

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Total LAC at home & Kinship 2019 - 2022

(Line chart showing Number of Looked after Children at home and Number of Looked after Children in kinship across quarters from Q1 2019/20 to Q3 2022/23, with values ranging mostly between 75 and 125.)
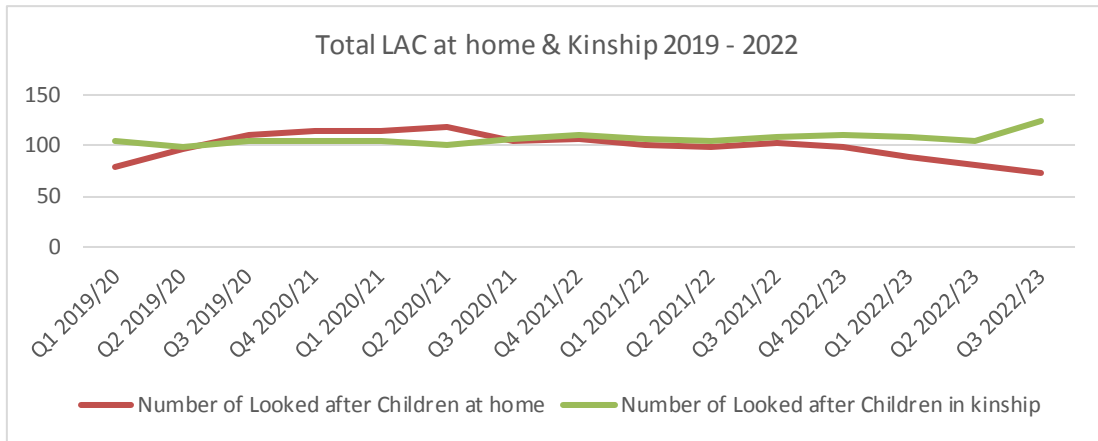
4.5 Similarly, in relation to the second aim focusing on 16-18 year olds, there has been a 17% increase in the total no. of 16-18 remaining in placement since 2019/20, from 178 (2019/20) to 209 (2021/22). As shown in the chart below the total increase has been sustained since 2020/21, however as described above in terms of overall looked after children there has also been a substantial decrease in the no. of 16-18 year olds remaining at home.

Y.P in placement between 16-18 years old 2019 -2022

(Line chart showing Kinship, LAC At Home, and Total across years 2019/20, 2020/21, and 2021/22.)
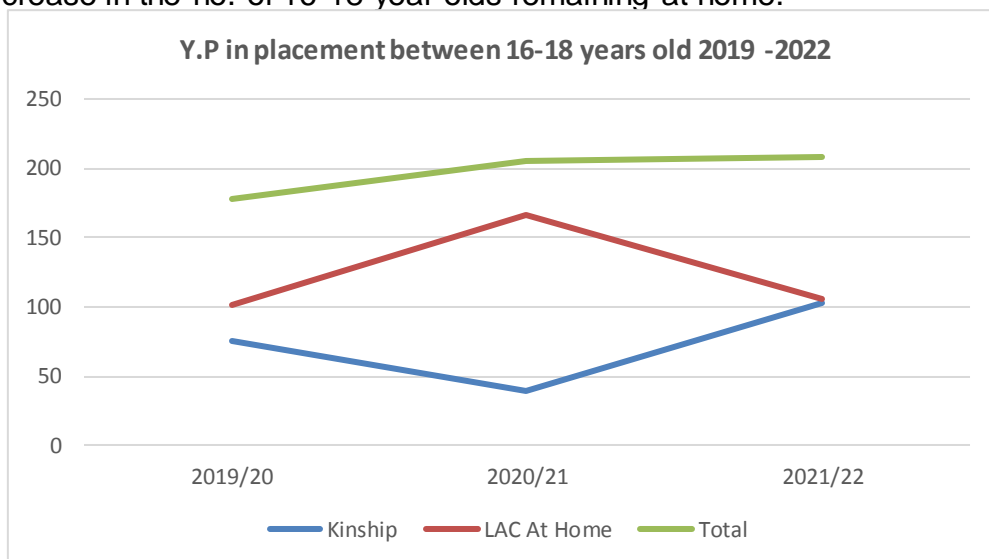
4.6 The reduction in children looked after at home both locally and nationally, corelates with the publication of The Promise and Plan 21-24 which required agencies to re-think how they provide preventative intensive family support that enables children to remain within their family. The Promise re-emphasised that statutory intervention into the lives of children and families should only be considered where the level of risk requires such. This accords with the "minimum intervention" and "no order principle" of the 1995 Children (Scotland) Act. These emphasise children should not be made subject to an order unless the risks clearly determine such is in their best interests.

4.7 Both aims of this project run contrary to this policy and legislative intention – seeking an increase to the proportion of children and young people who are supported to live in kinship care or are looked after at home.

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4.8 Over recent years the number of looked after children in Aberdeen City has fallen by circa 11.5%. while the overall demand on Children's SW has reduced by circa 5.5%. In effect Aberdeen City is supporting more children and young people, with significant risk factors in their family circumstances, to continue to live within their family with an appropriate multi-agency support plan in place without the need for a compulsory order.

	Average No. of Cases held by CSW	Average No. of LAC	Average No. of cases without a compulsory order
Year 2019/20	1949	559	1390 (71.3%)
Year 2020/21	1834	551	1284 (70%)
Year 2021/22	1773	520	1253 (70.7%)
Year 2022/23*	1844	492	1353 .3%)

*- Not full year data

4.9 The changes we tested, have been seen to have a positive impact. Feedback from the enhanced packages of support provided to kinship placements, identified as vulnerable, clearly demonstrate positive impact. Prior to this support the likelihood of these placement breaking down and the child/young person needing to live out with their family were significant. The cost to the child, the family and the public purse of such an outcome would also have been significant.

4.10 Feedback from families/kinship carers includes:
"We became carers for our granddaughter in 2021. Dealing with a teenager with various behaviour issues was to say the least a difficult task for two grandparents in their 60's. Without the help of the family network team this may have been beyond us. We found the group & individual meetings a great help not only for the child but for us as carers. The importance of these meetings cannot be understated. On more than one occasion they were the only thing that kept the relationship between us and our granddaughter in place."

4.11 Feedback from CHS members – *"Kinship carer has engaged really well with the family network team to support child M with her challenging behaviour. The progress being made by child M and her sister is superb"* Whilst Child F wrote a thank you note to her worker simply noting "*Thank you for helping me with my problems*".

4.12 The role of the Family Time Hub (FTH) has also been significant. It has seen a supervised contact arrangements overseen by the FTH. These arrangements have provided kinship carers with practical and emotional support. Feedback

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from kinship carers reflects positively on this support which has provided and helped them to develop a clear understanding of the needs of the child in their care and the impact of early life events/trauma on their needs and behaviours.

4.13   The changes tested with SCRA & CHS has led a continuing and open dialogue across agencies with regular connecting meetings. This dialogue has also supported professional contributions to the Children's Hearing Review that is due to conclude in April 2023.

4.14   It is acknowledged that Aberdeen City has a higher % of children and young people placed within a fostering setting compared to the national position. Since April 2020 the number of children living in foster care has however reduced by circa 8%. It is recognised, given the needs of this group of children, that reducing this number to align with the national average will take a number of years. It will therefore be important that we continue to develop our Teir 2 Family Support Model to mitigate the need for children, who don't otherwise require it from entering into the social work system. Simultaneously we need to continue with our efforts to enhance our local fostering capacity to better meet the needs of those children who cannot remain within their family. Both these improvements are captured within the CS Plan 2023-26 within the revised Children's Services Plan 2023.

5   HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1   The number of children living in kinship placements has increased during the reporting period and changes that have been tested to date are now embedded within our practice model as business as usual. The Promise Plan 2021-24 sets out a clear strategic direction in relation to the utilisation of family support models to keep children with their families. The changes embedded with be taken forward as part of our emerging Family Support Model – offering earlier and preventative support/intervention with a particular focus on kinship carers and preventing children and young people being placed out with their family. The changes will be reviewed on an ongoing basis, with feedback sought from our children and young people and their carers to ensure that we are meeting their needs and adapting support as required.

5.2   Our refreshed Children's Services Plan recognises the continuing priority on our collective need to reduce the number of looked after children and simultaneously rebalancing our care profile. SO 6 makes clear this continuing priority.

6   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1   Children's Social Work collates data monthly in relation to the number of children living in kinship placements, looked after at home and there are now systems in place to collate and analyse the number of young people in the age range 16-18 remaining in looked after placements. The Scottish Government and SCRA publish this data annually. Kinship data will continue to be reported the Council's Education & Children's Services Committee and Community Planning Aberdeen Board via the reporting in relation to the Children's Services

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Plan and Corporate Parenting Plan including progress in delivering The Promise.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 As above, the changes that have been made are now embedded into practice and the publication of The Promise and Plan 21-24 requires all agencies to re-think how they provide preventative support that enables children to remain within their family network. The changes will be spread through the Family Support Model and the development of a Bairns Hoose.

Recommendations for Action
It is recommended that the CPA Management Group: i)   Agree to recommend to the CPA Board on 19 April 2023, that testing concluded that this Improvement Project comes to an end on the basis that it is recognised that whilst the overall aims have not been achieved positive outcomes have been and that the overall intention of both aims have not been achieved due to the reasons set out above and that both run contrary to The Promise and the legislative principles in respect of looked after children; and ii)   Note that key aims for Children's Social Work within the revised Children's Service Plan are to (1) Reduce by 5% the number of children entering the care system by 2024 and (2) reduce the number of children placed with Independent Fostering Agencies (IFA's) out with the city, and therefore the data would be monitored on an ongoing basis the Corporate Parenting Outcome Group and the Children's Services Board and reported on an annual basis to the CPA Board.

Opportunities and Risks

Opportunities: -
   • There is an opportunity to link the needs of children living in kinship placements with the work that is being undertaken in relation to the family support model.
   • To ensure the Voice of children, young people and kinship carers continue to inform our support offer.
   • To align multi-agency processes to the change anticipated as a result of the Children's Hearing Review.
   • Better communication in partnership working
   • Learning opportunities across multiagency
Risks: -
   • Any continuing risks are mitigated by the continuing lens via the Children's Services Plan of the need to reduce the number of looked after children placed out with their family.

Consultation
Consultation with the Graeme Simpson, Chair of the Corporate Parenting Outcome Improvement Group and other key members.

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CS Board

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Progress Report	Project End Report 7.3: Increase the number of young people leaving school with a minimum of SCQF Level 3 in literacy and numeracy and 4 other qualifications to 93% by 2023.
Lead Officer	Eleanor Sheppard – Chair of Children's Services Board
Report Author	Caroline Johnstone
Date of Report	28th Feb 2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 7.3 which sought to increase the number of young people leaving school with a minimum of SCQF Level 3 in literacy and numeracy and 4 other qualifications to 93% by 2023 and seeks approval to close the project as the aim has been achieved.

Summary of Key Information

1   BACKGROUND

1.1   Literacy and numeracy are important because they form the basis of learning. They are required to learn other skills, as well as for participation in everyday life. Literacy and numeracy skills underpin workforce participation, productivity and the broader economy, and can also impact on social and health outcomes.

1.2   Traditionally we have thought about literacy as the skills of reading and writing; but today our understanding of literacy encompasses much more than that. Literacy includes the capacity to read, understand and critically appreciate various forms of communication including spoken language, printed text, broadcast media, and digital media. Numeracy is not limited to the ability to use numbers, to add, subtract, multiply and divide. Numeracy encompasses the ability to use mathematical understanding and skills to solve problems and meet the demands of day-to-day living in complex social settings. To have this ability, a young person needs to be able to think and communicate quantitatively, to make sense of data, to have a spatial awareness and to understand patterns.

1.3   Every young person needs to be literate and numerate. Without the skills of literacy and numeracy, a young person or adult is cut off from full participation in many aspects of life: they cannot perform basic tasks, such as reading or sending an e-mail; advertisements and notices are meaningless to them; they cannot jot

down a shopping list or understand a utility bill; and they are cut off from participating in and contributing to many aspects of the society and culture in which they live. Young people and adults who do not have adequate literacy and mathematical skills cannot participate fully in schooling or in further and higher education, and they have fewer opportunities to take up satisfying jobs and careers. Better literacy and numeracy for individuals contributes to a more just and equitable society.

1.4 Mastering the skills of literacy and numeracy brings with it many social, economic and health benefits for the individual and society as a whole. Having young people who can apply mathematical understanding in a growing range of economic, technical, scientific, social and other contexts is essential if we are to ensure employment and economic prosperity in the future. We know too that children who do not learn to read, write and communicate effectively are more likely to leave school early and in later life to be unemployed or in low skilled jobs, to have poorer emotional and physical health, to have limited earning power, and are more likely to be imprisoned.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, on March 2022 the CPA Board approved the project charter for the initiation of an improvement project which aimed to increase the number of young people leaving school with a minimum of SCQF Level 3 in literacy and numeracy and 4 other qualifications to 93% by 2023.

2.2 Some children and young people do not achieve the basic levels of literacy and numeracy. This has become more apparent over the last few years and can be aligned in part with shortages of English and Maths teachers in secondary schools. There are however, indications that levels of numeracy and literacy on entry to secondary schools are reducing in some cases and there is also evidence that levels of literacy and numeracy at home can be a key factor in levels of acquisition in school pupils.

2.3 Delivery of literacy and numeracy has followed a fairly traditional model of service delivery. There was potential to look beyond the traditional and consider alternative delivery models to complement the work of schools. Literacy and numeracy are key areas for improvement within the Education Service's Improvement Plan.

3 WHAT CHANGES DID WE MAKE?

The project focused on testing the following changes:
- A menu of family learning support activities was established and shared with families citywide
- Work to improve shared understanding of benchmarks was undertaken with Headteachers(HTs) across the city working in Associated School Groups
- Reviewed and improved transitions at all stages, N-P1, P7-S1 and transitions between all stages within our schools, with a Standard for Transition being

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created and shared with all schools – this was implemented throughout session 2022/23

- Grassroots Career-long Professional Learning (CLPL) approach established – building on skills, knowledge and expertise of existing staff as "expert teacher" [Grassroots Professional Learning Pilot Programme](#)
- Roll out of PEEP (Parents as Early Education Partners) groups to support parents as early educators of their children; working with Early Learning and Childcare settings to ensure a strong focus on the development of literacy and numeracy skills. (Covid restrictions and staff absence impacted on planned roll out last session.)

3 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

3.1 Yes, the project has achieved its aim with 94.29% young people leaving school with a minimum of SCQF Level 3 in literacy and numeracy and 4 other qualifications.

%. of young people who leave school with a minimum of SCQF 3 in literacy and numeracy and 4 other qualifications

90.46   92.84   94

80
2019/20   2020/21   2021/22
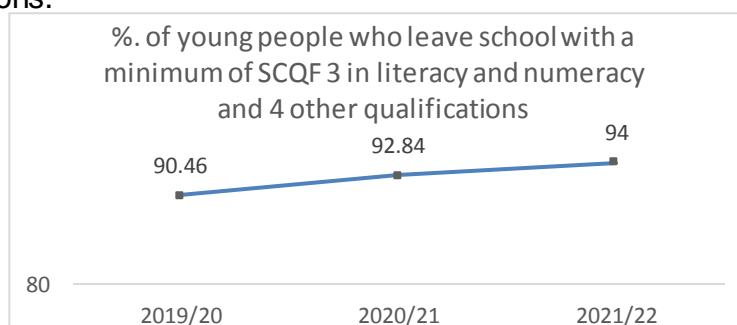
3.2 The impact of the changes tested are as follows:

- <u>Menu of family learning support activities was established and shared with families citywide</u>

Family learning is a powerful method of engagement and learning which fosters positive attitudes towards life-long learning, promote socio-economic resilience and challenge educational disadvantage. The menu of activities aims to achieve better outcomes for families through programmes which enable them to improve literacy, numeracy and health and wellbeing using an asset-based approach. Improving the life chances of children, young people, families and communities is at the heart of this approach, which aims to ensure everyone has access to high quality learning to meet their needs and aspirations. We aim to ensure that children and young people develop a broad range of skills and capacities, whilst supporting them to thrive, regardless of their social circumstances or additional needs. Parental engagement is identified as a priority in the National Improvement Framework (NIF).

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What has been achieved

- **120 group sessions** have been run with a minimum of 4 to a maximum of 10
- **5 parents** accessing counselling services (there is now a waiting list)
- On average **each ERF worker has 4 families getting 1-2-1 support** at anytime
- **6 residentials** where families got   the chance to go away together and develop new skills
- **Easter play sessions city wide**
- **Summer play sessions city wide**
- **Development of courses** looking at how to speak to children about mental health & anxiety
- **Development of resources** to support ESOL families
- **Development of accreditation opportunities**
- Created **new opportunities to include STEM** into our offer

Parents have said...

- They feel more confident in their parenting skills.
- There has been improvement in families attendance at school.
- There has been an increase in requests for support around anxiety, our offer has been expanded to reflect this.
- Families have access other supports such as the financial inclusion team.
- Parents have reported that they appreciate the support of Family Learning staff when attending meetings about their child's schooling, they felt their opinions were valued more.

Next Steps

- To continue to develop relationships within the community , schools, and with parents
- Evaluate the ongoing challenges of families and alter the offer to continue to be relevant
- Source training for staff on how to speak to parents about gender, sexuality and identity
- Role out Domestic Abuse training for school staff and community groups
- Develop and trial / change work around parenting tweens
- Develop and trial / change work on family mental health

- <u>Work to improve shared understanding of benchmarks undertaken with Headteachers (HTs) across the city working in Associated School Groups</u>

3.3   Following on from initial work with Head Teachers, a group Quality Assurance and Moderation Support Officers (QAMSOs) have designed a Google site to provide support in moderation of Curriculum for Excellence levels. We currently have 32 QAMSOs trained with another 10 attending training this session. The plan is to use their expertise to help staff seeking support in Moderation. The Google site will also allow us to share best practice. Evidence is being gathered to populate the site which will go live in April 2023.

- Reviewed and improved transitions at all stages, N-P1, P7-S1 and transitions between all stages within our schools, with a Standard for Transition being

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created and shared with all schools – this is being implemented throughout session 2022/23

3.4   The Standard for Transition has been developed, shared and is being implemented across all our schools and settings this session. The key principles of this are set out below and are reflected in the transition arrangements in place across all Associated School Groups and within all schools across the city. Initial feedback from staff, learners and parents is positive and we will continue to monitor the impact of these improved transition arrangements.

Arrangements to support learners and their families	Collaborative planning and delivery
• Learners and their families have the opportunity to influence transitions at all stages • Learners' wellbeing is a high priority in planning transitions • Families and partners work together to ensure effective transition arrangements for those requiring additional support • Learners are supported to make informed choices about the next phase of their learning	• There is a comprehensive, well-planned programme of transition arrangements in place • All transition arrangements are planned in line with legislative requirements • All partners collaborate to ensure transitions support the needs of all learners • At all transitions we have shared approaches to record keeping and passing on of information to ensure continuity of plans

Continuity and progression in learning

- At all stages continuity and progression in learning is planned for in all curricular areas
- We collaborate across establishments to develop a shared understanding of progress
- Learners are supported to identify their strengths and next steps in learning
- Learners build upon prior learning and maintain appropriate pace in progress
- We work with partners to offer opportunities for sustained positive post school destinations for all

- <u>Grassroots CLPL approach established – building on skills, knowledge and expertise of existing staff as "expert teacher"</u> <u>Grassroots Professional Learning Pilot Programme</u>

3.5   This session we launched our grassroots professional learning programme (GPLP), designed and delivered by a small network of 'Expert Teachers' across a range of key themes; pedagogy, health and wellbeing, inclusive practices, probation and Newly Qualified Teacher support and curricular support. Our GPLP offer is being shared across the local authority to support system wide improvement through enquiry-based practices, collaboration opportunities and evidence-informed learning. There are five programmes currently being delivered, with additional offers to stain March. Initial feedback from these programmes has been positive.

3.6   Further support for learning and teaching will be available through the work of two Digital Leads who will focus on the training coordination and delivery across all our key technologies from January. Additional digital support will also be offered through two Implementation Leads.

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Grassroots Professional Learning

School Session	Number of Professional Learning Sessions Run	Average number of attendees
2022/23 (to Feb '23)	48	16

- Roll out of PEEP (Parents as Early Education Partners) groups to support parents as early educators of their children; working with Early Learning and Childcare settings to ensure a strong focus on the development of literacy and numeracy skills. (Covid restrictions and staff absence impacted on planned roll out last session.)

3.7 PEEP groups support parents and carers to learn together with their children by making the most of everyday learning opportunities, valuing and building on the home learning environment and attachment relationships. The programme provides opportunities for parents and carers to act on their own learning potential by offering credit-rated units through the progression pathway.

Peep Project: Report Card — **Oct-Dec 2022**

Support parents and carers to learn together with their children by making the most of everyday learning opportunities, valuing and building on the home learning environment and attachment relationships. Provide opportunities for parents and carers to act on their own learning potential by offering credit-rated units through the progression pathway. Offer training and support to a range of professionals, practitioners and volunteers.

How much we did	How well did we do it	Difference we make
Approx. 293 families received Peep input ❖ 15 universal groups ❖ 11 Pop/up Sessions ❖ 6 focused groups ❖ 3 individual Peep for LAC/low mood ❖ 9 ELC groups **Progression Pathway:** ❖ 8 parent/carers working towards completing a Pathway ❖ 5 completed Pathways, 5 level 3s **Training:** ❖ 3 Online LTP Trainings ❖ 26 new practitioners trained **Support to professionals, practitioners/ volunteers:** ❖ 2 planning sessions with ELC settings ❖ 4 ELC practitioners came to observe universal sessions ⃝ ❖ Monthly emails with updates and offers of support going out to all practitioners. **Other:** ❖ Coordinator working on IV Award ❖ Took part in October of Play ❖ Preferred candidate chosen for vacancy ❖ Awarded HiF funding for intergenerational Peep group	❖ We were able to maintain our groups despite a vacancy on the team ❖ Trained new ELC practitioners ❖ ELC groups have doubled since last quarter- 2 started after receiving input from Peep team ❖ Saturday sessions were the most well attended pop ups this quarter.	**Feedback from families and newly trained practitioners:** Because of it being held on a Saturday and at the art gallery it made for a really lovely family day out. Loved the craft element and the footprint art. Also the songs. Great space and fun activities, allowing a lovely chance to bond and learn with my son Fantastic service The training had a very good balance, everyone was included and listened to. The trainer made everyone comfortable and happy to participate and share. Very well presented. Natasha made us feel all at ease and part of a team! Lots of information and plenty time to ask for help or advice. It was good taking us out our comfort zones to "perform" our demo. Knowing we have support even after the training was a big weight lifted. I feel like if people are more aware of Peep from an early stage, then they are more likely to engage all the way through their child's life. The benefits of the training and running a Peep group are never ending.

4 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

4.1 The changes tested have now been embedded as business as usual and will be sustained through the following:
- Strategic Equity Fund and Family Wellbeing funding used to support ongoing family learning work across Aberdeen schools
- Continuing professional learning for teachers to support moderation and shared understanding of benchmarks, this is supported by Quality Assurance and Moderation Support Officers (QAMSOs)

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- Standard for transition is established and being implemented, schools will continue to develop approaches to effective transition
- Grassroots approach to Career Long Professional Learning (CLPL) has been successful and proven highly effective, this will continue to be developed and supported by the Building Capacity Team
- All Early Learning and Childcare (ELC) settings continue to roll out the Parents Early Education Partnership (PEEP) programme

5 HOW WILL WE MONITOR THESE IMPROVEMENTS?

5.1 Attainment data is monitored by the quality improvement team working with schools and data discussions held 3 times yearly and also reported to the Children's Services Board.

5.2 Attainment data is collected and published annually by local authority and Scottish Government.

5.3 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Attainment and Transitions Sub Group of the Children's Services Board, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

6 OPPORTUNITIES FOR SCALE UP AND SPREAD

6.1 This project was very specifically about raising attainment in numeracy and literacy. It has highlighted the benefits of early intervention and different services working together to achieve a common goal. This approach is one which the service continues to develop, working with partners to support learners at all stages and is reflected in the Family Support Model which informs the draft Children's Services Strategic Plan 2023-26.

Recommendations for Action

It is recommended that the CPA Management Group:

i) Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved with the proportion of school leavers attaining a minimum of SCQF Level 3 in Literacy & Numeracy and 4 other qualifications is now 94.29%; and

ii) Note that the dataset for the overall aim will continue to be reported via the Improvement Programme dashboard to ensure progress is monitored.

Opportunities and Risks

- Capacity of school staff and partners in the Covid recovery period – ensuring that this was built into each School's Improvement Plan protected time to take forward the necessary actions

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- Staff absences in the Covid recovery period did occasionally prove challenging, however having a clear plan and protected time for development work mitigated against the possible negative impact of this
- Possible cuts to the CLPL budget – there have been reductions to the budget but using the Grassroots approach and making use of existing talent within the workforce has meant effective CLPL has still been able to be delivered
- Opportunities for more joined up working across services to benefit service users

Consultation

Attainment and Transitions to Adulthood Outcome Improvement Group
Education Quality Improvement Team
Children's Services Board

Background Papers

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

Charter 7.3 Improve Attainment in Literacy and Numeracy.docx
Local Outcome Improvement Plan (sharepoint.com)
Network-EducationAberdeen - 2022-06-21 Transition Standard.pdf - All Documents
    (sharepoint.com)

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Community Planning
Aberdeen

Progress Report	Project End Report: LOIP Project 9.1 Reduce the number of 16/17 year olds with higher support needs offending by 2022 and \ Increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023
Lead Officer	Eleanor Sheppard, Chair of Children's Services Board
Report Author	Julia Milne – WSA Coordinator
Date of Report	January 2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project 9.1 Aims to:
1. Reduce the number of 16/17 year olds with higher support needs offending by 2022 and
2. Increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023

and seeks approval to end the project.

Summary of Key Information

1   BACKGROUND

1.1   We know from a range of evidence, research, case review and local data that some young people's journey to conflict with the law starts pre-birth. Exploration of the cases of the young people in the city accruing the highest number of charges shows high incidents of domestic abuse, parental separation, problematic parental alcohol, and substance use. Most of these young people were known to social work pre-birth or in their first 2 years. It is recognised that young people in conflict with the law are displaying behaviour that is a result of unmet need. There is a range of evidence on the levels of loss, trauma and bereavement experienced by young people in conflict with the law, particularly those in custody, secure care or accruing high numbers of offences that mirrors the local picture. The pre inspection survey of Polmont YOI - HMIPS Year of Childhood Survey (cycj.org.uk) – gives an indication of the exposure to abusive of adverse childhood experiences the children in Polmont have experienced. This survey shows high levels of close bereavement, parental separation, physical and emotions abuse, familiar mental health, alcohol, and substance use, again similar to the local picture.

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1.2 The impact of trauma, loss and bereavement on a child's development can be significant. The recent sentencing young people guidelines were developed based on extensive research on brain maturation and the impact of trauma - The development of cognitive and emotional maturity in adolescents and its relevance in judicial contexts (scottishsentencingcouncil.org.uk). This gives renewed focus on understanding of how we support our children and young people who have been impacted by trauma, loss, and bereavement.

1.3 We must also have cognisance of care experienced young people who are disproportionally criminalised compared to their non-care experienced peers. Children in residential care are most at risk, being around ten times more likely to be criminalised than other children (The Howard League for Penal Reform, 2019). The pre-inspection survey of Polmont (2021) highlights the issue of care experienced young people being overrepresented in youth offenders' institutions. Of the 16/17-year-olds in Polmont on one day in 2021 41.7% were care experienced and 38.5% had previous experience of custody.

1.4 The aims in this charter mirrors the Promise Plan 21-24 (page 23) which states that

- the disproportionate criminalisation of care experienced children and young people will end.
- 16- and 17-year-olds will no longer be placed in Young Offenders Institutes for sentence or on remand. There will be sufficient community-based alternatives so that detention is a last resort.
- Children who do need to have their liberty restricted will be cared for in small, secure, safe, trauma-informed environments that uphold their rights.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, the CPA Board in Dec 2020 approved the project charter for the initiation of an improvement project which aimed to "increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023" and thereafter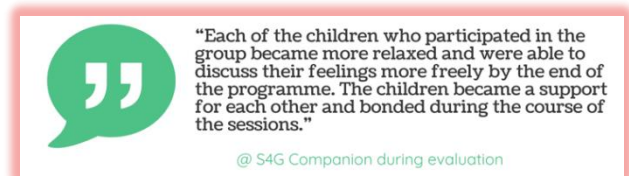 in February 2022 agreed a charter which aimed to "Reduce the number of 16/17 year olds with higher support needs offending by 2022".

2.2 Higher support needs young people were identified as an aim from a combination of national policy and local data demonstrating that there is a small but significant number of young people who required the model of high vigilance and support which reflects their expression of emotional and mental health distress characteristically linked to their experiences of developmental trauma.

2.3 Research tells us that children in conflict with the law experience high rates of bereavement, loss and trauma, this is confirmed in our local profile of children in conflict with the law. Studies of children and young people in Polmont YOI show that they are more likely to have experienced traumatic or multiple bereavements and the impact of ambiguous and other losses on this group is significant.

3   WHAT CHANGES DID WE MAKE?

3.1   A range of work was undertaken as part of this charter group culminating in the main change ideas below:

1. Developing and embedding localised training, procedures and guidance documents on both of the following for a local multi agency audience
   - ➢ new [Framework for Risk Assessment Management and Evaluation](#) (FRAME) guidance.
   - ➢ new Care and Risk Management (CARM) local policy/process to be delivered.

   The localised training aimed to embed on a multi-agency basis a consistent undertaking of evidence-based risk assessment assists us to understand the harmful behaviour and reduce the likelihood of it occurring, with a particular focus on Higher Support Needs Young people (12-18).

   In addition, development of joint working practices with a consistency of understanding and application of the assessments and processes allows multi-agency professionals to support young people develop strengths/positive behaviour, and learn, practice and apply their skills and understanding to encourage them to realise their full potential, whilst providing protection to them and others from the impact of potential harm. Multi agency pre-recorded webinars were produced and are available via Aberdeen Protects to ensure all agencies have access. These offer a comprehensive baseline knowledge of FRAME and local CARM processes. These are accompanied by updated guidance, Higher Support Needs Young people (12-18) incorporating FRAME & Care and Risk Management and Harmful Sexual Behaviour Procedures..

2. Developing and embedding local training on bereavement, loss and trauma to increase understanding of the needs of young people in conflict with the law.

   The needs of young people in conflict with the law are complex and we must consistently see them through a needs focused and trauma informed lens. Training on bereavement, loss and trauma and children in conflict with the law was delivered by CYCJ (Centre for Child and Youth Justice) and thereafter the project developed local training, called Needs not Deeds. This training offers a comprehensive baseline knowledge on children in conflict with the law and therefore includes up to date information on bereavement, loss and trauma.

   The project wanted to ensure it was testing training in different settings to ensure that children and young people could be supported in a wide variety of settings and could access this at the right time and place for them and as such as well as the above training was provided to education and housing staff.

3. Develop leaflets on the Fit Like Hubs to be given to those receiving a written warning from Police Scotland

   It was hoped this would increase self-referral to the hubs for those who didn't meet a threshold for police direct measure referral to other services where there

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was self-recognition that support in relations to bereavement loss and trauma would be beneficial. This would involve the Youth Justice Management Unit (YJMU) sharing a leaflet with letters they send however following agreement being sought on who would pay for the leaflets to be printed there was a hold up with the template being provided therefore no leaflets have been shared with warning letters.

3. <u>Test Seasons for Growth (SfG), an educational group work programme supporting children and young people who have experienced significant loss and change in their lives.</u>
It is an internationally proven programme, with a wide evidence base. Specially trained group facilitators or *Companions* work in pairs to deliver an eight-session programme with two follow up reconnector sessions for the pupils. This also ensured early intervention and that young people were not only being offered support at the point in which they came into conflict with the law.

4   HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1   <u>Aim 1</u>
Yes, in relation to our aim to reduce by 5% the number of 16/17 year olds with higher support needs offending by 2022 has been achieved with a 23.9% reduction (96 to 73) to date (While the data for 22/23 doesn't yet have the full final quarter included, we can see that if the trend continues, we will see a significant reduction in the number of care experienced young people accruing a charge – *data for the full year will be available for the CPA Board meeting)*

Total number of care experienced children accruing a charge

	2021 - 2022	2022 - 2023
	96	73
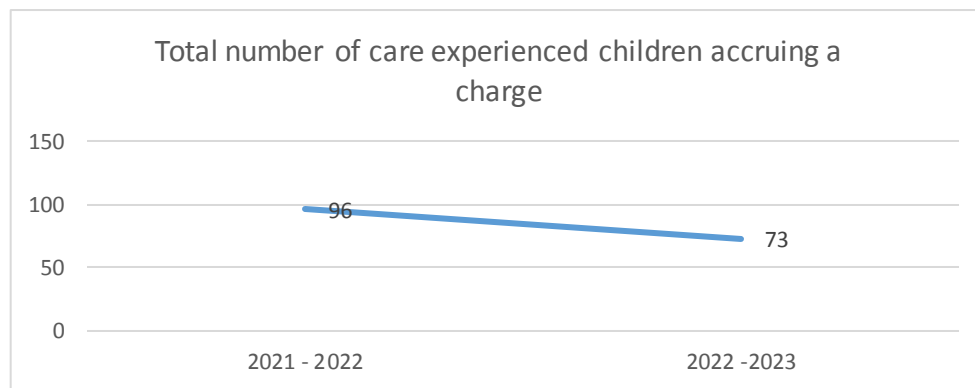
- Please note that the definition of care experience is limited to children who have historically been, or currently are, subject to CSO.
- Please note that the data for 2022-2023 is up to and including 24/02/2022 therefore isn't a full financial year.
- This data is for all CEYP accruing a charge age 12- 17.

4.2   We gathered data to measure the impact of the changes we tested for aim 1. The webinars were tested across the multiagency workforce and all those who viewed them showed increased knowledge and understanding of FRAME and local CARM processes. Those who were part of the test group commented:

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- *"It has widened my knowledge around this"*
- *"It was good to have a refresher and to now have a video that can be referred to if need be. Great video, clearly explained what is expected"*
- *"It has increased [my knowledge} significantly and look forward to seeing more of these meetings practice in this way"*
- *'The video was thorough and went through each section in detail."*

FRAME webinar

Knowledge levels: excellent, very good, good, some/low, no knowledge

- FRAME knowledge prior to viewing webinar
- FRAME knowledge after viewing webinar

CARM webinar

Knowledge levels: excellent, very good, good, some/low, no knowledge

- CARM knowledge prior to viewing webinar
- CARM knowledge after viewing webinar
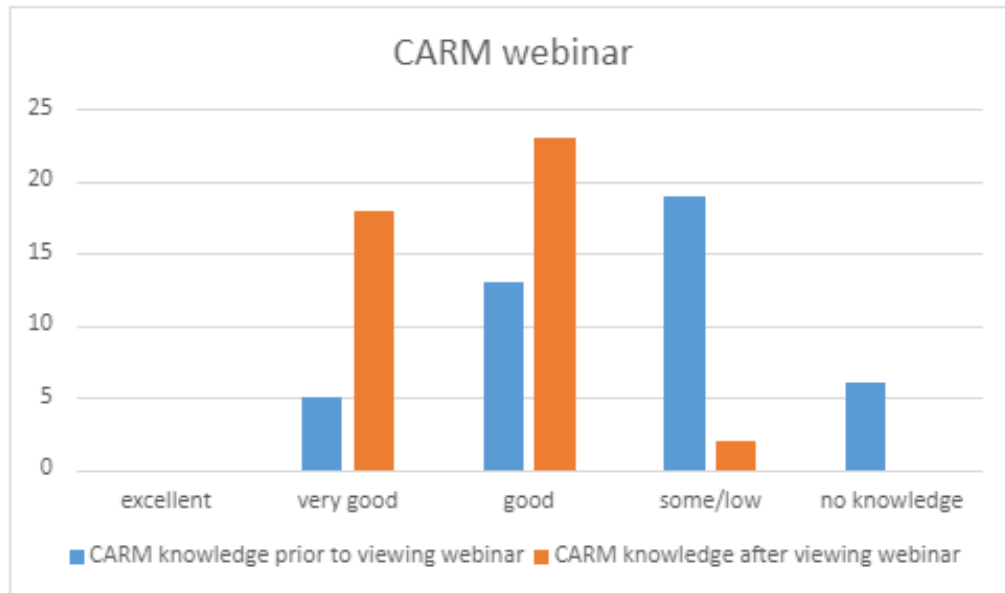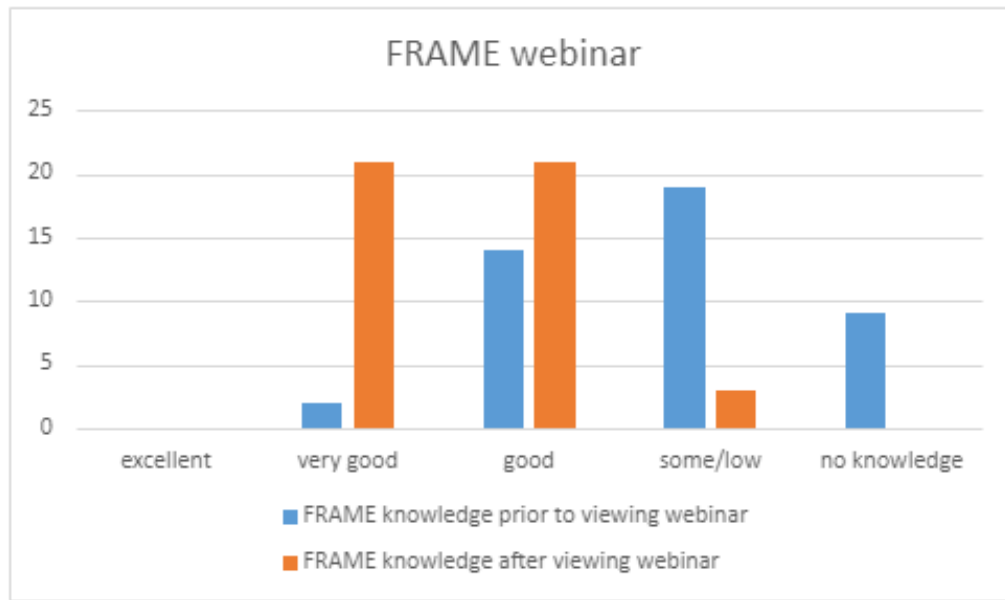
4.3   All the pre-recorded webinars are available on Aberdeen Protects and have been viewed by 62 workers.

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Aim 2 – Increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023.

4.4   Although it is recognised as one of the vulnerabilities for families being referred to the Fit Like? Family Wellbeing Team, it is likely that bereavement is under reported due to historical loss or perceived impact on current presentation/family's needs both from professionals and families directly. When starting, data available for 2020 (collected from 28 October 2020 onwards) from the Fitlike Hub showed that 8 young people which represents 11% of all requests for assistance and evidenced that improvement was required. Theproject wanted to ensure that there were multiple opportunities for children and young people to receive trauma and bereavement support and as result since the project started 138 children and young people have been supported via two routes and therefore the aim of a 50% increase from the baseline data that was available has been achieved. Between 2021 and 2022, bereavement was reported at the point of referral to the FitLike Hubs for 68 young people representing 6% of all Requests for Assistance. This is broken down by 38 referrals in 2021 and 30 in 2022. In addition, as result of our Seasons for Growth test 70 pupils received support over a recent 5 month period in 2022.

4.5   We gathered data to measure the impact of the changes we tested for aim 2

4.6   Through our local training 45 staff have completed the Needs not Deeds training, this is in addition to other trauma informed training provided to children's social work education and housing staff detailed below. This training was delivered 5 times in 2022 and will be delivered on 4 occasions to the multiagency workforce in 2023.

4.7   Feedback from staff who have completed the Needs not Deeds training has been *"the training has been very informative and thought provoking", the info was very interesting but the specifics were especially helpful", "This training was very comprehensive and well delivered".*

4.8   As above, the project wanted to ensure that it was testing in different settings so that there were multiple mechanisms for children and young people to access the support they required. As such within education setting we tested Seasons for Growth.

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4.9 The Educational Psychology team have trained 51 Seasons for Growth teacher and support staff *Companions* across 23 schools. Our *Companions* provide education and peer support for children in our schools with two companions currently work within the Fit Like Hubs. The training will continue to be offered across the city for those working with Aberdeen's children and young people.

- Bereavement
- Separation and divorce
- Covid 19
- Leaving country of origin
- Transition
- Ilness of self or family member
- Forces
- Prison
- Other
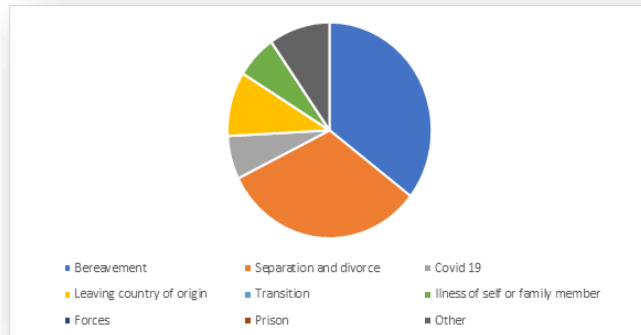
4.10 The latest data shows that 70 pupils received support via the Seasons for Growth programme over a recent 5 month period with bereavement and parental separation the focus in most cases.

4.11 There is clear evidence that the impact of support received in school, usually transfers into the home environment. The training of Companions will be maintained.

"Each of the children who participated in the group became more relaxed and were able to discuss their feelings more freely by the end of the programme. The children became a support for each other and bonded during the course of the sessions."

@ S4G Companion during evaluation

4.12 Training has also been rolled out to all of our Housing & Support Officers around care experienced young people and trauma informed practice and this is being embedded within the service. An evaluation on the impact of this role will be undertaken in 2023.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 The change ideas tested have now been embedded as business as usual. The suite of training on Care and Risk Management along with other training on children in conflict with the law will continue to be delivered throughout 2023 and beyond. This will equip the workforce with the knowledge required to best support our children, and crucially, the families of children in conflict with the law. The training will continue to be reviewed and promoted on a regular basis to ensure it is fit for purpose. Assessments will be regularly reviewed through auditing process to ensure that the process is being applied consistently.

5.2 Relationships with partners are well established and the Youth Justice Improvement Group is well attended by partners, this allows different forums to raise any concerns as well as share successes and what is going well.

5.3 Live practitioners training is being developed following attendance at Centre for Child and Youth Justice (CYCJ) train the trainer training and will be rolled out as part of the suite of ongoing CARM training which incorporates the webinars mentioned and a pre-recorded session on formulation.

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6   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1   Data will continue to be scrutinised to determine any changes and track impact of ongoing workforce development. All training delivered will be evaluated to assess the impact of the training as well as its quality to ensure it continues to meet the needs of the workforce and therefore our children and young people. This includes evaluation of the pre-recorded webinars as well as the live training. Also, as above assessments will be regularly reviewed through auditing process to ensure that the process is being applied consistently.

6.2   Workforce development is a standing item on the agenda for the Youth Justice Improvement Group and will address any issues that arise.

6.3   Members of the Youth Justice Improvement Group are required to provide relevant data to the forum, this is analysed for any significant changes/trends. Appropriate reporting mechanisms are in place where there are changes/trends that require action out with the Youth Justice improvement Group.

6.4   Data is held by the Fit Like Hub in relation to the no. of young people referred for trauma and bereavement support. This data will be reported to the Group on an ongoing basis to reflect whether other improvement is required.

6.5   Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Youth Justice Sub Group of the Children's Services Board, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7   OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1   Our changes have been impactful, however as above we recognise it is likely that bereavement is under reported due to historical loss or perceived impact on current presentation/family's needs both from professionals and families directly. As such, it is also recognised that we require to have a trauma informed workforce to ensure our support for children and young people, in particular in relation towards care experienced children and families and those on the edge of care, is delivered with a trauma informed lens. Trauma training is required across all organisations that have responsibilities towards care experienced children and families and those on the edge of care, therefore spreading the training available has been added as key delivery of the enabling systems section of the revised Children's Services Plan. In light of this, the training will be part of a new framework of support for staff to ensure people involved in the care of care experienced children and young people feel valued, encouraged and have supportive relationships for reflection with high quality supervision. This will also enable organisations to demonstrate that they are embedding trauma informed practice across their work and within their workforce and specifically by 2024 Multi Agency partners will review/amend/ update/their local practice and processes on physical restraint of young people with experience of care to align these with trauma informed practices.

7.2	Areas for improvement in relation to our children in conflict with the law have been identified during the development of the revised Children's Services Plan 2023-26. Subject to approval of the revised Plan, the learning from the changes successfully embedded through this project will be considered for when taking forward the new improvement project aims.

Recommendations for Action

It is recommended that the CPA Management Group:

i) Agree to recommend to the CPA Board on 19 April 2023, that testing is concluded and that this Improvement Project is brought to an end on the basis that both aims have been achieved;

ii) Note that in relation to aim 2 it is recognised that bereavement is likely under reported and that we require to have a trauma informed workforces to ensure our support for children and young people, in particular in relation towards care experienced children and families and those on the edge of care, is delivered with a trauma informed lens as such spreading and further developing trauma training available has been added as key delivery of the enabling systems section of the revised Children's Services Plan;

iii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and

iv) Note the plans to scale up and spread the changes tested.

Opportunities and Risks

Include a summary of the key opportunities and risks highlighted by this report.
Opportunities
- Delivery of workforce development to multi agency workforce.
- Work on implementation of the Children's Care and Justice Bill will, along with the YJIG, maintain focus on this area.

Risks
- The changes Children's Care and Justice Bill will impose require careful planning for and currently we have no timescale for when the act will be implemented.

Consultation

Youth Justice Improvement Group; Charter Team
Children's Services Board

Background Papers

The following papers were used in the preparation of this report.
Charter-9.1
Final-Draft-LOIP-Refresh-21.pdf (communityplanningaberdeen.org.uk)

Contact details:
Julia Milne – WSA Co-ordinator – author

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Community Planning
Aberdeen

Progress Report	Project End Report 9.2: Reduce by 10% both the number of offences of sexual or criminal exploitation and the number of 'digital' offences by Young People (Under 18) by 2022.
Lead Officer	Eleanor Sheppard, Chair of Children's Services Board
Report Author	PI Lisa Kerr, Police Scotland
Date of Report	18/01/23
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim to 9.2 which aimed to reduce by 10% both the number of offences of sexual or criminal exploitation and the number of 'digital' offences by Young People (Under 18) by 2022 and seeks approval to end the project as the aim has been achieved.

Summary of Key Information

1   BACKGROUND

1.1   The Police Scotland Aberdeen City Annual Report on juvenile offenders showed during 2018/19, 675 young people (under 18) were charged with offences in Aberdeen, recording a total of 1488 offences, with anti-social behaviour, assaults and acquisitive crime accounting for a significant proportion.

1.2   Unwanted distribution of digital sexual material by young people is a major concern for parents, teachers and professionals. In 2018/19 there were 25 non-sexual digital offences and 56 sexual digital offences.

1.3   In terms of Group 2 (sexually orientated) crimes, 118 were recorded in 2018/2019, 56 of these were "digital" sexual offences which represented 3.8% of the total offence figures for overall youth offending in Aberdeen City. Unwanted non-sexual "digital" offences accounted for 25 recorded offences committed by under 18s. These sexually motivated 'digital' crimes range from sending indecent or intimate images, sharing or showing pictures. The 62 non-digital offences relate to a range of offences such as Rape, Sexual Assault to Cause a Child to View a Sexual Image, some incidents relate to one incident involving one young person, some involve adult victims. These crimes are not identified as Child Exploitation offences and not included in run charts. All incidents are robustly reviewed and the crimes recorded meet

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the threshold for 'criminality' under the Scottish Crime Recording Standards. Incidents falling short of the threshold remain as 'incidents' and are disposed of out with the youth justice system, whether by schools, parents/guardians or informal advice.

1.4 Therefore, the baseline data used was 81 total (25 non-sexual digital offences and 56 sexual digital offences) for years 2018/2019. The breakdown of the offences were:
- Non sexual offences committed by 8-15 year olds were 18 (69%) and 7 were committed by 16 or 17 year olds (31%).
- Sexual Digital offences committed by 8-15 year olds were 38 (68%) and 18 were committed by 16 or 17 year olds (32%).

2. IMPROVEMENT PROJECT AIM

2.1 Against this background, the CPA Board approved the project charter for the initiation of an improvement project which aimed to reduce by 10% both the number of offences of sexual or criminal exploitation and the number of 'digital' offences by Young People (Under 18) by 2022.

2.2 Digital offending by Children and Young People had been a growing concern over a number of years. This was thought to be due to a number of factors, the most prevalent being the increase of ease of access to digital devices and platforms to allow communication. The increase of social media and the influence of this was also thought to be another main contributor. The use of devices and social media platforms was compounded by Covid 'lockdowns'. On many occasions, it was found that when children committed these crimes, they were unaware that these were, indeed crimes. Given the lack of knowledge of both children and carers, it was thought a project of this nature could have a positive impact on those children and decrease the figures relating to these crimes and help support achievement of Stretch Outcome 9: 30% fewer young people (under 18) charged with an offence by 2026.

2.3 At the initiation of the project with a consistent data system not being in place in relation to Child Criminal Exploitation (CCE) the project focused it change ideas on 'digital offences' which were showing the most prevalent kind of Child Sexual Exploitation within the age bracket with a view to scaling up and cascading the approaches on other areas such as CCE if successful.

3. WHAT CHANGES DID WE MAKE?

3.1 Following a review of the current system and engagement with children and young people, several areas for improvement were identified and the following changes were tested throughout the project and are listed below.

1. **Deliver digital offending awareness input to specific age groups within Schools, input to include 'bystander' awareness.** Packages were developed by the multi-agency project team, informed by the Young Person Working Group, Police Scotland and Cybersafe Scotland. These were then circulated within secondary School in the city and delivered by education in with

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their own, internal packages which raised awareness of offences and importance of identifying same and the potential consequences.

2. **Develop a Young Person Working Group to understand culture and inform method and content of delivering digital offending material.** The group was established and consists of a number of care experienced young people (CEYP) through Barnardos and children and young people (CYP) engaged through Police Scotland Youth Volunteers. These young people informed the project team, advising of which platforms were mostly used and these were subject to change. As well as advising on platforms, the Group have helped create child friendly content. Given, as identified by the group, social media platforms change so quickly, and regularly with young people, the group will support this work on an ongoing basis to ensure that the right platforms are being targeted. Similarly, the young person group felt that future inputs should be refreshed often and young people consulted with to ensure the digital offending package for children and young people is relevant.

3. **Capture CCE data in the future.** It was established that there was no consistent mechanism of recording CCE data across any agency. This has been an issue for various subgroups across all Local Authority areas. To improve this, a new section to Police systems has been added to enable the data to be captured in a consistent format. From April 2022, CCE data is now available and shows six CCE incidents. These relate to young people being exploited for the purpose of drug dealing.

4. **Develop and distribute leaflets to those 'at risk' in the community.** Draft documents were developed for these proposed leaflets and consulted with through the Young Person Working Group. Due to the various ages and communities that were to be targeted, it was felt that there would need to be a number of variations of this leaflet to be beneficial. Due to this, these leaflets are still in the development phase but will be used to sustain the changes of this charter. There is no timescale for these leaflets but the aim is to have them being handed out within the next three months.

4. HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 The project has surpassed its aim of a 10% decrease with a 23.5% from 81 (digital offences including both sexual and non-sexual) in 2018/19 to 62 in 2021/22 reduction in both the number of offences of child sexual exploitation and the number of 'digital' offences by Young People (Under 18). Whilst data for the full 22/23 is still awaited, data up to Feb 2023, shows that the improvement has been sustained with 15 sexual digital offences and 5 non-digital offences having been committed. This shows a 68% decrease from 2018/19 with 20 in 22/23 so far (*data for the full 22/23 will be available in advance of the CPA Board meeting in April 2023*).

4.2 In respect of "sexual digital offences by young people" aspect of the aim there has been a 52% reduction from 56 in 2018/19 to 27 in 2021/22. This aspect of the improvement was sustained between 2020/2021 and 2021/2022 with a 23% reduction in that period. Whilst for CSE, the data for 2021/2022 showed most

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offences included as "digital CSE offending" with a minimal figure for non-digital CSE offences relating to 'Causing a Child to View Sexual Material'.

Total Digital Offences, including CSE

A line chart titled "Total Digital Offences, including CSE" with y-axis from 0 to 90 and x-axis years 2018/2019 to 2022/2023. The Total Digital Offences line starts around 80 in 2018/2019, dips to about 73 in 2019/2020, rises to about 82 in 2020/2021, falls to about 62 in 2021/2022, and drops to about 20 in 2022/2023. A red Median line is at about 73.

Digital CSE Offending Data

A line chart titled "Digital CSE Offending Data" with y-axis from 0 to 60 and x-axis years 2018/2019 to 2022/2023. The Number of Digital CSE Offences line starts around 56 in 2018/2019, drops to about 23 in 2019/2020, rises to about 35 in 2020/2021, falls to about 27 in 2021/2022, and drops to about 15 in 2022/2023. A red Median line is at about 27.

<u>Deliver digital offending awareness input to specific age groups within Schools, input to include 'bystander' awareness.</u>

4.3   Initially, Cybersafe Scotland worked in three Aberdeen Secondary Schools delivering inputs, which found, after the inputs, young people felt like they had more knowledge and understanding of 'digital offending'. There was also an increase in understanding the consequences of carrying out these offences.

4.4   Feedback from teachers and parents include: **"Plenty of information regarding each social media platform covered" and "Good sound advice about internet safety and offending".** Following the sessions, the educational materials were updated and circulated within all Secondary Schools in the city and delivered by education in their own, internal packages which

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raised awareness of offences and importance of identifying same and the potential consequences. These inputs will continue to be circulated and improved.

Develop a Young Person Working Group to understand culture and inform method and content of delivering digital offending material.

4.5   As above, the Young Person Working Group were instrumental in informing the project on the platforms and in developing the material to ensure that it was right for the various audiences. This co-production approach has been key to the success of the project and the Group will continue to support the ongoing refresh of content. The project teams' reflections on this approach has been "Very informative as learning from a different generation has been refreshing and pointed the group in the most relatable direction". While the young people on the group have gave advice such as "*TikTok – Using real life stories to get across important messaging, have someone who has experienced using delivering personal story which is hard hitting true facts." "Use animations with voice overs to tell a story.", "Give out incentives for watching videos such as Young Scot points which they can use to get discounts and money off, so watch the video in full get the points."* They felt valued having professionals listen to their opinion and try and act on same. Although unable to use Tiktok and other platforms, the content such as voiceovers and animations can be used in inputs going forward.

5   HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1   Whilst awaiting the full year's data for 2022/2023, the data so far compared with the data for the same period in 2021/2022 is showing that the improvement has been sustained. To ensure this continues to be sustained the changes tested have been adopted as business as usual and will continue as they have reduced the total number of CSE, including digital offences by under 18s.

5.2   The educational inputs will continue to be carried out in Secondary Schools with material being refreshed and disseminated regularly. The Young People Working Group will be regularly engaged to review the material and communication platforms to ensure the inputs are relevant and appropriate for age and stage.

5.3   Awareness raising leaflets are being developed which will be able to be handed out by all agencies to people they are working with. There will be a number of variations of this leaflet from easy, child friendly reads, to more in-depth awareness leaflets.

6   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1   Data is held by Police Scotland in relation to the offences required and will be monitored regularly to ensure these improvements continue. If there is an increase, this data can be analysed further to see where and how the offences are being committed. Inputs can thereafter be developed and distributed accordingly.

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6.2 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Youth Justice Sub Group of the Children's Services Board, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 Following evaluation of the testing of the education material and three schools in the first instance, and the positive impact recorded, this has been scaled up and spread to all Aberdeen City Secondary Schools. Consideration is now being given as to whether the material should be adapted and made available for primary aged pupils. Development of such material will be co-designed by the Youth Working Group.

7.2 The Young People Working Group could be asked to help develop material/inform ways to raise awareness of other crimes and ways to reduce the risk to young people of these. The project team have reviewed data to help inform priorities for the revised Children's Services Plan and intend to spread this approach to the new multi-agency improvement aims under Stretch outcome 8. This co-design approach with young people to developing change ideas and communication approaches aligns with the new Community Empowerment Strategy and one model that could be adopted by improvement projects where the decisions/outcomes impact children and young people.

Recommendations for Action

It is recommended that the CPA Management Group:

i) Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been has been surpassed, and that the changes tested will continue as businesses as usual and that the Youth Justice Sub Group of Children's Services Board will continue to monitor the data;
ii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and
iii) Note the plans to scale up and spread the changes tested.

Opportunities and Risks

The main risk highlighted in this report has been the lack of consistent reporting of CCE data. The group has ensured that this is improved in the future and now, as mentioned above, will be captured on iVPD.

Consultation

The following people were consulted in the preparation of this report:
Lisa Kerr
Hannah Bennett
Anabel Turner

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| Julia Milne |
| Rachel Thompson |
| Kim Wood |
| Youth Justice Sub Group |
| Children's Services Board |

Background Papers
The following papers were used in the preparation of this report.
LOIP 2026-26
9.2 Project Charter

Contact details:

Project Manager: lisa.kerr@scotland.police.uk Police Inspector Lisa Kerr, Partnerships, Preventions and Interventions, Police Scotland

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Progress Report	Project End Report: 9.4 Reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.
Lead Officer	Eleanor Sheppard – Chair of Children's Services Board
Report Author	Jordan Walker – Police Sergeant
Date of Report	01/02/2023
Governance Group	CPA Management Group – 22/03/2023

Purpose of the Report
This report presents the results of the LOIP Improvement Project Aim 9.4 which sought to reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022, and seeks approval to end project.

Summary of Key Information

1   BACKGROUND

1.1   Antisocial behaviour is defined as 'behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person' and is a wide-ranging issue which encompasses many aspects of criminal and non-criminal behaviour. The types of behaviour frequently listed range from vandalism and littering to noise and youth disorder. These are the type of behaviours that cause distress in communities and make them feel unsafe. By carrying out effective interventions and diversions we aim to reduce community harm without criminalising young people.

1.2   Strategies to tackle antisocial behaviour are underpinned by the principles of prevention and early intervention to provide solutions, reduce the likelihood and opportunity for offending and optimise outcomes for individuals who may otherwise involve themselves in this type of activity.

1.3   Any reduction in antisocial behaviour will improve the quality of life for people within that area, increase public confidence and enhance a positive sense of community for residents. This will also increase the collective will and ability of a community to tackle problems itself by increasing community resilience.

1.4   In February 2019, a test of change was instigated in the Northfield area of Aberdeen with the aim of reducing antisocial behaviour following an identified increase in this type of conduct in this area.

1.5   This created foundations for an effective strategy to tackle antisocial behaviour. The learning and outcomes from that project were used to inform this project to build on what had already been achieved and work towards a longer term outcome, for a significantly larger area.

2   IMPROVEMENT PROJECT AIM

2.1   Against this background, the CPA Board approved the <u>project charter</u> for the initiation of an improvement project which aimed to reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.

2.2   This change was selected due to impact antisocial behaviour has on our communities. The Covid-19 pandemic as this has a significant impact on the number of calls received due to national measures implemented.

3   WHAT CHANGES DID WE MAKE?

3.1   The project have tested a number of changes, namely:
- Formulation of a new Community Safety Partnership (CSP) process to address vulnerabilities quicker and one which can track repeated issues. Design and implementation of the Tesco Hub was a joint approach to address a spike in youth disorder in the local area. The Hub remains open and is now a permanent feature in the community, where youths are given the space and support to be creative. The Hub is a permanent change and is seen as the template for implementing similar projects in the City.
- Close partnership between Police and diversion providers through the Denis Law legacy Trust (DLLT) (Street Sport)
- Flagging system introduced to report incidents/hotspots and a mechanism for information sharing was introduced
- ASB letters are sent to youths identified as being involved in disorder.
- Operation Galaxite was trialled within the City Centre in response to escalating youth disorder within the area.

3.2   As well as the above the following changes are being developed at present:
- Formulation of a new CSP Tactical process where place based concerns are identified in a more specific way and both the issue and underlying causes are to be addressed. This process has been developed, but not yet been implemented. Although not in place, Police have made relationships so that the efficient sharing of data can take place, with Intervention Providers, to take action in the right place.
- Design of the Northfield Hub is progressing with partners. This will be a permanent structure in the Northfield area for youths to engage in activities to divert them from disorder.

3.3   Approval of the recommendation that the project continue with a revised aim will enable the above two changes to be tested and the impact reported on. Further changes, including ways to increase availability of and engagement with youth activity, will also be explored.

2

4   HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1   Whilst the aim has not been achieved, there has been a 2.6% reduction in calls since 2021 and positive outcomes from improvement activity that are reported on below. Following the pandemic, and the return to normal life, there was a reduction in youth disorder calls from 2021 to 2022 of 79. The yearly figure totals for Aberdeen City were:
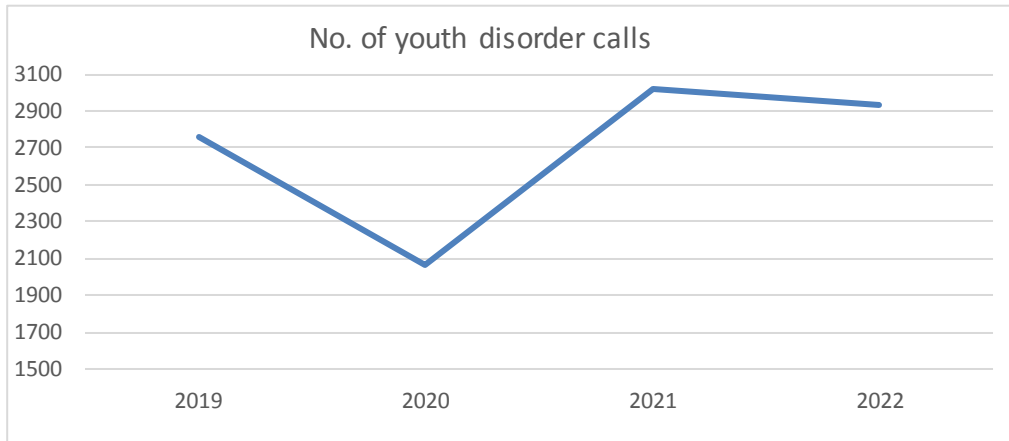
4.2   Following the impact the pandemic had on figures, it was decided to use the 2021 figures as base line data. Although there was a drop in calls between 2021 and 2022, this was not required 10%. There are a number of factors identified that may be linked to the rise in youth disorder since 2019:

1.   Tolerance levels were reduced during covid, with large numbers of regulation breaches being reported. This reduction in tolerance has continued and the public are more likely to report instances of youths gathering, despite them not committing any offences. This is evident through the increase in repeat callers to Police which is assessed to be due to nervousness.
2.   Free public transport for youths in Scotland has made it easier for them to travel to different areas of the city. This has been evidenced through work to identify where youths in the City Centre originated from.
3.   Following the pandemic, there were less diversionary activities available to youths, such as youth clubs and other clubs etc.

4.3   The changes tested have had positive impacts:

Formulation of a new Community Safety Partnership (CSP) process to address vulnerabilities quicker and one which can track repeated issues.

4.4   This enabled action to be taken to address emerging issues/trends. This will be implemented permanently and will be frequently reviewed and improved where suitable. The chart below shows the number of youth calls received on a quarterly basis from 2019 to 2022. The North/South splits also demonstrate that generally the follow the same trend.

3

Public space youth disorder - young people and priority neighbourhoods

A line chart showing North, South and City data from Q1 2019 to Q4 2022.

City values: 740, 784, 712, 525, 371, 420, 634, 640, 719, 806, 784, 706, 624, 897, 784, 631
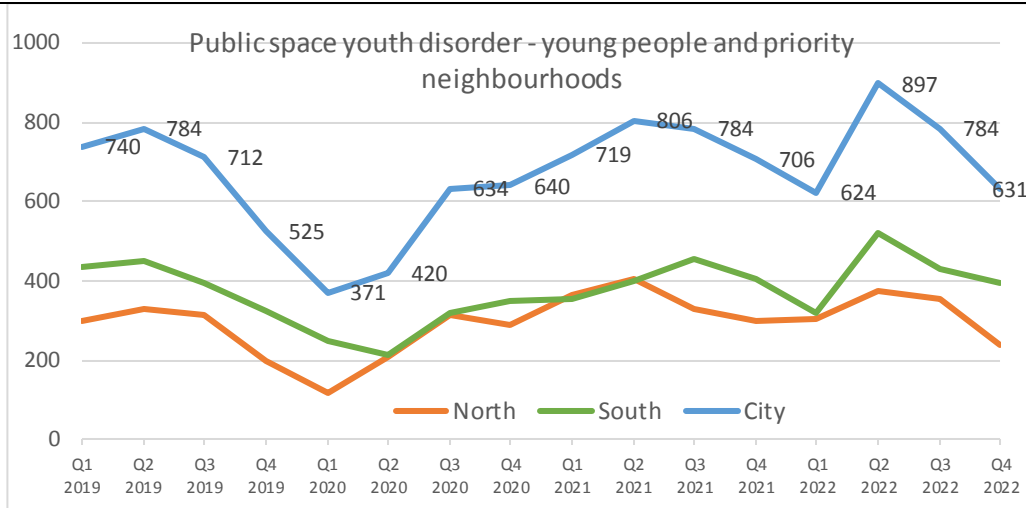
<u>Close partnership between Police and diversion providers through the DLLT (Street Sport)</u>

4.5 This resulted in positive change in response to youth disorder in areas. Data showed that generally when attendance was high at Street Sport sessions, the youth disorder calls in that area reduced. Information sharing has been key in order for Street Sport to deploy to areas where youth disorder calls were rising. This is a permanent change and work will remain ongoing to support DLLT. The chart below shows the number of youth calls in the AS4 (Sheddocksley) area compared to the Street Sport attendance figures for the same time. The chart generally indicates that the higher the attendance, the lower the calls.
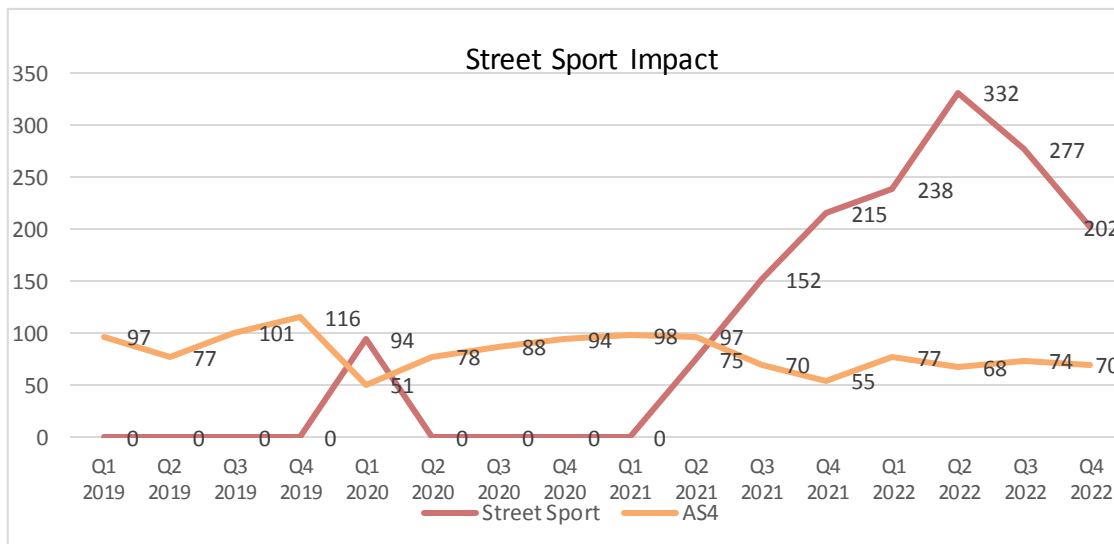
Street Sport Impact

A line chart showing Street Sport and AS4 data from Q1 2019 to Q4 2022.

Street Sport values: 0, 0, 0, 0, 94, 0, 0, 0, 0, 97, 152, 215, 238, 332, 277, 202

AS4 values: 97, 77, 101, 116, 51, 78, 88, 94, 98, 75, 70, 55, 77, 68, 74, 70

<u>Flagging system introduced to report incidents/hotspots and a mechanism for information sharing was introduced.</u>

4.6 All youth calls are reviewed by Police and recorded in order for the data to be analysed. Trends are identified and information is shared with Community Policing Teams and Partners in order for action to be taken at the relevant time and place. This is now a permanent practice.

4

ASB letters are sent to youths identified as being involved in disorder

4.7 These youths are identified via the above flagging system and data is recorded to monitor the involvement each youth has in incidents and which area these incidents occurred. There is an accompanying escalation process should the same youth be involved in multiple incidents. Data showed that generally one letter was enough to halt the youth's involvement in disorder.

Operation Galaxite

4.8 Operation Galaxite was trialled within the City Centre in response to escalating youth disorder within the area. The Operation ran for the month of July in 2022 and 48 positive engagements with youths were recorded and the youth disorder calls for the City Centre was 32. For reference, the month prior to Operation Galaxite, the youth disorder calls were 82. Learning points were taken from this Operation and work is ongoing to implement a long term adaptation of this. The chart below is a snapshot from 2021 to demonstrate the impact Operation Galaxite was found to have in the City Centre area (AS6). Included in the chart are the number of youth ASB letters that were issued during that time which generally shows that the months in which letters were sent out, there was a drop in youth calls.

Public space youth disorder - City Centre (AS6)
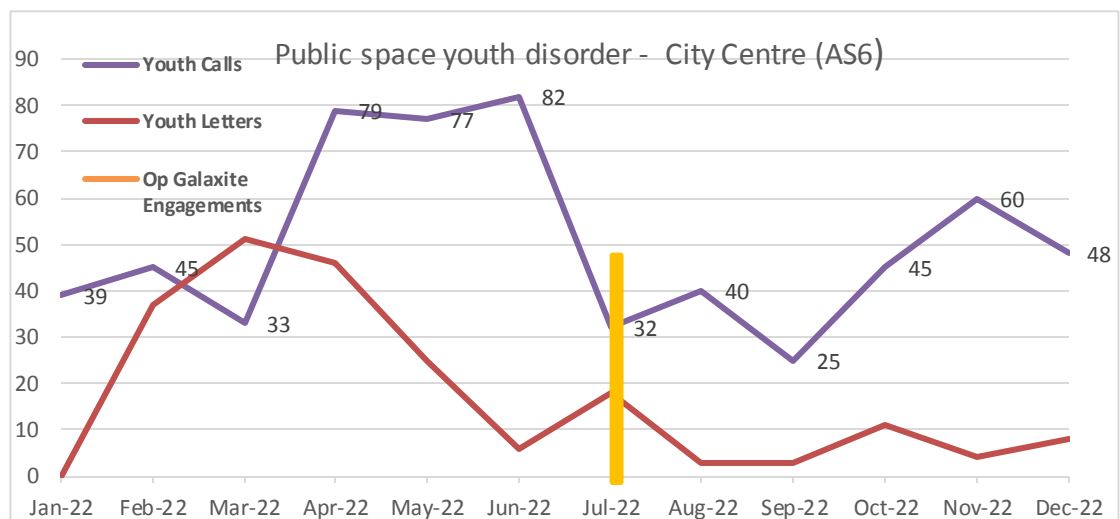
5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 New CSP processes form part of daily and monthly working practices. These processes are subject of reviews and will be altered if improvements are identified.

5.2 The flagging system an ASB letters are a result of call monitoring on a daily basis, which is part of core roles of relevant staff. Proactive work is done to identify youths involved in disorder.

5.3 The work done at the Tesco Hub is recognised as best practice and the introduction of the Northfield Hub is expected to have a positive result on disorder. Through partnership working, it is a shared priority to ensure the longevity of these, and any future Hubs.

5

5.4   The DLLT is recognised for the difference made with youths.   Support will continue to be provided to the DLLT by partners, which include representatives of Police Scotland and the Scottish Fire and Rescue Service being members of the Management Group.

5.5   Plans are ongoing to introduce a long term and sustainable version of Operation Galaxite within Aberdeen City Centre.   If there is continued success, this template could be implemented in other areas of the City.

6   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1   The data relating to this charter will continue to be monitored as standard working practice within Partnerships, Preventions & Interventions.   Trends will be monitored monthly to identify problem areas and highlight these to the relevant CPTs for plans to be put in place.

6.2   Should the recommendations be approved, the data recorded will continue to be monitored and reported to the Children's Services Board, as well as added to the Outcomes Framework/Improvement programme Dashboard to ensure that performance continues.

7   OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1   The practices implemented throughout the charter are suitable for tailoring to other areas of business.   The core function is ensuring we are aware of call patterns/trends in order to ensure an accurate understanding is held. Thereafter, action can be taken to address issues.   This could be letters, highlighting issues to partners via the CSP, or initiating an Operation to directly address the problem.

7.2   The impact of youth community activities is evident as described above. Youth community activities such as StreetSport could be spread to other areas of the city and should the aim be revised, this will be actively taken forward through the volunteer led model described in the project end report for aim "Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023."

Recommendations for Action
It is recommended that the CPA Management Group:
i)   Acknowledge the positive outcomes achieved to date as a result of the improvement activity and to agree to recommend to the CPA Board on 19 April 2023 that youth anti-social behaviour remained a priority and that the project continue with a revised aim of "Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025." as proposed within the draft revised Children's Services Plan 2023-26;
ii)   Note that the improvement activity described at 3.2 which has not yet been tested will be taken forward and reported under the revised aim should the proposal be approved; and

6

iii)	Note the opportunities for scaling up and spread to other areas of the improvements tested to date.

Opportunities and Risks

Opportunities
- To build a network of volunteers across the city who take responsibility for running community-based youth activities that leads to increased youth participation and reduction in anti-social behaviour
- To adapt SFRS 'fire setters' intervention and re-education scheme for different organisations to educate and work towards reducing anti-social behaviour.
- For children and young people to support the development of new and existing youth activities.
- To learn from the successful changes of this project and apply to other offences
- To build an early intervention model of youth work provision that focuses on areas with highest need.

Risks
- Not having the capacity to offer support across the city to volunteers.
- Media reporting stigmatising youths – engagement with communities and opportunities for youths to tell their stories (EG using SHMU FM)
- Resources to successfully implement projects
- Finance to improve environmental matters

Consultation

Stretch Outcome 9 Sub Group
Children's Services Board

Background Papers

The following papers were used in the preparation of this report.
- LOIP 2026-26
- 9.2 Project Charter

Contact details:

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Progress Report	Project End Report: LOIP Project 9.5 Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023
Lead Officer	Eleanor Sheppard – Chair of Children's Services Board
Report Author	Craig Singer
Date of Report	22 February 2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 9.5 which sought to increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023 and seeks approval to end project.

Summary of Key Information

1   BACKGROUND

1.1   Young people in conflict with the law are often the most vulnerable young people in our communities. Young people in conflict with the law are often victim themselves.

1.2   When young people have access to services that provide opportunities for them to use their time constructively and develop healthy and trusting relationships with adults, then the chances of them offending are reduced. Increasing the number of young people in target areas of the city accessing activities in their community will lead to improved outcomes in relation to wellbeing and youth justice.

1.3   Data showed that there were 6 community-based groups for children and young aged 10-16 people running in 2019 (this is data for local authority provision) with 40 participants. Community-based provision stopped across the city from 2020 to some of 2021.

2   IMPROVEMENT PROJECT AIM

2.1   Against this background, in February 2022 the CPA Board approved the project charter for the initiation of an improvement project which aimed to Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023.

1

2.2   The impact of the pandemic on services for young people was significant. Groups and organisations were forced to close and some never reopened. Young people who depended on these services were impacted. At the time of discussions about the improvement project, it was known that even before the pandemic that Kincorth didn't have much to offer young people in the way of community-based activities and also that Kincorth was affected by antisocial behaviour caused by some young people. Given this position and that there were no groups currently available, the project agreed to start with setting up a group for children and young people in this area.

3   WHAT CHANGES DID WE MAKE?

3.1   The project wanted to see if it could increase the number of children and young people taking part in community-based activities and if it could create a sustainable model for the setting up and continuation of youth groups. Two change ideas were tested, namely:

1. **Established a new youth group co-designed with children and young people**

3.2   The project tested the establishment of a new youth group in the community as way of both increasing engagement and participation of young people, but also to increase the number of facilities and places for sustainable activities for young people. As per para 2.2, Kincorth was identified as the initial test area. The project focused on the Primary 6 and 7 age group because it saw the benefits of beginning to build relationships with young people in Kincorth from as young an age as possible.

3.3   The Group recognised that setting a group up was not enough, for it to have a chance to succeed it needed to be co-designed by young people and as such we also tested the co-production with young people of a programme of activities to be offered at the Group.

2. **Developed a volunteer led youth group model**

3.4   The project agreed that once the above change had been tested and outcomes studied, it was important that the model of setting up and running a youth group was sustainable and not reliant on a single agency. As such a volunteer led youth group model would be developed and tested. This test looked to expand the number of community youth based activities available across the city, but ensuring that these were sustainable by empowering local communities to start local volunteer led youth groups in their communities with support and guidance available.

4   HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1   Yes, we have achieved and surpassed the aim. In 2022, 68 10-16 year olds attended community activity citywide an increase of 70% compared to 2019 when 40 10-16 year olds accessed community activity.

2

No. of 10-16 year olds taking part in community based activities

```
80

60                                                    68

40    40

20

 0
            2019                              2022
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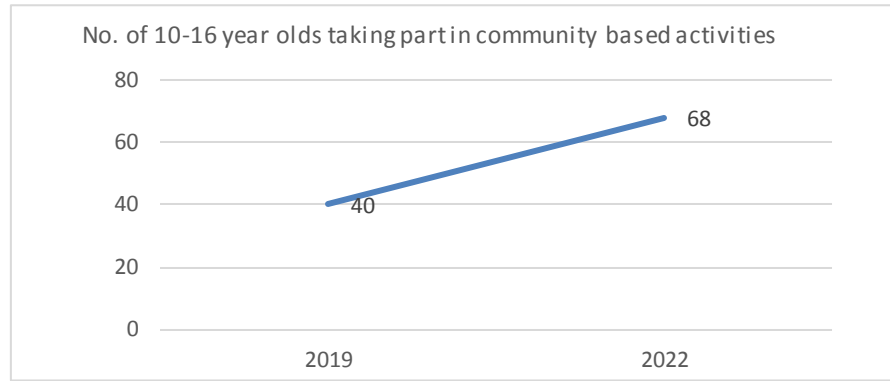
4.2   During 2020-2021 community-based youth work stopped because of the pandemic. The nearest year to give us comparable data is 2019.

4.2   In terms of overall participation/attendances we also saw an increase with 938 attendances throughout 2022 citywide compared to 300 in 2019, this is a 212% increase.

The impact of the changes we tested are as follows:

New co-designed Youth Group in Kincorth

4.3   During 2019 there were no registered participants from Kincorth taking part in ACC youth work community-based activities. In early 2022, the project co-designed with children and young people in the Kincorth area a new youth group. This resulted in between March and December 2022, **34** young people from Kincorth participating in the group. This shows that the change idea of establishing a co-designed youth groups in target areas has been successful.

4.4   The Group was held weekly on a Wednesday evening from 6.15 to 8pm. This day/time was chosen as we were mindful of the age of the group and considered anytime after 8pm to be too late. It took place in was Kincorth community centre, which is a large multi-purpose centre between the 2 primary schools in the area. Location is very important as it has be accessible for everyone you are trying to attract to the group. The centre has a games hall, classrooms, kitchen and a coffee bar all of which widens the scope of what can be offered.

4.5   Staff have reflected that getting the right day/time/location is important as the group has to be planned and delivered according to the needs of its members and not staff. It seems an obvious point, but groups which are set up according to the preferred start and finishing time of its staff rather than participants are less likely to succeed. For children of P6 and 7 age, finishing too late would prohibit some from coming and starting too early wouldn't suit the routine and circumstances of others. Kincorth is fortunate in having a large and multi-purpose community centre within travel distance for most; not every community in the city has this.

3

4.6   Young people were asked what they enjoyed about their group. They said: we get to make friends; it's very fun; you get to do art, sports, games and make food.

Some of the Kincorth group exploring "The Gramps"
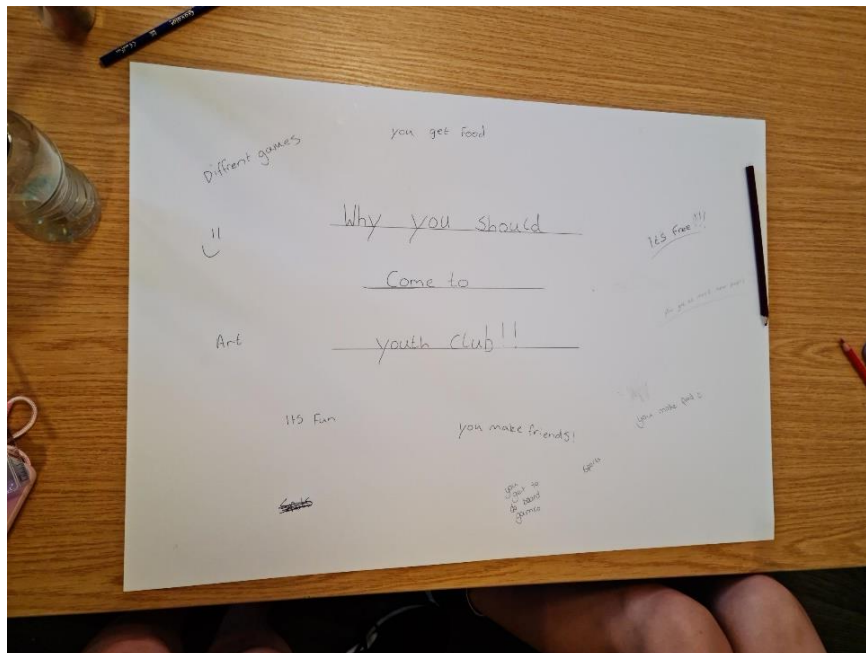
Food is very important for young people!
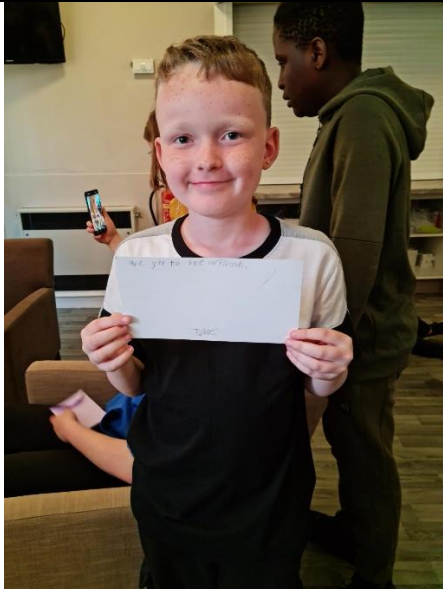
Feedback shows that opportunities to meet friends and make new ones are very important.

4.7 In 2022, attendances (not individual participants) for Kincorth is 417

KINCORTH P6 AND 7 GROUP ATTENDANCE 2022

TOTAL ATTENDANCE BY MONTH

March	April	May	June	July	Aug/Sep	Oct	Nov	Dec
43	25	42	48	0	73	37	119	30

KINCORTH ATTENDANCE 2023

ATTENDANCE

Jan'25	Feb'01	Feb'08	Feb'15	Feb'22
20	23	23	17	30
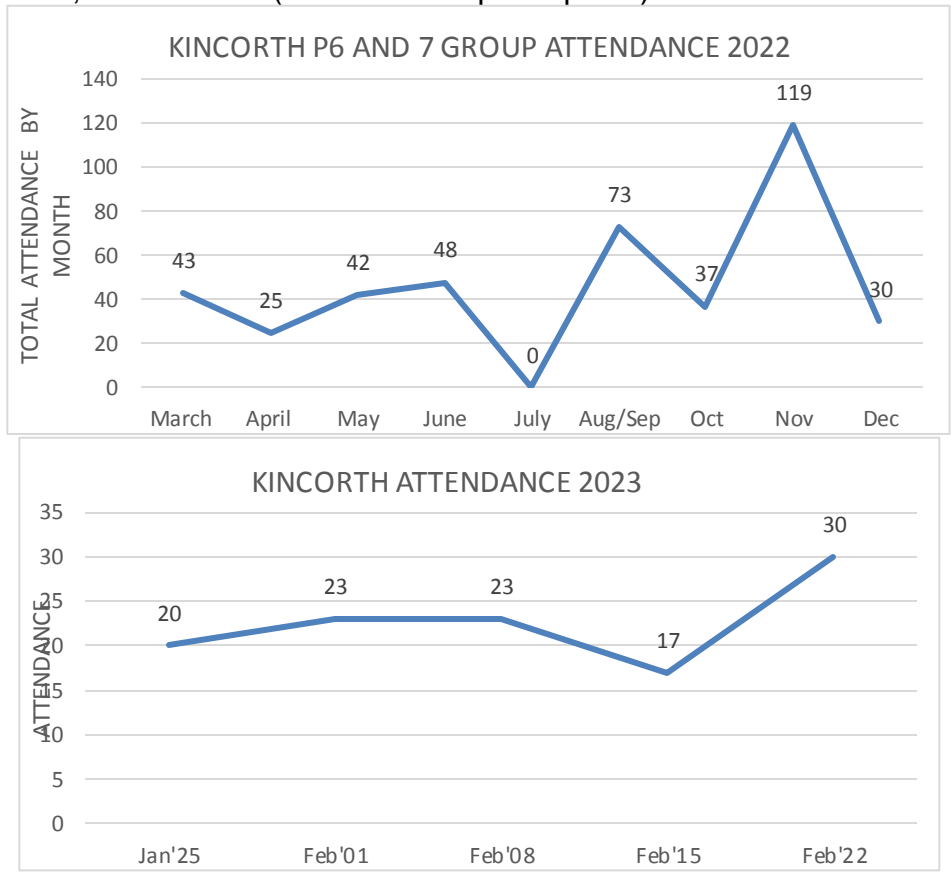
4.8 Youth Workers work term time hence low numbers in July and October. Low number in December due to staff absences and group not able to run. The further test described below empowering volunteers to establish and run youth groups in their communities looked to remove/minimise this situation and enable groups to run throughout the year, particularly over the school holidays. The peak in November was likely caused by raised awareness about the group and young people who hang around the centre asking if they could join.

5

4.9 The Group co-produced with young people a programme of activities decided by the participants themselves. This saw the first few weeks of the group, the young people doing team-building and "getting to know each other" activities: the forming and norming stages of group development. Thereafter the group co-deigned a programme of activities that included visits to the local nature park, cooking sessions, arts and crafts and indoor games. Every session involves a period where the group stops mid-way through and they all sit together in the community centre coffee bar for a snack and conversation. This quieter time is used to check in with the group that everyone's okay and whether there's anything we need to change.

4.10 The co-produced programme has been very impactful and it is essential that the group members feel included in decision making and have ownership of the programme. Trying to second guess what the group wants and offering a programme that doesn't interest them will soon lead to disengagement and boredom.

4.11 The establishment of the group has also had an impact on anti-social behaviour in the area. The number of calls relating to antisocial behaviour in Kincorth reduced by 16% in 2022, from 282 calls in 2021 to 238 for 2022.

4.12 In light of the impact of the Kincorth group, a similar group to the one in Kincorth has been developed in the Mastrick area of the city. It was set up to cater for children who are too young to take part in the diversionary programme known as the Mastrick Hub. Attendance numbers so far show that the club is popular with the target audience.

4.13 9 children participated in the Mastrick Group at the start of 2023 with 42 attendances overall. At the request of the community centre we operate a ratio of 4 children to 1 member of staff. With a staff complement of 3 the group will not exceed 12.

MASTRICK P6 AND P7 GROUP ATTENDANCE JAN - FEB 2023
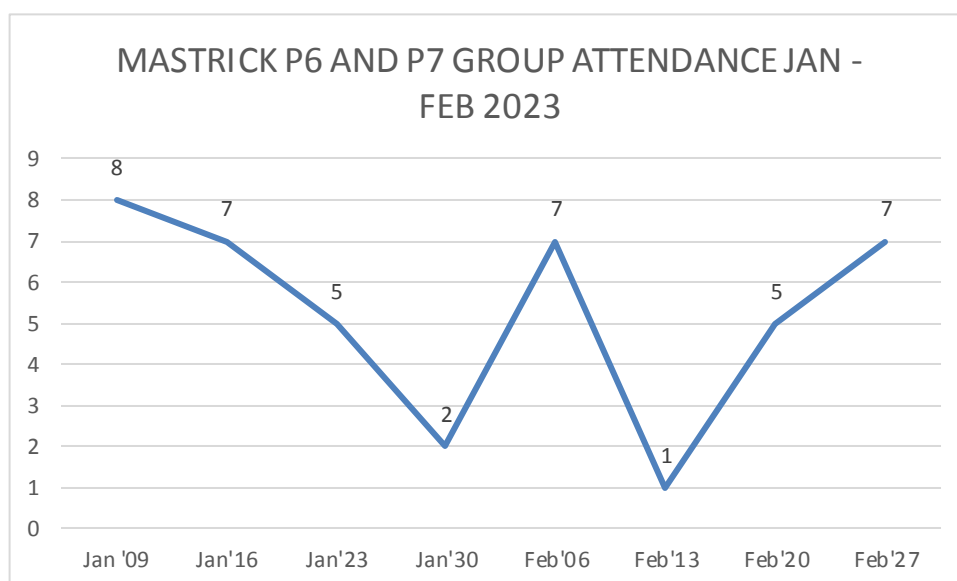
4.14   Young people taking part in the Mastrick group were asked what they enjoyed most about their group. They said it was doing things with friends and getting to do cooking.

Developing a volunteer led youth group model - Northfield Community Centre Youth Group

4.15   To ensure a sustainable model for future youth community activity, taking the learning from the two groups described above, a third community-based youth groups has been established. This has focused on testing a volunteer led youth group model and whether empowerment of local volunteers with support only from the Youth Team, increases the number of community youth groups available and number of young people participating. The Group established is called the Northfield Community Centre Youth Group. This was started up by Community Centre volunteers this year and, owing to its popularity with young people, required additional staff/volunteers. The Project has been supported by the project team through the draft community led youth group model, which includes guidance on health and safety, safeguarding for children and young people, how to run a youth group etc. The Northfield group is a lot less structured and is more of a drop-in than the other 2 groups, which have a programme of activities decided by the participants themselves.

4.16   During 2019 there were 3 registered participants from Northfield taking part in ACC youth work community-based activities. In 2022, there were 43, a 1333% increase.

NORTHFIELD DROP-IN ATTENDANCE PER MONTH 2022

Month	Attendance
May	117
June	164
July	96
Aug	57
Sep	150
Oct	64
Nov	84
Dec	40
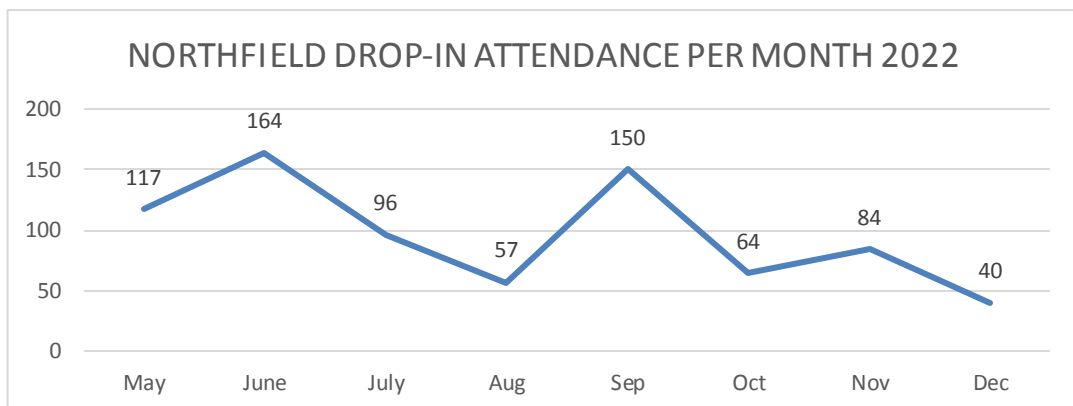
4.17   Young people taking part in the Northfield group said the same as those in Mastrick and Kincorth: it was a chance to hang out with friends, make new friends and take part in fun activities.

4.18   Given the success of this first test of the volunteer led youth group model, the model will be launched and promoted across all communities with information sessions held. Once interest has been received and groups beginning to develop a volunteer led youth activity network, like the food growing and community run green space networks developed by projects 15.1 and 15.2 will be developed.

7

5   HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1   Staffing resources will continue to be allocated to Kincorth and Mastrick as it has been proven that there is a need in the community for this type of provision and that young people benefit from and value it.

5.2   The volunteer led group in Northfield will be supported through the new volunteer led community group model and we will use the learning from this Group to further refine and develop the Model as it is launched. To ensure sustainability of youth groups, the new volunteer led youth group model and developing the capacity of communities to run youth activities for themselves will be key. The youth work team, through the model, will offer support to volunteers to give them the knowledge and skills they will need to run safe and effective groups. Once interest has been received and groups beginning to develop a volunteer led youth activity network, like the food growing and community run green space networks developed by projects 15.1 and 15.2 will be developed.

6   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1   The ACC Youth Work team will oversee the development and management of the group. Data from the management information system used by the Community Learning and Development team will track numbers, and regular evaluation by youth workers will ensure that high standards are kept up and the needs of young people are being met.

6.2   Should it be agreed that the project is ended, the data recorded will continue to be monitored and reported to the Children's Services Board, as well as added to the Outcomes Framework/Improvement programme Dashboard to ensure that performance continues.

7   OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1   The popularity of the groups shows that even in the age of social media children and young people have a need to play and socialise in person. They need opportunities out-with school to form friendships, connect with peers and have an outlet for their energies. Groups such as the ones at Kincorth and Mastrick allow positive relationships to grow between children, young people and adults. These adults, usually youth workers, but also local volunteers, can provide guidance and mentorship at a crucial stage of a child and young person's life. For this we need a skilled and well-trained workforce of youth workers, mentors, volunteers, coaches etc.

7.2   Given the outcomes above there is opportunity to scale up to enable there to be greater levels of youth community activity across the city. In order to achieve this, the model of volunteer led community activities will be launched and spread across the city.

7.3   Youth anti social behaviour has been identified as a continuing priority within the revised Children's Services Plan 2023-2026. The spreading of the volunteer

8

led youth group model will support the proposed multi-agency improvement aim "Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025." Ensuring sustainable youth community activities is a key part to supporting the reduction in youth anti-social behaviour and as well as spreading the volunteer led model to support this reduction, new innovative ways to engage with and increase participation of children and young people will be developed and tested as part of the aforementioned aim proposed under Stretch Outcome 8.

Recommendations for Action

It is recommended that the CPA Management Group:

i)   Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been surpassed and the opportunities to scale up are being progressed and the impact will be monitored through proposed multi-agency improvement aim "Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025." within the revised Children's Services Plan 2023-26;

ii)   Note that the dataset for the overall aim will continue to be reported via the Improvement Programme dashboard to ensure progress is monitored.

Opportunities and Risks

Opportunities
- To build a network of volunteers across the city who take responsibility for running community-based youth activities.
- To learn from the success of the Kincorth pilot and build on what worked.
- To build an early intervention model of youth work provision that focuses on areas with highest need and focuses on 10 years and above.

Risks
- Not having the capacity to offer support across the city to volunteers.
- There is not enough capacity in the youth work team to provide community-based groups across the whole city. Concentrating on areas with the highest need will inevitably mean some communities will not be provided for and may feel left out. This will hopefully be alleviated if we can build a volunteer network.

Consultation

Stretch Outcome 9 Sub Group and Children's Services Board

Background Papers

The following papers were used in the preparation of this report.
- LOIP 2026-26
- 9.2 Project Charter
- impact-of-community-based-universal-youth-work-in-scotland-november-2018.pdf (youthlinkscotland.org)

Contact details:

Craig Singer – Youth Work and Wider Achievement Manager

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Progress Report	Project End Report 10.3: Reduce the number of wilful fires by 10% by 2022
Lead Officer	Derek McGowan, Chief Officer Early Intervention and Community Empowerment, Aberdeen City Council
Report Author	GC Andy Buchan
Date of Report	1st March 2023
Governance Group	CPA Management Group – 22nd March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 10.3 which aimed to reduce the number of wilful fires by 10% by 2022 and seeks approval to end project.

Summary of Key Information

1   BACKGROUND

1.1   Wilful, or deliberate fires account for 10% of all incidents attended by the Scottish Fire and Rescue Service (SFRS) in Aberdeen and is a considerable pull on SFRS resources as well as that of other emergency response colleagues. As a sub-division of this overall figure, secondary fires (grass, rubbish, bins, bonfires etc) account for 73% of all deliberately set fires.

1.2   Deliberate secondary fire-raising is an indicator of wider anti-social behaviour, consequently, actions taken to address deliberate secondary fire-raising can have a positive impact on wider societal issues.

1.3   Wheelie bins and grassland are the 2 highest occurring property types involved in deliberate secondary fire raising in Aberdeen. The cost of replacing wheelie bins is met by ACC while grassland fire in areas such as The Gramps can have a devastating effect on local wildlife

2   IMPROVEMENT PROJECT AIM

2.1   Against this background, on April 2021 the CPA Board approved the project charter for the initiation of an improvement project which aimed to Reduce the number of wilful fires by 10% by 2022. Initial testing in Torry, Ferryhill ward then gradually scaling up city wide.

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2.2 The aim of the project consisted of 2 areas of focus; changing human behaviours through engagement, education and interaction and, secondly, better management of available combustible materials to reduce opportunistic fire-setting.

2.3 The baseline for the project was taken as a 10% reduction in the previous 5yr average from 2016-2202 to ensure that it was representative and reflective of impact Covid-19 restrictions had on the data. As such a 10% reduction would be 334 calls or less by the end of 2022.

3 WHAT CHANGES DID WE MAKE?

3.1 During the tenure of the project, the multi agency team worked collaboratively to identify incident trends, allowing for the identification of viable engagement opportunities and initiatives in which to test change ideas. These change ideas included;

1 Establishing and delivering Fire Skills courses targeting youths in areas of high deliberate fire activity to attend through strong referral pathways with Police Scotland, local schools and Sport for Aberdeen.
2 Regular joint messaging and communication advising of the risk in leaving refuse and refuse containers for prolonged periods. Media article published in the Press and Journal conducted with partners from Op's Fawkes strategy in November in relation to bonfire / fireworks thematic action plan. Ongoing engagement work through our community safety team and partners on social media and through local schools on the dangers of fire setting. Leaflets, posters and video presentation sent to 21 schools throughout the area.
3 Early intervention and prevention through a "virtual" community fire safety programme provided to schools and youth community groups at a time when direct engagement activity such as 'walk and talks' was curtailed to equip them with the tools and knowledge to stay safe and provide insight into the potentially devastating consequences of deliberate fires
4 Gramps school engagement developed and delivered by SFRS, Police, SAS and city rangers continued throughout 2021/22, reaching a varied age range of young people in primary and secondary schools within the Torry & Ferryhill ward area. These were delivered through video presentations at schools, walks and talks within the Gramps area.
5 Introduction of a local 'fire setters' intervention and re-education scheme

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 Yes, we have achieved our aim with a 12% reduction from the 5-year average of 334 deliberate (2016-20), with 328 deliberate fires recorded in 2022.

4.2 The initial test area of Torry & Ferryhill has demonstrated a positive reduction in deliberate fires during the project period. A continued reduction has been evidenced across both reporting periods of 2021and 2022 compared to the baseline period. Within the test area, we have seen a reduction of 48-50% year on year compared to the 5-yr. average.

2

Torry and Ferryhill

A line chart titled "Torry and Ferryhill" showing fire incidents from 2016 to 2022, with a y-axis from 0 to 120.

	2016	2017	2018	2019	2020	2021	2022
All Primary Fires	10	9	17	13	5	6	10
All Secondary Fires	32	55	85	37	64	24	23
All Deliberate fires	41	64	102	50	69	30	33
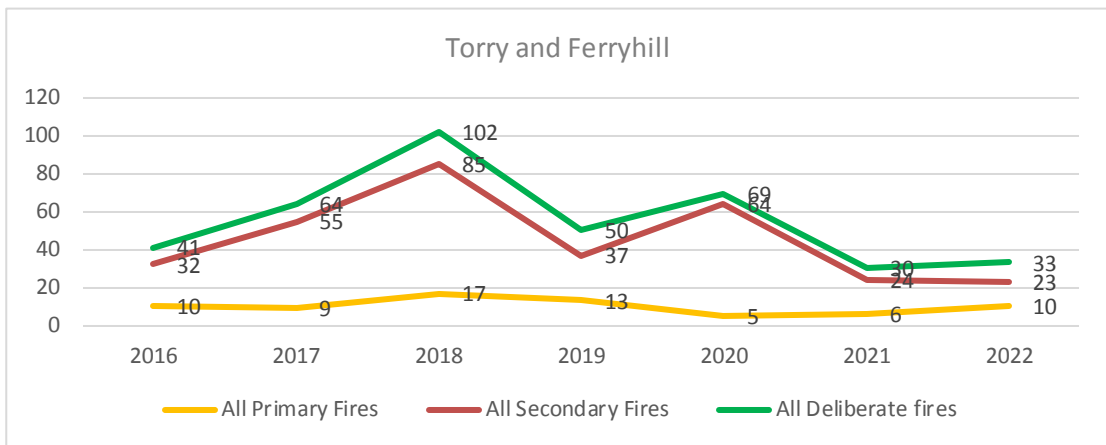
4.3   Across Aberdeen city, the target of reducing wilful fire setting to 334 (10 % less than the 5-year average 2016-20) was narrowly missed in 2021, with 367 reported incidents. Compared to 2020, we saw an increase of 3.4% of deliberate fires during the reporting period 2021. To address this annual increase and to achieve the aim, the project expanded the test area to include the ward area of Kincorth, Nigg & Cove. This expansion of the test area, in conjunction with other SFRS direct targeting, has seen incident activity fall from 367 to 328 from 2021 to 2022, a decrease of 7.6% and 12 % reduction from the 5-year average baseline period (2016-20).

Deliberate Fires Aberdeen City

A line chart titled "Deliberate Fires Aberdeen City" showing fire incidents from 2016 to 2022, with a y-axis from 0 to 500.

	2016	2017	2018	2019	2020	2021	2022
All Primary Fires	122	100	86	106	96	83	92
All Secondary Fires	235	261	360	250	246	284	236
All Deliberate Fires	350	361	446	356	342	367	328
Target Line	334	334	334	334	334	334	334
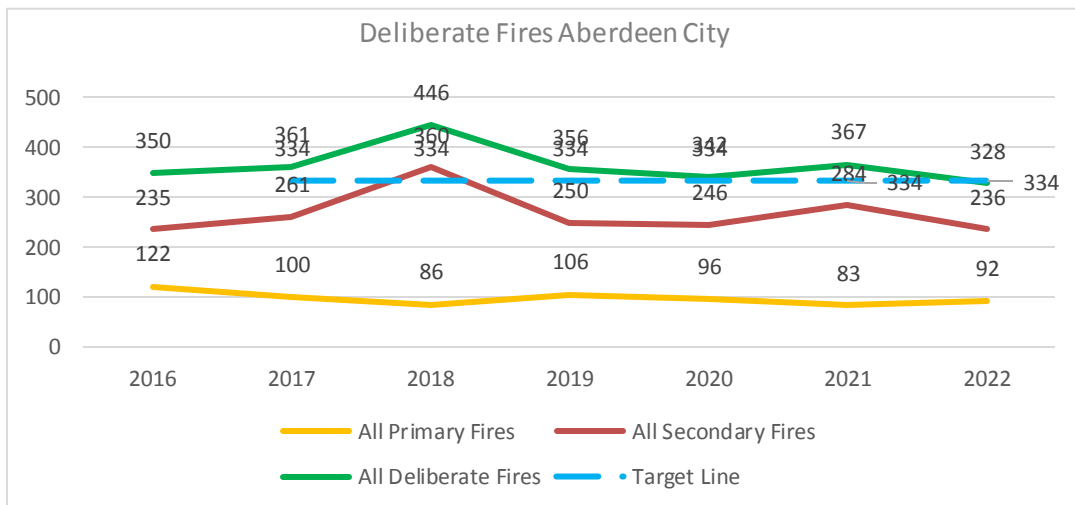
4.4   The impact of the changes tested have been positive as described below:

4.5   Eight young people having successfully completed the initial Fire Skills course held in October 2022, future courses are planned throughout 2023/24 allowing expansion to other secondary schools and referral pathways. The referrals came from St Machar Academy guidance and support dept. Feedback from the young people was that they felt challenged and that working as team built their confidence. Teaching staff spoke of how the students had shown a positive change in confidence and interaction.

4.6   Following the media article and the leaflets being distributed data showed a positive reduction in fires within outdoor structures/wheelies, these incident types fell from a reported 31 in 2020 to just 1 reported incident in 2022,

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showing that both media and targeted communication was impactful. Not only has this reduction had a positive impact on our communities' and environment, it reduces the costs to Aberdeen City Council in replacement of bins.

4.7 Gramps school engagement continued throughout 2021/22, with 84 direct 'walk and talks' throughout Aberdeen by SFRS/Police/SAS and city rangers with 13 schools in 2022. 1,666 pupils engaged with Primary schools throughout the city are on board. For 2023/24, there is a full schedule of interaction with schools by SFRS/Police/SAS and city rangers delivering walks and talks.

4.8 Video presentation, along with leaflets and posters, delivered to four schools in Torry and Ferryhill in 2021. The sessions received positive feedback with teachers advising:

"Good at challenging the pupils on their understanding of wilful fire raising."

"The follow up conversations the teachers had with the pupils showed the pupils had really been paying attention."

"Overall, a really positive experience enjoyed by the pupils and teachers alike."

4.9 SFRS 'fire setters' intervention and re-education scheme was utilised to educate 7 offenders. To date, data shows that none of individuals have yet reoffended after receiving this input. Scheme will continue to be utilised throughout the wider city area to educate and work towards reducing anti-social behaviour.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 Through the lessons learned during the tenure of the project, SFRS and partners will continue to/and will work towards improving how we work collaboratively together to achieve effective and sufficient engagement/intervention opportunities. Change ideas will be integrated into stakeholders' processes and procedures so that they are embedded as business as usual activities.

5.2 The changes tested have been embedded as business as usual and we will include these changes within our SFRS Aberdeen City Local Plan to ensure that we continue to reduce deliberate fires and will continue the work with partners so that this will ultimately further assist in the reduction of anti-social behaviour, including the impact on services and our environment.

5.3 Lessons learnt will be integrated into SFRS's seasonal thematic action plans and will form part of our reduction strategies and resources. Partners will also be including the changes into their plans as appropriate.

4

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1   We will continue to monitor data as part of SFRS internal scrutiny and performance reporting. We will continue to report our performance in the form of; Year to Date Monitoring and Thematic reports to the Communities, Housing and Public Protection Committee (CHPPC). To capture new change ideas and initiatives, these will form part of the SFRS Monitoring and Tracking of Initiatives report which will also be presented to the CHPPC.

6.2   Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Community Justice Group, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7   OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1   During the project tenure our test area expanded from the initial area of Torry and Ferryhill to include Kincorth, Nigg & Cove ward area. As of March 2023, this will be further expanded to include the Tillydrone, Seaton & Old Aberdeen ward area.

7.2   The introduction of the Fire Skills course has also been extended to all secondary schools across Aberdeen city. This provides the opportunity to identify suitable candidates through a robust referral's pathway. This approach will ensure that we are direct targeting the most vulnerable within our communities.

Recommendations for Action

It is recommended that the CPA Management Group:

i)   Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end, on the basis that the aim has been achieved and that the changes and lessons learned are integrated as part of each individual stakeholders' business as usual activities.

ii)   Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and

iii)   Note the status of the plans to scale up and spread the changes tested.

Opportunities and Risks

Change ideas identified and implemented during this project, increased the opportunity for local services to work more collaboratively, achieving effective reduction strategies in relation to wilful fire setting. This collaborative approach has also provided the opportunity to expand this learning to other incident types such as, accidental fires and false alarms.

The introduction of the Fire Skills courses and Media strategy will provide partners the opportunity to utilise these tested reduction strategies within other ward areas. It is perceived that this will ultimately see a reduction in anti-social behaviour and the subsequent impact on service providers, our local communities and our environment.

5

There is an identified risk that wilful fires could see a raise in coming years, should education and messaging strategies be reduced or stopped. Due to the current financial climate and strain on service providers, it is foreseeable that this is a likely outcome.

Consultation

Stakeholder consultation conducted throughout tenure of project, with agreement of successful outcomes.
Community Justice Group

Background Papers

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

Local Outcome Improvement Plan 2016-26
LOIP Annual Outcome Improvement Report 2021/22

Contact details:

Group Commander Andy Buchan, Scottish Fire and Rescue Service

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Community Planning
Aberdeen

Progress Report	Project End Report: 11.2 Maximising Volunteering Opportunities (Revised 2021)
Lead Officer	Alison McLeod, Chair of the Resilient, Included and Supported OIG
Report Author	Colin Wright, ACC
Date of Report	08/03/2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 11.2 which sought to increase opportunities for people to increase their contribution (volunteering) to communities by 10% by 2023.and seeks approval to end the project.

Summary of Key Information

1   BACKGROUND

1.1   This project meets key national objectives at a local level such as:
- Contributing to achieving key (LOIP) local priorities and outcomes, and priorities within Locality Plans.
- A Connected Scotland- strategy for tackling social isolation and loneliness and building stronger social connections.
- Volunteering for All, Our National Volunteering Framework: NHS Boards and Health & Social Care Partnerships should work consistently and collectively to ensure robust systems are in place to support safe, effective and person centred volunteering, engaging with Clear Pathway Guidance and Volunteering in NHS Scotland Programme as required. We should also highlight and encourage best practice in relation to the governance and associated management standards required for all volunteers and others to have a role to play within NHS settings, regardless of the source of recruitment.
- Supporting the Scottish Government's (2018) newly reviewed National Performance Framework (NPF), and has a role in supporting the 11 National Outcomes, which include: 'We live in communities that are inclusive, empowered, resilient and safe'. We are well educated, skilled and able to contribute to society. 'We grow up loved, safe and respected so that we realise our full potential'.

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1.2 At initiation of the project the number of active volunteers in Aberdeen was 70,500 individuals delivering 4.4 million hours per year. Economically, volunteering contributes over £65m to the Aberdeen Economy every year.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, the CPA Board approved the project charter initially in December 2020 and refreshed in November 2021 for the initiation of an improvement project which aimed to increase opportunities for people to increase their contribution (volunteering) to communities by 10% by 2023.

2.2 There is substantial economic and social value in the act of volunteering: people use less services by contributing to their communities in ways they choose, this is proven by statistics and research around increased life expectancy and quality of life values.

2.3 Through the COVID pandemic the volunteering community was critical in delivering vital support to people and communities, often our most vulnerable. We experience unprecedented levels of people volunteering and volunteering opportunities. This project contributes to sustaining this by developing further suitable opportunities for individuals.

2.4 This project demonstrates the potential to coordinate new volunteering initiatives that are emerging to increase volunteering numbers.

2.5 The project aimed to build on the existing good partnership work already taking place with regards to community involvement, community engagement and volunteering. This included partnership work in communities and across public services. Priority neighbourhoods were a priority and the project team worked closely with Locality leads to identify and engage with key groups in these areas.

3 WHAT CHANGES DID WE MAKE?

3.1 Our change ideas focused on developing, promoting and co-ordinating the availability of volunteering opportunities for people to contribute to improvement in their communities, as well as the wider benefits from this and introducing mechanisms to support and enable communities to feel confident and empowered in engaging in volunteering opportunities knowing that there is a network of support, guidance available to them and being able to capture/promote the benefits they are delivering for their area and share this with others. This has also included raising awareness within the tests of the volunteer hub for the promotion of new opportunities as they arise.

3.2 Several changes have been tested throughout the course of the charter project, namely:
- Identify and promote volunteering opportunities relating to public sector services eg emerging issues requiring multi-agency response
- Build community capacity to respond and support responses to emergencies eg fire, flood through volunteering opportunities

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- Advertise for community connectors on volunteer hub who will be the "connection" between the project and the community,
- Advertise Volunteer Aberdeen hub at local community level. Seeking to raise the number of opportunities by more than 10% from a baseline in 2021 of 437
- Match volunteers to environmental improvement activities

4   HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1   The changes have resulted in improvement. We achieved our aim with an overall increase since December 2021 of 17.4% (437 to 513 – 76 new opportunities in total) in volunteer opportunities on the volunteer hub as a result of consistent promotion of the Hub across media and in contact with groups and volunteers augmenting ACVO's efforts.

Volunteer opportunities on Volunteer Hub

A line chart showing the number of volunteer opportunities rising from 437 in Dec-21 to 513 in Mar-23, with a horizontal median line at approximately 475. Legend: Number (blue), Median (red).
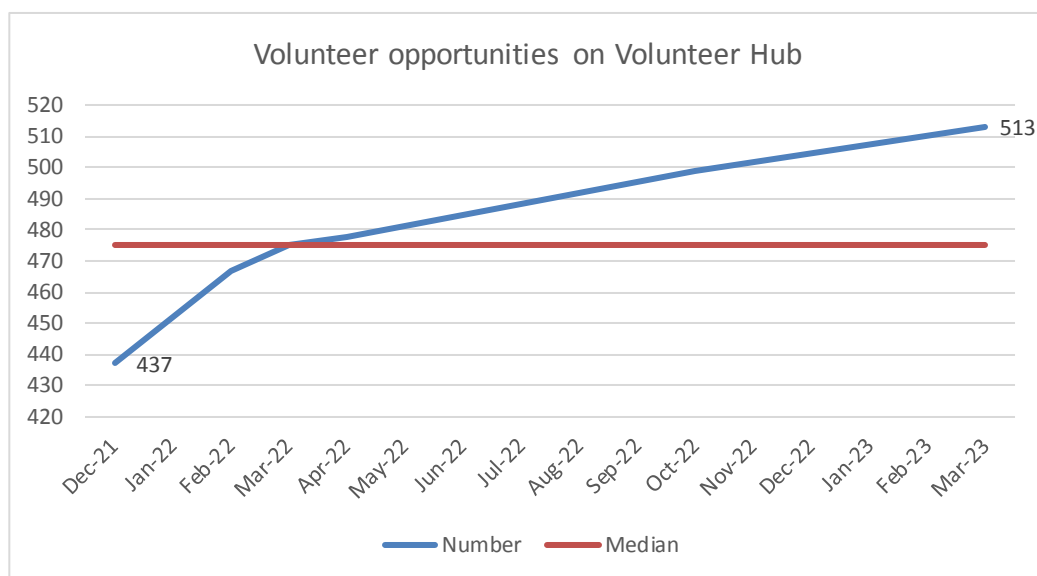
4.2   New opportunities developed included:
- community resilience opportunities in every community across the city
- opportunities to support the resettlement of Ukrainian refugees
- opportunities to support vital activities following the passing of the Queen
- opportunities to support and respond to the cost of living crisis
- opportunity to be become a community connector
- to volunteer across green space
- to set up a volunteer led youth group with support from CLD.

which have resulted in:-
- A new Community Resilience Volunteer Group (CRVG) established and launched in Bridge of Don and Danestone and two new groups in the initial stages of starting CRVGs in Ruthrieston and Midstocket & Rosemount,
- Significant levels of new volunteering around emerging positions such as Ukrainian refugee support and responses to the cost of living crisis.
- An increase of 166% in the number people volunteering across green spaces to 4125, across the city in 21/22

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Identify and promote volunteering opportunities relating to public sector services

4.3 The project agreed to start testing with ACC. We issued a questionnaire within ACC to ask services to identify volunteering opportunities, but also to raise awareness across services that empowering our communities and providing ways to get involved was a requirement of the Community Empowerment Act. Once we had the opportunities, we could then advertise for volunteers and test a system for supporting volunteers identified.

4.4 As a result, volunteer opportunities were identified and promoted on the volunteer hub and now a process is in place and tested with positive outcomes from some of the opportunities described below.

4.5 Opportunities to support Ukrainian welcome and resettlement work was one of the main tests which was done at rapid pace given the circumstances. Opportunities were varied and ranged from collecting donations of food and clothing to preparing properties for Ukrainian tenants and assisting with the pop-up 'Ukrainian Community Centre. Opportunities were advertised in a variety of ways including press, social media, on the volunteering hub and particularly by cascading word of mouth requests through community groups and organisations. More than 100 Volunteers from across the city have contributed more than 2000 hours of volunteer time, up from c200 volunteer hours in April 2022. From this test we learnt the importance of a complete package of:-
- Simple, direct communication of opportunities
- Robust co-ordination of opportunities
- Offering appropriate training, ongoing support and the right tools for the opportunity
- Ensuring the volunteer receives positive feedback and recognition for their effort

4.6 From the learning of the above we were confident that we had a robust system for identifying opportunities, gaining and managing volunteers that could be used in other circumstances.

4.7 More recently volunteer opportunities have been identified and developed to meet the challenges of the 'cost of living crisis' through initiatives such as warm spaces and community-based food provision.

4.8 As with the changes described key factors in success has been engagement with communities to identify opportunities they feel are relevant; publicity and promotion of opportunities including direct contact with people in communities; initial co-ordination by services and ensuring the resources, training and ongoing support are available to enable volunteers to make their contribution. Utilising the single volunteering hub as a mechanism of publicising opportunities has been key.

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Environmental improvement activities.

4.9 This project has clear synergies to other LOIP projects such as 15.1, increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023. To achieve that aim, it required volunteers to be identified and that is the area we focused on.

4.10 Once the opportunities had been identified we tested different promotion routes to ensure reach was as far and wide as possible and that we were raising awareness of the opportunities to run a green space, to help a food growing initiative flourish etc. 4125 people have volunteered across green spaces, across the city in 21/22, an increase of 166% since 2020/21. The increase in volunteers has been vital in helping to care for and invest in local green spaces by enabling a sustainable culture that leads to an increased number of community champions, volunteers and community led green spaces.

4.11 In addition to success in supporting and increasing volunteers and green network, through support to empower communities to establish, take responsibility and run their local green spaces leading to more local engagement and an increase in volunteering and community pride, we also now have community champions who as well as promoting green spaces, are also promoting wider sustainability issues in their communities, for example – arranging litter picks, food growing. Taking, the learning from this test we developed the next change.

Build community capacity to respond and support responses to emergencies.

4.12 Again, synergies with LOIP Improvement Project for "Community led resilience plans in place for areas most vulnerable to flooding by 2023, leading to resilience plans in place across all areas of Aberdeen by 2026"

4.13 Working with the Community Resilience project (13.3) we have sought ways to raise awareness, identify, and develop community champions to support the development of resilience plans across Aberdeen. There is an opportunity for all areas to develop a community resilience group. Promotional material was created and promoted in a variety of ways.

4.14 As a result of the raising awareness and building the capacity of volunteers in relation to this test, we have seen the following achieved as a result of increased opportunities for people to get involved in supporting their community;
- Official Community Resilience Volunteer Groups established in Culter, Bridge of Don, and Cults.
- A new Community Resilience Volunteer Group established and launched Bridge of Don and Danestone December 2022.
- In 2023 there are already two new groups note their interest to start a CRVG, ACC will support the set up and initial plan creation as well as giving support on guidance, training and exercising – The two areas are Ruthrieston and Midstocket & Rosemount.

5

Advertise for community connectors on volunteer hub

4.14 16 community connector volunteers were identified following advertisement on the volunteer hub. Staff from the integrated localities team are working with partners to recruit and support additional community connectors in communities and to continue to advertise and promote the volunteer hub at local level.

5   HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 The data shows that the increase in volunteering opportunities has been sustained with volunteering numbers increasing each month since December 2021.

5.2 The changes implemented have proved successful as evidenced above and will now be embedded with a clear system for identifying and promoting opportunities and scaled up as appropriate.

5.3 We will continue to maximise identification and promotion of opportunities and maintain a strong link between opportunities identified by partners and the volunteering hub.

5.4 The new Community Empowerment Strategy has 7 improvement aims focussed on increasing community empowerment, empowering communities to get involved in all LOIP projects is a key aspect of that.

6   HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1 Should it be agreed that the project is ended, the data recorded will continue to be monitored and reported from the volunteer hub and the continuation of initiatives linked to the change ideas taken forward to ensure that performance continues.

6.2 The data will also be recorded will also continue to be monitored and reported to the Resilient, Included and Supported Group, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7   OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 With the current cost of living crisis, demand, and requirement for community based support has increased, as has the desire for communities to contribute through volunteering. To meet this demand, the increase of volunteering opportunities will continue to be encouraged and further development out in the community will strengthen the support that beneficiaries receive.

7.2 There is opportunity for all Partners and LOIP projects to consider the opportunities for involvement in relation to their services, multi-agency projects and to use the volunteering hub for promoting ways to get involved to ensure that a co-ordinated approach is taken and to ensure no duplication.

6

Recommendations for Action

It is recommended that the CPA Management Group:

i) Agree to recommend to the CPA Board on 19 April 2023 that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved and the changes tested will continue;
ii) Note the opportunities for scale and spread; and
iii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored

Opportunities and Risks

- Getting the timing right for encouraging community involvement.
- Slow uptake or lack of interest from communities.
- Securing community and volunteer attendance / participation in the process
- Aligning the aims and contributions of different project partners.
- Getting the right skills in place to support projects.
- Funding for specific projects.
- Not being able to monitor project and to record data and results

Consultation

Project Team
Resilient, Included and Supported OIG

Background Papers

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

Aberdeen City Council Local Outcome Improvement Plan
Charter 11.2 Maximising Volunteering Opportunities (Revised 2021)

Contact details:

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Community Planning Aberdeen

Progress Report	Community Empowerment Update and Draft Project Charters
Lead Officer	Michelle Crombie, Chair of CPA Community Empowerment Group and Community Planning Manager, ACC
Report Author	Michelle Crombie
Date of Report	14 March 2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report provides an update following the launch of the new Community Empowerment Strategy 2023-26 published by Community Planning Aberdeen in November 2022. It presents the draft charters for the seven community empowerment improvement projects identified under new Stretch Outcome 16 within the strategy. It also provides and update on the communications plans to launch the strategy and developments taking place with locality planning.

Summary of Key Information

1.   BACKGROUND

1.1   The Community Empowerment Strategy was published by Community Planning Aberdeen in November 2022 to complement and support the Aberdeen City Local Outcome Improvement Plan (LOIP). To achieve the vision set out in the LOIP for Aberdeen to be 'a place where all people can prosper', we need an active and inclusive citizenship where all people have a voice and ability to influence what happens to them and their community. The ambition of the Community Empowerment Strategy is for all communities across Aberdeen to be equal community planning partners in realising this vision. It acknowledges the power inequalities that exist across the City and makes a commitment to understand and address these in taking forward this strategy.

1.2   The strategy defines what improvement in community empowerment will look like by 2026 by introducing a new 16th Stretch Outcome which adds to the 15 stretch outcomes within the Local Outcome Improvement Plan. Stretch Outcome 16 aims to achieve a 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026.

1.3   The Community Empowerment Group is responsible for leading the achievement of the stretch outcome through the delivery of the seven improvement project aims set out within the strategy. This report presents the draft charters for the seven improvement projects as well as an update against the communications plan to launch the strategy and developments taking place with locality planning.

2 COMMUNITY EMPOWERMENT IMPROVEMENT PROJECTS

2.1 Underpinning Stretch Outcome 16 are seven improvement project aims. These are the projects that the Community Empowerment Group has prioritised to achieve the overall stretch outcome. These include:

Project 16.1 City Voice
Increase the rate and representativeness of the response to Aberdeen City Voice to 63% by 2024

Project 16.2 Child Rights
100% of decisions which impact on children and young people are informed by them by 2026

Project 16.3 Testing Community Ideas
Increase no. of community ideas identified within locality plans being tested by CPA and partners where communities are involved in the design process to at least 50% by 2024

Project 16.4 Community Involvement
Increase no. and diversity of community members participating in community planning at a meaningful level (Rung 5 and above) by 100% by 2024.

Project 16.5 Community Funding
70% of community led organisations feeling supported by partners to access funding for community led initiatives by 2025

Project 16.6 Celebrating Communities
Increase awareness of community led projects across the City and help celebrate and promote at least 70% of known community led projects by 2024

Project 16.7 Capacity Building
Increase the no. of people (staff and communities) who state that they have the skills, tools and support they need to work together to make improvements in the community to 50% by 2025

2.2 See Appendix 1 for draft project charters for these projects.

3 UPDATE ON COMMUNICATIONS PLAN

3.1 A soft launch of the Community Empowerment Strategy was undertaken in December which involved publication of the strategy on the Community Planning Aberdeen website, promotion and awareness raising through email, website, social media and local press. There has also been a recruitment campaign to encourage staff and communities to get involved in the seven community empowerment improvement projects as well as planning for the Community Conference which will take place on 13 May.

3.2 At the beginning of the year the Community Empowerment Group started making visits to community groups as part of the Community Empowerment Network Road Show. This will continue throughout the year as part of ongoing efforts to work more closely with communities.

3.3 In partnership with SCDC, we have been offering free training sessions for community members and partnership staff on what good community engagement looks like using the national standards for community engagement. Partner staff and LOIP improvement project teams are being encouraged to attend this training to strengthen their engagement with community members. The development of the online tools and resources webpage for communities has been paused due to issues with the Community Planning Website. We are currently exploring options with partners for taking this forward.

4 LOCALITY PLANNING DEVELOPMENTS

4.1 In November 2022 the Community Empowerment Group flagged up an issue as high risk within the CPA Improvement Programme Quarterly Report. Resource issues in relation to the Integrated Locality Planning Team which was formed between ACC and the ACHSCP in December 2020 was having a negative impact on engagement with communities. At that point the Locality Empowerment Groups established in the North, South and Central areas of the city had not met for over a year.

4.2 Changes to the Integrated Locality Planning Team have since been made with a new structure forming at the beginning of February 2023.

City Wide

Michelle Crombie Corporate Strategy & Community Planning Manager

Alison Macleod Strategy & Transformation Lead

Jenna Bissette, Community Development Worker

Jade Leyden, Community Development Manager

Iain Robertson, Transformation Programme Manager

North

Kev Donald, Community Development Officer

Lauren Mackie, Public Health Coordinator

South

Teresa Dufficy, Community Development Officer

Katie Cunningham, Public Health Coordinator

Central

Graham Donald, Community Development Officer

Chris Smillie, Public Health Coordinator

4.3 The new integrated team is currently undertaking a rationalisation exercise of the community ideas captured within the North, South and Central Locality Plans. These will be presented to local communities as part of an easy read version of the locality plans. They will be used to re-new community interest in Locality Planning and getting involved through their local community group or by joining a Locality Empowerment Group or Priority Neighbourhood Partnerships. The Priority Neighbourhood Partnerships have continued to meet since 2017 but will benefit from a refocus and new members. A re-launch of Locality Empowerment Groups is planned for April/ May 23.

5 NEXT STEPS

5.1 Progress against the community empowerment improvement projects will be reported via the overall CPA Improvement Programme Quarterly Update Report. The CPA Management Group is asked to note next steps.

Initiation of Community Empowerment Projects	April 23
Community Group Roadshow	Jan-Apr 23
Community Conference	13 May 23
Re-launch of Locality Empowerment Groups	May 23
Quarterly Improvement Project Reporting	Jun 23
Annual Outcome Improvement Report and Locality Reports	Sep 23

Recommendations for Action

It is recommended that the Management Group:

i)   Approve the improvement project charters for submission to the CPA Board on 19 April 2023, subject to final amendments;
ii)   Note the update on the communication plan to the launch the strategy;
iii) Note the update on developments with locality planning; and
iv)   Invite representatives of the Community Empowerment Group to attend a future meeting of partner senior management teams to raise awareness of the strategy and duties on partners.

Opportunities and Risks

This Community Empowerment Strategy complements and supports the delivery of the Local Outcome Improvement Plan 2016-26 and the 15 stretch outcomes set out within. The Community Empowerment Scotland Act 2015 makes Community Planning Partnerships a legal requirement and requires them to involve community organisations at all stages of community planning. The strategy aims to revitalise wider and more meaningful community participation in Community Planning Aberdeen's improvement activities and bring new voices and ideas to achieve our shared ambitions for improvement.

Consultation

Dave Black, GREC
Margaret Stewart, ACC
Allison Swanson, ACC
Jade Leyden, ACC
Iain Robertson, ACHSCP
Murray Dawson, SHMU
Maggie Hepburn, ACVO
Elaine McConnachie, NHSG
Community Empowerment Group
CPA Management Group

Background Papers

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

Draft Community Empowerment Strategy, Community Planning Aberdeen Board, 30 November 2022

Community Empowerment Strategy

Contact details:

Michelle Cochlan
Chair of Community Empowerment Group
Community Planning Manager
Aberdeen City Council
mcochlan@aberdeencity.gov.uk

APPENDIX 1   Community Empowerment Project Charters QA

Reviewed By: Michelle Crombie, 13 March 2023

QA Checklist	16.1 City Voice	16.2 Child Rights	16.3 Testing Community Ideas	16.4 Community Involvement	16.5 Community Funding	16.6 Celebrating Communities	16.7 Capacity Building
PM has undertaken MFI Bootcamp?	Yes	Yes	Yes	Yes	Yes	Booked for March 23	Yes
1. Is the project aim consistent with aim in the Community Empowerment Strategy?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Is there a sound business case explaining why the project is important?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Is it likely that the changes being tested will achieve the aim?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Will the measures demonstrate whether a change is an improvement?	Yes	Yes	Yes	Yes	Partly	Yes	Partly
6. Is a location/Test Group identified?	Yes	Yes	Yes	Yes	Partly	Yes	Yes
7. Additional resources needed have been considered?	Yes	Yes	Yes	Yes	Partly	Yes	Yes
8. Is there a mix of partners involved in the project?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Clear outline project plan?	Yes	Yes	Yes	Yes	Partly	Yes	Partly
10. Ready for submission to CPA Board?	Yes	Yes	Yes	Yes	Partly	Yes	Partly

Community Empowerment Strategy

Improvement Project

Charters

Contents

16.1 City Voice (April 2023)

Improvement Project Title
City Voice
Executive Sponsor
Michelle Crombie, Chair of Community Empowerment Group
Project Lead
Dave Black, General Manager, Grampian Regional Equality Council (GREC), dblack@grec.co.uk
Aim Statement
Increase the rate and representativeness of the response to Aberdeen City Voice to 63% by 2024.
Link to Community Empowerment Strategy
Stretch Outcome 16. 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026
Why is this important and issues with the current system
City Voice is the name of Aberdeen City's Citizens Panel which is a dedicated group of people who sign up to take part in regular surveys. The panel is a key source of information about how well the Community Planning Partnership is doing to improve outcomes for people and communities across the City. City Voice has informed a number of important partnership documents including the Population Needs Assessment, Local Outcome Improvement Plan, Locality Plans and Regional Transport Strategy. In 2022 the Community Empowerment Group conducted a review of City Voice to ensure it is a useful and robust source of data and feedback from the public. The findings of the review concluded that City Voice continues to have place in the wider community empowerment strategy for Community Planning Aberdeen and individual partner organisations.   However, if data from City Voice is going to be used to inform strategy, policy and improvement, the panel responding to the questions needs to be representative of the City. The review of City Voice highlighted significant under-representation of younger people, people from minority ethnic communities and people living in more deprived areas of the City (based on the Scottish Index of Multiple Deprivation). Community Planning Aberdeen's recently published Community Empowerment Strategy highlights the various reasons why certain groups, often due to marginalisation, discrimination and power inequalities, will be less likely to be benefit from an approach that treats everyone the same. Instead, we have a responsibility to reach out to the groups that are under-represented, understand the barriers they are facing, and work together to address them where possible. The review also highlighted a need for changes to be made to increase the survey response rate which has declined in recent years to 31%.

Measures

Outcome Measures

- % of City Voice panel members responding to surveys – Baseline: 31% (2022)
- % of demographic categories that are representative of the Aberdeen City population (based on 22 categories from 5 population groups) – Baseline: 41% (9 out of 22 groups) (2022)

Process Measures

- No. of people recruited from target groups – Baseline: 16-24 years = 0; SIMD 1&2 = 124; Ethnic minority groups (not Scottish or other British) = 48 (2022)
- % of surveys which take under 15 minutes to complete – Baseline: 0 (2022)
- No. of surveys conducted per year – Baseline: 1 (2022)
- No. of days between survey close and reporting of results – Baseline: 155 days (2022)

Change ideas

- Refresh the City Voice panel every 3-5 years
- Attendance at relevant community events to actively recruit under-represented groups
- Promotional posters/QR codes in relevant localities
- Pilot a partnership with a school to include senior pupils
- Hold a workshop with relevant partners/groups to identify further outreach, recruitment ideas
- Registered email addresses to validate respondents as panellists
- Shorter surveys which take no longer than 15 minutes to complete
- Develop a forward planner for the year to identify number of surveys needed for questions received
- Introduce a user panel to help develop good surveys
- Regular communication and issue reminders to encourage responses
- Prize draw incentives to encourage participation
- Quicker turnaround on reporting of results of last survey
- Modern communications strategy
- Translation service for City Voice

Location/Test Group

Ongoing recruitment to the panel will be targeted at currently underrepresented groups: 16-24 year olds, ethnic minority groups and SIMD quintiles 1 and 2 (most deprived communities).

Resources

The changes within this charter will require significant additional staff time. It will be important to consider throughout the project the impact on staff resources, particularly the Research Officer responsible for City Voice to ensure the investment is proportionate to outcome achieved. Testing of prize draw incentives and translation services will be managed within current budget constraints. However, longer term finance would need to be considered if testing proved successful and recommended for permanent implementation.

Potential risks and/or barriers to success & actions to address these

There is a risk that encouraging digital participation in City Voice could exclude certain groups. To mitigate this, panel refresh exercises will continue to be conducted by letter and panel members will continue to have the opportunity to receive a paper copy of surveys. There is a risk that by continuing to offer a paper copy of surveys there is a limit to how much we can reduce the production time of each survey which would impact on how many surveys we can run in a year.

Project Team

Dave Black, Project Manager
Anne McAteer, Research Officer/ City Voice Coordinator
███████████████████████████████ (Community Member's permission to publish TBC)
On-going engagement with the Equalities Participation Network
One-off workshop with relevant partners and groups to identify further outreach ideas

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	• Completion of City Voice Review • Identification of recommendations for improvement	March 2022 March 2022
Designing and Testing Changes (Project Score 4-7)	• Conclude panel refresh • Design further changes to be tested • Commence testing of changes	Dec 2022 February 2023 February 2023
Implementation (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	January 2024
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	From January 2024

16.2 Child Rights (April 2023)

Improvement Project Title Child Rights
Executive Sponsor Michelle Crombie, Chair of Community Empowerment Group Eleanor Shepperd, Chair of Children's Services Board
Project Lead Margaret Stewart, Service Manager – Libraries and Community Learning, Aberdeen City Council mstewart@aberdeencity.gov.uk
Aim Statement 100% of decisions which impact on children and young people are informed by them by 2026
Link to Community Empowerment Strategy Stretch Outcome 16. 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026
Why is this important and issues with the current system Children are active citizens with an important contribution to make to their families, schools, communities and nation. They have the right to express their views in all matters affecting them and for their views to be heard and given due weight in accordance with the child's age and maturity. Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) sets out the right of children and young people to express an opinion and to have their opinion taken into account when decisions are being made on any matter that affects them. It recognises the potential of children to enrich decision-making processes, to share perspectives and to participate as citizens and facilitators of change. The aim of this project is to ensure that children and young people have the opportunity to participate in decisions being made by Community Planning Aberdeen and partner organisations which affect them. The project recognises that one method of engagement will not be suitable for all children and young people and the changes being tested aim to ensure that all children and young people across the city, regardless of their circumstances, will have the opportunity to their say in all matters which affect them in advance of a decision being made by the CPA Board. Collaboration with our young people and partners will be key to ensuring we have accessible opportunities for all groups. Percentage of reports to CPA Board seeking a decision which impacts on children and and young people that involved them Feb-22: 36% Apr-22: 70% Jul-22: 25% Sep-22: 40%
Measures Outcome Measures • % of decisions made by Community Planning Aberdeen which are informed by children and young people – Baseline: 43% (2022 average) Process Measures • No. of children & young people participating in the range of opportunities available (broken down by engagement mechanism and protected characteristics) – Baseline: x (2022) • % of LOIP Project Managers that state they are confident in using and aware of approaches for engaging with children and young people – Baseline: x (2023) • No. of hits on children and young people online toolkit – Baseline: x (2022) • No. of children and young people that feel listened to • No. of children and young people that receive feedback on their involvement • No. of children and young people understand how their input has influenced decisions

Change Ideas

- Use community conference to test consultation and engagement approaches with children and young people
- Recruitment drive to involve children and young people in new and existing opportunities to participate
- Develop a forward planner of engagement activity for the year to promote and embed innovative communication and consultation with children and young people
- Co-design with children & young people, a wider range of opportunities for children and young people across the city to have their say
- Digital toolkit informed by children and young people for use by staff and communities (Children's user panel, use of jam boards, gamification, children and young people interviews)
- Toolkit training for staff and communities
- Modern communications strategy to promote opportunities, and provide a feedback loop
- Promote 'right about principals' across Partnership staff

Location/Test Group

Aberdeen Youth Movement (formerly Aberdeen Youth Council)

Resources

There is potential for a hackathon approach to developing an App for children and young people. This would require the identification of additional resources.

Potential risks and/or barriers to success & actions to address these

- Over reliance on electronic surveys which do little to motivate children will be overcome by developing a menu of more varied approaches informed by how children and young people want to be communicated
- Not reviewing learning from our children and young people routinely at the sub groups and associated Children's Services Board will be mitigated by setting a regular agenda item on all meeting agendas
- Participation from children and young people who are harder to reach – participation will be broken down by protected characteristics to ensure awareness of children and young people who are not engaging and to ensure further ways to engage for such groups be explored.

Project Team

Margaret Stewart, ACC, Project Manager
Graeme Dale, Sport Aberdeen – Representative of Children's Services Board
Rachel Thompson, ACHSCP
Alison Black, ACC Creative Learning
Carol Doig, ACC Libraries
Brian Webb, ACC Youth Work
Jenna Bissette, Community Development Worker
Aberdeen Youth Movement
Granite City Speaks

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	• Project team established • Development of project charter	March 2022 March 2022
Designing and Testing Changes (Project Score 4-7)	• Design changes to be tested • Commence testing	April 2023
Implementation (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	March 2024
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	From March 2024

16.3 Testing Community Ideas (April 2023)

Improvement Project Title Testing Community Ideas
Executive Sponsor Michelle Crombie, Chair of Community Empowerment Group
Project Lead Allison Swanson, Improvement Programme Manager
Aim Statement Increase no. of community ideas identified within locality plans being tested by CPA and partners where communities are involved in the design process to at least 50% by 2024.
Link to Community Empowerment Strategy Stretch Outcome 16. 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026
Why is this important and issues with the current system The Aberdeen City Local Outcome Improvement Plan (LOIP) is underpinned by three locality plans for the North, South and Central areas of the City. The plans were developed with community members involved in the Locality Empowerment Groups and Priority Neighbourhood Partnerships. The Locality Plans capture community ideas for improvement and show the alignment of these ideas to improvement projects being taken forward as part of the LOIP. Project teams leading on these projects have been asked to work with community members to explore, develop and test these ideas as part of their projects. This is essential to ensure staff and communities are listening to each other, taking on board each other's ideas and working together to make changes which result in improvement. Percentage of community ideas being tested (Nov 2022) However, to date only 45% of the community ideas have or are being tested as part of the LOIP projects and only 20% are being tested with the involvement and participation of community members. A key issue is the lack of a mechanism, process or guidelines to support the collaboration between community member and LOIP project team. Confidence and skills of both staff and community members to work together is also recognised to be an issue. Current reporting against the LOIP projects provides little information on how community ideas are being taken forward and what impact they are having on communities. This poses a significant risk to the Community Planning Partnership in terms of being able to demonstrate it is delivering its duties with regard to locality planning under the Community Empowerment (Scotland) Act 2015.
Measures Outcome Measures • % of community ideas being tested – Baseline: 45% overall (2022) • % of community ideas being tested with communities – Baseline 20% overall (2022) • No. of community ideas being tested with communities independent of locality plans – Baseline: TBC (2022) Process Measures • % of LOIP Project Managers that state they are confident in using and aware of approaches for engaging communities – Baseline: x (2023) • % of LOIP project teams where a team member has completed community engagement training – Baseline: x% (2023) • % of LOIP project teams which report back to communities on progress being made to take forward their ideas – Baseline: 20% (2022) • % of LOIP project teams which report back to CPP on progress being made to take forward their ideas – Baseline: 20% (2022)

- No. of community members/connectors engaging with improvement projects both through, and independent of the LEG/PNPs – Baseline: 26 (2022)

Change Ideas
- Community engagement training for managers, project leads and frontline staff
- Engagement Toolkit/webpages providing guidance for staff, beyond the training, on ways to engage and factors to consider for engaging with specific groups e.g. through a trauma informed lens
- Directory of third sector/community organisations/groups by locality/specialist area who could be contacted to support testing with specific groups
- Forward schedule of engagement exercises and webpage for responses to be available
- Mechanism for reporting to the Community Planning Partnership on progress made with testing community ideas (from Locality Plans and ideas independent of those)
- Process which reports back to communities on progress being made with testing community ideas (from Locality Plans and ideas independent of those) – test range of modern communications to raise awareness of work ongoing with communities e.g. specific webpage, social media, newsletter
- Induction process/ support package for LEG/ PNP members and all community connectors
- Promotion of opportunities to get involved in projects through different mechanisms

Location/Test Group
This project aims to achieve an increase across all localities. However, it is noted that engagement with the South Locality is currently lowest at on 8% of community ideas being tested with community members.

Resources
No additional resources required at this time.

Potential risks and/or barriers to success & actions to address these
The current Locality Plans are currently being reviewed to rationalise the number of community ideas contained within them. The rationalised list of community ideas will be clear, specific and tangible change ideas which will support greater collaboration on taking these forward. This process is being undertaken by the new Integrated Locality Planning Team which formed in February 2023.

Project Team
Allison Swanson, ACC, Project Manager
Charlotte Saunders, Aberdeen Prospers Lead Contact
Jacqui Bell, NHSG, Sustainable City Group Lead Contact
Chris Parker, ACC, Community Justice Group Lead Contact
Jade Leyden, ACC, Integrated Locality Planning Team Co-Lead
Iain Robertson, ACHSCP, Integrated Locality Planning Team Co-Lead
Kelly Wiltshire, NESTRANS, LOIP Project Manager
Lucy Simpson, ACC, LOIP Project Manager
Engagement with Locality Empowerment Groups, Priority Neighbourhood Partnerships, Community Connectors

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	• Project team established • Development of project charter • Rationalisation of Locality Plan community ideas	March 2022 March 2022 March 2022
Designing and Testing Changes (Project Score 4-7)	• Design changes to be tested • Commence testing	April 2023 May 2023
Implementation (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	July 2024
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	Aug 2024

16.4 Community Involvement (April 2023)

Improvement Project Title Community Involvement in Community Planning
Executive Sponsor Michelle Crombie, Chair of Community Empowerment Group Alison Macleod, Chair of ACHSCP Strategic Planning Group
Project Lead Jade Leyden, Community Development Manager Iain Robertson, Transformation Programme Manager - Communities
Aim Statement Increase no. and diversity of community members participating in community planning at a meaningful level (Rung 5 and above on ladder of community empowerment) by 100% by 2024.
Link to Community Empowerment Strategy Stretch Outcome 16. 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026
Why is this important and issues with the current system The ladder of empowerment is used to represent the interactions between Community Planning partners and people. The top rung of the ladder represents self-determination, where activities and decisions are made independently by people in their communities. The further down the ladder, the less involvement and influence the community has. It is important to recognise that all rungs can be appropriate depending on the context. However, this project will focus on the upper rungs of the ladder, in particular the co-design and co-production of Locality Plans. The North, South and Central Locality Plans underpin the city wide Local Outcome Improvement Plan to ensure improved outcomes for all communities across the City. The key mechanisms for involving communities in the co-design and co-production of Locality Plans are currently Locality Empowerment Groups and Priority Neighbourhood Partnerships. However, community engagement with these groups has declined since the pandemic which disrupted how these groups operate, particularly the Locality Empowerment Groups which have not met since December 2021. Without this infrastructure in place there is a lack of input from communities on how the ideas within the locality plans are taken forward to improve outcomes for local people and the City as a whole. This project will test changes to improve how we co-design and co-produce locality plans with communities through the Locality Empowerment Groups, Priority Neighbourhood Partnerships and other ways. Number of community members participating in community planning (Nov 22) Total 3612 Citizens Simulator 2642 Fairer Aberdeen Participatory Budgeting 28 Fairer Aberdeen Board 9 Community Connector 26 Community Empowerment Network 64 City Voice Panelist 765 Priority Neighbourhood Partnership 19 Locality Empowerment Group member 59 Percentage of community ideas being tested (Nov 2022) Total 45% / 20% North Locality 45% / 18% South Locality 54% / 8% Central Locality 36% / 32% communities involved in design process

Measures

Outcome Measures

- No. of community members participating in community planning at rung 5 or above on the ladder of community empowerment – Baseline: 196 (Rungs 5-8, Nov 2022):
  Level 6. Co-designing: 78 (PNPs and LEGs). Level 7. Co-producing: 26 (Community Connectors)

Process Measures

- No. of PNP meetings taken place – Baseline average: x5 (2022)
- No. Of LEG meetings taken place – Baseline: 1 (2021)
- No. of people attending LEG meetings – Baseline average (2021)

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- No. of people attending PNP meetings – Baseline average 12 (2022)
- No. Of community reps attending PNP meetings – Baseline average 3 (2022)
- No. of community connectors engaging with improvement projects – Baseline: 26 (2022)
- Feedback score from communities engaged in locality planning – Baseline: TBC
- % of LEG and PNP members completing community engagement training – Baseline: x (2022)
- % of community ideas being tested – Baseline: 45% overall (2022)
- % of community ideas being tested with communities – Baseline: 20% overall (2022)

Change Ideas

- Relaunch of North, South and Central Locality Empowerment Group
- Recruitment Drive for members of LEGs and Priority Neighbourhood Partnerships
- Create community videos
- Create community webpages
- Induction and support package for LEG and PNP members
- Develop a clear community connector process
- Community engagement training for managers, project leads and frontline staff
- Develop a holistic process to report back testing community ideas with both communities and the Community Planning Partnership

Location/Test Group

Initial testing will focus on Level 6 and 7 and how communities are involved in locality planning.

Resources

This project will be taken forward by the new Integrated Locality Planning Team between Aberdeen City Council and Health and Social Care Partnership.

Potential risks and/or barriers to success & actions to address these

The Locality Empowerment Groups have not met since the end of December 2021. There is a risk that we do not re-engage the original members engaged at the point of developing the Locality Plans. A new Integrated Locality Planning Team has formed in February 2023 and will be responsible for getting the Locality Empowerment Groups up and running again, as well as making other improvements to locality planning. This includes the rationalisation of the community ideas in the locality plans and the preparation of an easy read version of the locality plans for communities. This will provide a fresh starting point for all Locality Empowerment Group members, whether continuing or new.

Project Team

Jade Leyden, ACC, Project Manager
Iain Robertson, ACHSCP, Project Manager
Carol Hannaford, ACC, Tenant Participation Officer
Murray Dawson, SHMU, Chief Executive
Bob Farthing, Community Member, South
Community Member, North and Central

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	• Project team established • Development of project charter • Rationalisation of Locality Plan community ideas	March 2022 March 2022 March 2022
Designing and Testing Changes (Project Score 4-7)	• Design changes to be tested • Commence testing	April 2023
Implementation (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	September 2024
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	From September 2024

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16.5 Community Funding (April 2023)

Improvement Project Title Community Funding
Executive Sponsor Michelle Crombie, Chair of Community Empowerment Group
Project Lead Maggie Hepburn, Chief Executive, ACVO
Aim Statement 70% of community led organisations feeling supported by partners to access funding for community led initiatives by 2025.
Link to Community Empowerment Strategy Stretch Outcome 16. 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026
Why is this important and issues with the current system Community empowerment is when individuals come together and work together as a local community to take action and drive improvements in their local area. This benefits the individual and the community because it creates strong social relationships and builds collective power. We are extremely fortunate in Aberdeen to have so many community groups being led by local people, serving those on their doorsteps and making a vital contribution to their city. The work they do is invaluable and complements the work of Community Planning partners. Increasing awareness, celebrating and promoting community led projects and activity has benefits for partner organisations and communities alike. It helps identify opportunities for public services and communities working better together. It helps avoid duplication of effort and activity between public services, third sector organisations and community groups. It inspires new groups to form when they see what others have been able to achieve and when they recognise a gap in their area. It recognises the valued contribution of community groups and encourages them to continue and grow. Number of community led projects celebrated and promoted by CPA (2021/22) Locality Plan Annual Report — 27 Fairer Aberdeen Fund Annual Report — 28 Locality Plan Annual Reports and the Fairer Aberdeen Fund Annual Report are currently the Community Planning Partnership's main ways of sharing how community groups are contributing to the work of Community Planning Aberdeen, however it is recognised that the Community Planning Partnership only tends to be aware of initiatives that report through its formal processes. This project will make this important work more visible to the Community Planning Partnership and other key audiences. It will build on existing initiatives which celebrate and promote the work of community groups and community led projects throughout the city, such as the Celebrate Aberdeen Parade and Awards, and SHMU's community media platforms.
Measures Outcome Measures • Increase the number of community-led projects celebrated and promoted by Community Planning Aberdeen – Baseline: 55 (2022) • Increase the percentage of community-led organisations involved in celebrating their work - Baseline TBC Process Measures • Identification of key audiences • No. of community led projects engaging with Community websites • No. of community led projects sharing information with CPA – Baseline: 55 (2022) • No. of community led projects involved in Celebrate Aberdeen parade

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- Communications Strategy designed and priority actions implemented
- No. of coordinated campaigns undertaken as part of the Communications Strategy
- No. of community organisations taking part in CPA Community Conference

Change Ideas

- Create new pages on CPA website to celebrate and promote community-led projects, sharing best practice and recognising the work of community partners.
- Work with community organisations and volunteers to develop community websites for the priority areas.
- Establish a community-led Communications Strategy and Working Group to coordinate and promote key messages and celebrate work taking place across the city.
- Coordinate a series of community-led campaigns, highlighting thematic work taking place across the city.
- Celebrate the diversity of work taking place in the community at a CPA Community Conference
- Consider the feasibility of establishing an annual Award Ceremony which celebrates the impact of community-led initiatives across the city.

Location/Test Group

This project aims to achieve an increase across all localities; however, it is expected that there will be a focus on organisations working in the priority areas.

Resources

The changes within this charter will require dedicated staff time to undertake existing baselines, establishing the communication strategy and working group, and to deliver campaigns and events. It is anticipated that community organisations will support this initiative in-kind, however resources will need to be found to undertake baseline research and to support events.

Potential risks and/or barriers to success & actions to address these

There may be a lack of capacity to engage in the process - especially in relation to smaller, community led organisations where staffing is minimal. It is hoped that larger community organisations may take on some of the key tasks, however resources may have to be found to undertake some of the baseline evaluation and events management.

Project Team

Murray Dawson, shmu, Project Manager
Charlotte Saunders, ACC, Aberdeen Prospers Lead Contact
ACVO representative (TBC)
Carol Hannaford, ACC, Tenant Participation Officer
Susan Thoms, Fairer Aberdeen Fund (TBC)
Lucy Stroud, shmu, Communications Officer
Third Sector Community Organisation reps (TBC)

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	• Project team established • Development of Project Charter	March 2023 March 2023
Designing and Testing Changes (Project Score 4-7)	• Design changes to be tested • Identification of key audiences • Commence testing	April 2023 May 2023 May 2023
Implementation (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	March 2024 March 2024
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	From March 2024

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16.6 Celebrating Communities (April 2023)

Improvement Project Title Celebrating Communities
Executive Sponsor Michelle Crombie, Chair of Community Empowerment Group
Project Lead Murray Dawson, Chief Executive, Station House Media Unit (SHMU)
Aim Statement Increase awareness of community led projects across the City and help celebrate and promote at least 70% of known community led projects by 2024.
Link to Community Empowerment Strategy Stretch Outcome 16. 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026
Why is this important and issues with the current system Community empowerment is when individuals come together and work together as a local community to take action and drive improvements in their local area. This benefits the individual and the community because it creates strong social relationships and builds collective power. We are extremely fortunate in Aberdeen to have so many community groups being led by local people, serving those on their doorsteps and making a vital contribution to their City. The work they do is invaluable and complements the work of Community Planning partners. Increasing awareness, celebrating and promoting community led projects and activity has benefits for partner organisations and communities alike. It helps identify opportunities for public services and communities working better together. It helps avoid duplication of effort and activity between public services, third sector organisations and community groups. It inspires new groups to form when they see what others have been able to achieve and when they recognise a gap in their area. It recognises the valued contribution of community groups and encourages them to continue and grow. Number of community led projects celebrated and promoted by CPA (2021/22) Locality Plan Annual Report — 27 Fairer Aberdeen Fund Annual Report — 28 Locality Plan Annual Reports and the Fairer Aberdeen Fund Annual Report are currently the Community Planning Partnership's main ways of sharing how community groups are contributing to the work of Community Planning Aberdeen.
Measures Outcome Measures • Number of community led projects celebrated and promoted by Community Planning Aberdeen – Baseline: 55 (2022) • Increase the percentage of community-led organisations involved in celebrating their work - Baseline TBC Process Measures • No. of community led projects engaging with Community websites • No. of community led projects sharing information with CPA – Baseline: 55 (2022) • No. of community led projects involved in Celebrate Aberdeen parade • Communications Strategy designed and priority actions implemented • No. of coordinated campaigns undertaken as part of the Communications Strategy • No. of community organisations taking part in CPA Community Conference

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Change Ideas
- Create new pages on CPA website to celebrate and promote community-led projects, sharing best practice and recognising the work of community partners.
- Work with community organisations and volunteers to develop community websites for the priority areas.
- Establish a community-led Communications Strategy and Working Group to coordinate and promote key messages and celebrate work taking place across the city.
- Coordinate a series of community-led campaigns, highlighting thematic work taking place across the city.
- Celebrate the diversity of work taking place in the community at a CPA Community Conference
- Consider the feasibility of establishing an annual Award Ceremony which celebrates the impact of community-led initiatives across the city.

Location/Test Group
This project aims to achieve an increase across all localities; however, it is expected that there will be a focus on organisations working in the priority areas.

Resources
The changes within this charter will require dedicated staff time to undertake existing baselines, establishing the communication strategy and working group, and to deliver campaigns and events. It is anticipated that community organisations will support this initiative in-kind, however resources will need to be found to undertake baseline research and to support events.

Potential risks and/or barriers to success & actions to address these
There may be a lack of capacity to engage in the process - especially in relation to smaller, community led organisations where staffing is minimal. It is hoped that larger community organisations may take on some of the key tasks, however resources may have to be found to undertake some of the baseline evaluation and events management.

Project Team
Murray Dawson, shmu, Project Manager
Charlotte Saunders, ACC, Aberdeen Prospers Lead Contact
ACVO representative (TBC)
Carol Hannaford, ACC, Tenant Participation Officer
Susan Thoms, Fairer Aberdeen Fund (TBC)
Lucy Stroud, shmu, Communications Officer
Third Sector Community Organisation reps (TBC)

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	• Project team established • Development of project charter	March 2023 March 2023
Designing and Testing Changes (Project Score 4-7)	• Design changes to be tested • Commence testing	April 2023 May 2023 May 2023
Implementation (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	March 2024 March 2024
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	From March 2024

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16.7 Capacity Building (April 2023)

Improvement Project Title Community Involvement in Community Planning
Executive Sponsor Michelle Crombie, Chair of Community Empowerment Group
Project Lead Elaine McConnachie, NHS Grampian
Aim Statement Increase the no. of people (staff and communities) who state that they have the skills, tools and support they need to work together to make improvements in the community to 50% by 2025
Link to Community Empowerment Strategy Stretch Outcome 16. 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026
Why is this important and issues with the current system Collaboration between Community Planning partners and communities can lead to new solutions. However, negative experiences in the past as well as a lack of experience and confidence in how to work together can be a major barrier to collaboration for staff and communities. This project aims to build the capacity of a wide range of individuals to work with each other by improving their knowledge and access to different methods, tools and resources. At the moment there is no one place that staff and communities can go to for help and support to select the most appropriate and meaningful collaboration methods and processes to use; or to access advice on overcoming the obstacles. During the review of locality planning in 2020, 84% of respondents to the locality planning survey agreed there was a need for a community empowerment toolkit and that this should be co-produced with communities. Percentage of respondents to locality planning survey agreeing that an empowerment toolkit should be co-produced with communities (Nov 20) Don't know — 8% No — 27 Yes — 84%
Measures Outcome Measures • No. of community members who state they have the skills, tools and support to work together to make improvements in their community – Baseline: TBC • No. of staff members who state they have the skills, tools and support to work together to make improvements in their community – Baseline: TBC Process Measures TBC
Change Ideas • Digital Toolkit/ New webpages for staff and communities • Induction process/ support package for community members working with CPA • Translation of key communications • Communications strategy to promote resources • User panel to support testing of resources • Forward planner of capacity building opportunities • Community engagement training for staff and communities • Sharing learning from Community Paradigm approach with Kings Fund
Location/Test Group Grampian Engagement Network (GEN)

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Resources

The project team will collaborate with SCDC, Kings Fund and Grampian Engagement Network to access additional resources for this project

Potential risks and/or barriers to success & actions to address these

Resource and capacity to delivery.

Project Team

Elaine McConnachie, NHSG, Project Manager
Rachel Thompson, ACHSCP
Donna Cuthill, ACC
Liz Howarth, NHSG
Kirsteen Caldwell, SHMU
Colin Wright, ACC
Martin Wyllie, ACC TBC
Chris Smillie, H&SCP TBC
Community rep TBC

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	• Project team established • Development of project charter	March 2022 March 2022
Designing and Testing Changes (Project Score 4-7)	• Design changes to be tested • Commence testing	April 2023
Implementation (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	TBC 2025
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	TBC

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Community Planning
Aberdeen

Progress Report	Draft Community Planning Budget 2023/24
Lead Officer	Gale Beattie, Chair of CPA Management Group and Director of Commissioning, Aberdeen City Council
Report Author	Michelle Crombie, Community Planning Manager
Date of Report	3 March 2023
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

This report sets out the contributions from Community Planning Aberdeen partners to the Community Planning Budget 2023/24 and details proposals for how this money will be spent. Partners are also asked to consider options for investment in the Community Planning Aberdeen website.

Summary of Key Information

1   BACKGROUND

1.1   On 20 April 2022, Community Planning Aberdeen (CPA) Board agreed the Community Planning Budget for 2022/23 was 1,743,355. Contributions to the 2022/23 budget were made by Aberdeen City Council, NHS Grampian, Police Scotland and Nestrans.

2   COMMUNITY PLANNING BUDGET 2023/24

2.1   Proposed contributions to the 2023/24 Community Planning Budget are below. These are the same as for 2022/23.

	2023/24 Budget £
Aberdeen City Council	1,711,532
NHS Grampian	18,032
Police Scotland	5,000
NESTRANS	5,000
Sub Total	1,739,564
Civic Forum carried forward	3,791*
Total	1,743,355

* Carried forward funds allocated to the Civic Forum in 2018/19.

2.2   See Section 4 of this report to consider options for investment in the Community Planning Aberdeen website.

3   BUDGET COMMITMENTS 2023/24

3.1   Based on current contributions the proposed budget commitments for 2023/24 are detailed below.

	2023/24 Commitments £
Fairer Aberdeen Fund	1,640,243
ACVO Third Sector Interface/ engagement: Community Planning	62,321
Central Support: Outcome Improvement Planning, Population Needs Assessment/ Outcomes Framework, City Voice, Project Management Office, CPA Communications	37,000
Civic Forum	3,791
Total	1,743,355

3.2   The Fairer Aberdeen Fund is allocated to the Community Planning Partnership (CPP) by Aberdeen City Council to help tackle poverty and deprivation across the City. The fund supports partners to work together to tackle area based and individual poverty; and to help more people access and sustain employment opportunities. Funding supports initiatives and services for the most disadvantaged communities and vulnerable people across the City. An application process is in place to ensure funding is allocated to appropriate programmes and projects which demonstrate a link to the LOIP. Organisations funded are required to meet specific terms and conditions and comply with "Following the Public Pound" financial guidance.

3.3   As the third sector interface in Aberdeen, ACVO has a critical role in building the third sector relationship with CPA. ACVO also plays a critical development role with regards to the Third Sector and volunteering locally in Aberdeen. These roles together put ACVO at the heart of building the bridge between sectors in Aberdeen to support a growing range of local 'assets' that can contribute to the delivery of better outcomes for the City. ACVO provides a number of services to help build this capacity across the third sector so it has confidence to participate and contribute to improvement activity. The Council has agreed a funding package with ACVO in exchange for the provision of these services to strengthen the link between the third sector and CPA.

3.4   The Council provides a central support function for Community Planning Aberdeen which includes coordination of the Local Outcome Improvement Plan and underpinning Locality Plans and Children's Services Plan. It also undertakes biennial Population Needs Assessment and manages the online Outcomes Framework to ensure it is up to date with latest data. The Council administers City Voice on behalf of the Community Planning Partnership to gather views from citizens on a range of issues affecting their community. To support the delivery of the CPA improvement programme, the central team provides a Project Management Office (PMO) which provides support from project initiation to project end. This includes providing capacity building opportunities which are accessed by staff across the Partnership. The central team supports information sharing through various communication mechanisms, including the Community Planning Aberdeen website and social media.

3.5   The Civic Forum funding is currently allocated to the continuing delivery of the Civic Forum development plan. These funds are currently held by ACVO on CPA's behalf. Development and maintenance of the Civic Forum's website, equipment, meeting, administration and events are all undertaken by Civic Forum volunteers.

4   DEVELOPMENT OF CPA WEBSITE

4.1   The Community Planning Aberdeen website is an essential tool for the partnership to communicate its purpose, vision and work to staff, key stakeholders and the wider public. One of the major advantages of having the website is that it is accessible to anyone, anywhere, anytime. It provides an online hub of information about partner organisations and how they work together to deliver the Aberdeen City Local Outcome Improvement Plan and Community Empowerment Strategy. It showcases the outcomes from the Partnership's improvement activity and ensures Community Planning Aberdeen is visible and accountable to citizens, communities and businesses across the City.

4.2   The current website is hosted on WordPress which is a content management system different to that used by the Council. In recent years the website has become unstable due to a lack of expertise within the Council's IT department to manage technical issues in WordPress. The Community Planning Team has managed the situation to date, but the lack of technical support to handle software updates and errors has meant the website has become increasingly unpredictable and is no longer viable.

4.3   The table below outlines four possible options for moving forward.

Option 1. Development of a new website from scratch with hosting and maintenance support.	Option 2. Revamp of current site and technical support.	Option 3. For basic technical support.	Option 4. Transfer the website to the Council's content management system.
Benefits New website with improved appearance, functionality, security and accessibility	Benefits Improved website with improved layout, security and accessibility.	Benefits Access to expertise and support to maintain current website.	Benefits Low cost upgrade. Access to Council's web support. Website remains accessible to all partners.
Cons This option requires a significant investment from partners. Maintenance support costs are ongoing.	Cons This option requires a moderate investment from partners. Maintenance support costs are ongoing.	Cons This option provides support for technical issues and upgrades only. Maintenance support costs are ongoing.	Cons Time taken to transfer content to new cms. Also, the website would become part of Council's website rather than shared website for all partners.
Cost £10,000 + annual hosting and maintenance fee £2000.	Cost £2160 + annual technical support fee £5040/ year (£420/month)	Cost £5040/ year (£420/month)	Cost No cost other than staff time.
Total 23/24 £12,000	**Total 23/24 £7,200**	**Total 23/24 £5,040**	**Total 23/24 £0**

4.4 Partners are asked to consider the options presented in the table above for improving the Community Planning Aberdeen website and contribute to costs where applicable.

5 NEXT STEPS

5.1 CPA Management Group receives quarterly reports on the community planning budget to monitor current and projected expenditure to ensure early identification of possible shortfalls.

Recommendations for Action

It is recommended that the CPA Management Group:

i) agree to submit the proposed Community Planning Budget 2023/24 to the CPA Board on 24 April 2023 for approval;
ii) agree to recommend the proposed spend on budget commitments 2023/24;
iii) agree to consider options for investment in Community Planning Aberdeen website for 2023/24 and beyond.

Consultation

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

Davie Howieson, Police Scotland
Chay Ewing, Scottish Fire and Rescue Service
Jonathan Smith, Civic Forum
Maggie Hepburn, ACVO
Susan Thom, Fairer Aberdeen Fund Co-ordinator, ACC
CPA Management Group

Opportunities and Risks

The Community Empowerment Scotland Act requires Community Planning Partners to collectively provide sufficient resource to meet agreed ambitious improvement targets for the themes they prioritise for improvement. It also requires partners in the CPP to target collective resources effectively and efficiently towards these priorities, including by eliminating gaps and duplications in service provision. This is particularly true for helping those communities experiencing deep-rooted and multi-faceted inequalities of outcomes, towards whom numerous public sector bodies direct significant resource.

Background Papers

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

2022/23 Community Planning Budget Proposal to CPA Board

Contact details:
Michelle Crombie
Community Planning Manager
Aberdeen City Council
Email: mcrombie@aberdeencity.gov.uk

Community Planning
Aberdeen

Progress Report	Fairer Aberdeen Fund Annual Report 2021-22
Lead Officer	Derek McGowan, Chief Officer Early Intervention and Community Empowerment
Report Author	Susan Thoms, Fairer Aberdeen Programme Coordinator
Date of Report	1.3.23
Governance Group	CPA Management Group – 22 March 2023

Purpose of the Report

To provide the Community Planning Partnership with the Fairer Aberdeen Fund Annual Report 2021-22, at Appendix 1, detailing progress and achievements over the year.

Summary of Key Information

1.   BACKGROUND

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. The Fund is aligned with the LOIP and Locality Plan themes.

1.2   The Fairer Aberdeen Board, which represents a partnership, participatory budgeting 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.

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 2021-22. £1.6m was allocated by the Council to the Fairer Aberdeen Fund, to be dispersed by the Fairer Aberdeen Board, to tackle poverty and deprivation in the priority areas of Cummings Park, Mastrick, Middlefield, Northfield, Seaton, Tillydrone, Woodside and Torry, and across the City with

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vulnerable groups and individuals. A few highlights are summarised here, further detail is available at Appendix 1.

2.2.   Funded initiatives provide regular updates and report on impact against the LOIP and Locality Plan Outcomes.

2.3.   Funding was awarded to 38 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.

2.4.   Grants ranged from £3,200 to £159,500 in value. A total of 35,610 people were involved in, or benefited from, funded initiatives, 11,099 of them were under 16 years old. 643 volunteers contributed 114,280 hours of volunteering time with a value of over £1.7m.

2.5.   The Economy theme tackles poverty and promotes inclusive economic growth, removes barriers to accessing employment and helps to maximise household incomes. It also provides opportunities for young people to enter employment, education and training. It provides access to food, affordable financial services and products, coordinated provision of quality advice and information services, and access to support and skills needed to return to work, including initial engagement, personal development activity and in work support.

2.6.   Over the year 611 people were involved in employability programmes, 236 people moved into work. Numbers have significantly recovered following the pandemic and lack of available vacancies in the city (in 2020-21 97 people were supported into work).

2.7.   3,032 people received money advice or income maximisation advice, with 1,059 reporting a total financial gain of £6m, an average of £5,600 per person.

2.8.   5,326 people saved with a credit union, providing £1.8m in 3,900 affordable loans, avoiding reliance on payday loans or doorstep lending.

2.9.   557 tonnes of free food were distributed to 232 Community Food members, the equivalent of 1.3m meals (Food Standards Authority standard calculation of 420g per meal, used by FareShare). 23,937 emergency food parcels were provided for 15,293 people and to partner organisations and services. 650 food bank users were referred to other services for support. 3 community pantries supported 232 members, as a more dignified and longer-term solution to food poverty.

2.10. 5 Community Flats/Projects were funded in priority areas of Cummings Park, Middlefield, Printfield, Seaton and Tillydrone, providing youth work, adult learning, support and advice, addressing isolation and promoting social inclusion. Community Projects have a role in delivering services and support on a wide range of issues and responding to new issues as they arise, like welfare reform, the Covid-19 pandemic, and now the cost-of-living crisis and need for warm spaces. A number of organisations use the venues to deliver services and distribute resources like free food and sanitary products. Projects support local people's involvement and promote local democracy.

2.11. The People (Children and Young People) theme promotes health and provides parenting and family support, services that meet the needs of young people, and opportunities for young people to secure positive destinations.

2.12. Over the year 11,099 children and young people were supported, along with 495 parents and families with complex needs. 43 young people moved on to employment, education, or training. 231 young people accessed 1,824 counselling sessions and 149 young people were involved in producing youth media. At least 4 families no longer required Social Work support, resulting in a significant saving for statutory services.

2.13. The People (Adults) theme promotes health, mental health and wellbeing, community safety, and social cohesion and socially sustainable communities. It supports volunteering, and increased opportunities to influence decision making.

2.14. Over the year 355 people accessed counselling provision provided locally, 487 people took part in adult learning activities, 103 older people were supported to develop digital skills and 14 volunteers provided support to rough sleepers. Additional patrol hours were allocated to reduce harm to women involved in the sex trade and to protect communities from the risk and harm caused by prostitution. 37 ex-offenders were supported to secure a positive destination after release, 10 of them moved into work.

3 NEXT STEPS

3.1 The Annual Report is available online at [Fairer Aberdeen Annual Report 2021-22](#).

3.2 The Fairer Aberdeen Fund allocation for 2023-24 has been decided by the Council during its budget setting process in March 2023 and will remain at the same level.

Recommendations for Action

It is recommended that members of the CPA Management Group:

i) Note the Annual Report for 2021-22 at Appendix 1 and advise the Fairer Aberdeen Board of any comments.

ii) Agree that partners cascade the report widely within their respective organisations.

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, also contributing to the LOIP and Locality Plan Outcomes.

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

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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.

At its meeting of 14.12.22 Council agreed to express sincere thanks to all volunteers and staff involved with the Fairer Aberdeen Fund for the contribution they have made in tackling poverty and deprivation and supporting the most vulnerable in the city.

Consultation

There was no consultation specifically for the preparation of this report. Feedback comes from regular progress reports provided by funded projects. The Annual Report has been agreed by the Fairer Aberdeen Board and Aberdeen City Council.

Background Papers

Contact details:

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Title	Programme Coordinator
Email Address	sthoms@aberdeencity.gov.uk

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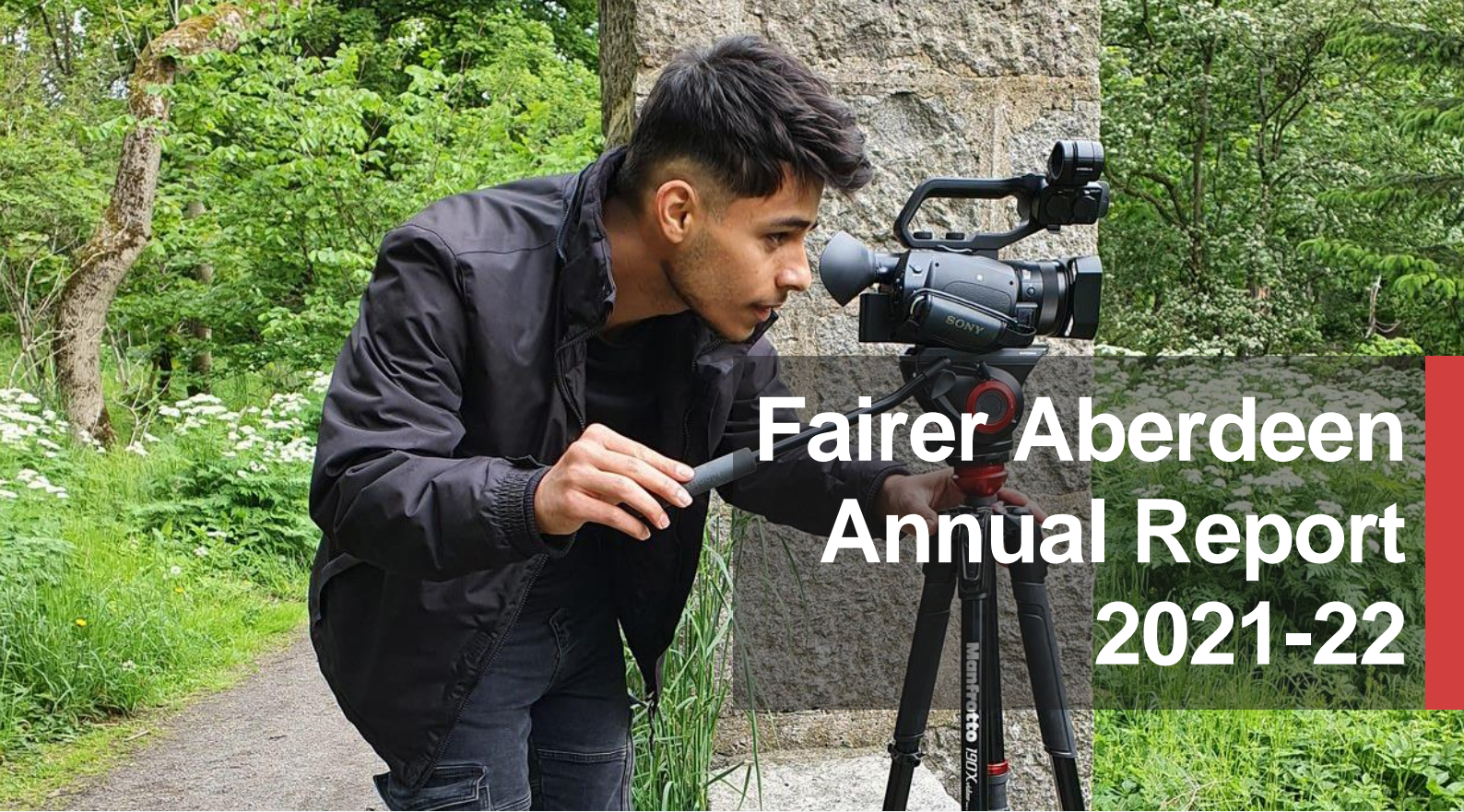
Fairer Aberdeen Annual Report 2021-22

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 subgroup of the Community Planning Partnership, made up of representatives from priority areas, the Civic Forum, the Council, NHS Grampian, Police Scotland and ACVO (Aberdeen Council of Voluntary Organisations). The Fairer Aberdeen programme is aligned with the themes from the Local Outcome Improvement Plan Economy, Adults Children and Young People. In 2021-22 funding of £1.6m was made available to support work in priority areas and across the city with vulnerable groups and individuals.

Funding was awarded to 38 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.

Grants ranged from £3,200 to £159,500 in value. A total of 35,610 people were involved in, or benefited from, funded initiatives, 11,099 of them were under 16 years old. 643 volunteers contributed 114,280 hours of volunteering time with a value of over £1.7m*.

*Volunteering time is generally valued as the median hourly pay rate in the area, in Aberdeen this was £15.00. (Office of National Statistics, the Annual Survey of Hours and Earnings (ASHE))

"The impact of the pandemic will be felt for some time, particularly for those most affected. Mental health issues and isolation have left communities feeling vulnerable, but we're resilient and have learned how to adapt and make our services more accessible for the people we continue to support."

The Fairer Aberdeen programme is aligned with the themes from the LOCAL OUTCOME IMPROVEMENT PLAN and LOCALITY PLANS in priority areas: ECONOMY, ADULTS & CHILDREN AND YOUNG PEOPLE

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Community Planning Aberdeen

ABERDEEN CITY COUNCIL

FAIRER ABERDEEN FUND

£1.6m invested
35,610 people supported
643 volunteers **114,280** hours of volunteering time
£1.7m value of volunteering

ECONOMY
236 people into work
43 young people moved on to employment, education or training
611 people involved in employability programmes
26 sensory impaired people supported to stay in employment
3,032 people receiving money advice and income maximisation advice
£6m client financial gain, an average of **£5,600** per person
5,326 Credit Union savers **£1.8m** affordable loans provided
557 tonnes of free food distributed, equal to **1.3m** meals
975 food bank users referred to other services
3 community pantries with **232** members
5 community projects/flats supported in disadvantaged areas

CHILDREN & YOUNG PEOPLE
11,099 children and young people supported
495 parents and families with complex needs supported
231 young people accessed **1,824** counselling sessions
149 young people involved in producing youth media

ADULTS
355 people accessed counselling provision provided locally
487 people took part in adult learning
81 people involved in producing community media
103 older people were supported to develop digital skills
14 volunteers provided meals and facilities to rough sleepers

ECONOMY

Mitigating the causes of immediate and acute poverty.

Ensure those experiencing in-work poverty have access to all appropriate benefits.

Supporting vulnerable and disadvantaged people, families and groups.

Poverty affecting those with protected characteristics and in specific communities.

Increasing the number of people in Aberdeen in sustained, fair work.

Pathways supports people 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.

With Covid-19 restrictions lifted the service has returned to community venues. The pandemic has impacted on the mental health of many clients, requiring additional support and time to build confidence. 383 people received support and 206 moved into work. 7 volunteers contributed 320 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 62 clients. 4 people moved into work and 28 were sustained in their current jobs.

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

476 clients received money advice and income maximisation advice with a total financial gain of £638,000, an average of £1,340 per client.

St Machar Credit Union improves access to affordable financial services and products and develops 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 £1.8m, meaning 3,900 people had access to affordable credit, avoiding payday loans or doorstep lending.

PATHWAYS

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

Affordable food provision is being increased by the development of community pantries, to deliver a more sustainable approach to food poverty
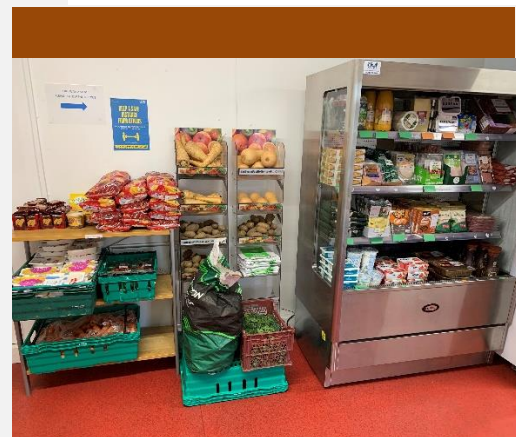
236 people into work

43 young people moved on to employment, education or training

3,032 people receiving money advice

£6m client financial gain

557 tonnes of free food distributed, the equivalent of **1.3m** meals*

975 food bank users referred to other services

3 community pantries with **232** members

5 community projects/flats supported in disadvantaged areas

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 25 people completed the programme, 4 moved into work and 15 into education, training or volunteering.

* Food Standards Authority calculation of 2,381 meals per tonne, used by FareShare

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 312 households were assisted with income maximisation and charitable funding, achieving a total financial gain of £519,230, an average of £1,664 per household. 1112 households in priority areas received assistance with repairs, adaptations, and handyman services.

CFINE (Community Food Initiatives North East) provide services to tackle food poverty. They maintain and develop Community Food Outlets and Pantries to provide access to healthy, affordable food in priority areas.

557 tonnes of FareShare food were distributed to 232 Community Food members. 23,937 emergency food parcels were provided for 15,293 people and to partner organisations and services.

650 food bank users were referred to other agencies and 325 people accessed financial support through their SAFE Team. 281 volunteers contributed 67,440 hours of volunteer time.

CFINE SAFE (Support, Advice, Financial, Education) provides financial capability support on benefits, budgeting and debt, and a referral system to direct beneficiaries to agencies who can support them to resolve issues. SAFE provides a holistic, person-centred response to the multiple and complex needs of people on low incomes and reliant on emergency food provision.

Over the year 1434 clients were seen, 203 of them received financial gain of £3,367,615, an average of £16,589 over the lifetime of the award.
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CFINE SAFE Disability Action provides financial capability support for those affected by disability. Confidential non-medical advice is provided, as well as for their carers. Covid restrictions had an impact on visits to both hospital and home but face to face appointments have now restarted.

581 clients were seen, 68 of them reported financial gain of £1,540,935 an average of £22,661 per person

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. They support people with welfare reform issues and help to address isolation.

Seaton Community Flat there were 685 attendances at sessions provided by 11 partner agencies. 24 people attended sessions supporting people back into work and 49 people attended sessions aimed at increasing skills and creativity.

A total of 370 people were supported, and 10 volunteers contributed 94 hours of volunteer time.

Cummings Park Community Flat
5 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 268 and the number of users of the Flat facilities, including phone, computers and enquiries was 32.

119 people accessed support and 17 volunteers contributed 1,104 hours.

PATHWAYS

As Covid restrictions have lifted we have been able to return to most of the venues used before and are now offering the same number of in-community sessions each week. As a result, we now offer clients a mix of face-to-face, online and telephone support to suit individuals' needs.

Throughout the pandemic clients reported much poorer mental health, with concerns, particularly amongst long term unemployed and older people, about the potential health impacts of returning to work.

This is still a concern for some, even as we return to more normal ways of living. As a result, the Keyworkers often spend a lot of time rebuilding clients' confidence, gradually improving their employability so that they feel able to re-enter employment.

"A Client was made redundant from oil & gas and living off savings in order to make ends meet. We supported the client to claim Universal Credit and ensured his mother, who he is the main carer for, was receiving all the benefits she is entitled to. We referred the client to SCARF and as a result, he was eligible for full funding through Warm Homes Scotland Scheme for free underfloor insulation, a new boiler and gas central heating system which is to be supplied and fitted at no cost."

CFINE SAFE

Printfield Community Project
150 children and young people participated in activities in the project and 47 in the After School Club. 8 children under 3 years were registered.

60 young people were provided with healthy lunches during the school holidays. 20 residents were supported to be part of the Woodside Network 250 people were supported, and 30 volunteers contributed 300 volunteer hours.

Tillydrone Community Flat
12 agencies used the flat to deliver advice and support services for a range of issues including Health, Education, Employability and Financial Inclusion. There were 3,577 recorded uses of the Flat facilities, including use of washing machine, phone and access to computers.

198 people got support with welfare reform issues and 112 were supported with mental health and social isolation. A total of 438 participants were involved, 100 of them under 16 years old. 12 volunteers contributed 700 volunteer hours.

CHILDREN AND YOUNG PEOPLE

Ensuring that families receive the parenting and family support they need.

Increasing children's knowledge and understanding of their own physical and mental wellbeing and take an early intervention and prevention approach.

Improving pathways to education, employment and training

Young people receive the right help at the right time to improve outcomes for young people at risk of becoming involved in the Justice System.

Services for young people support their personal, social and educational development, enabling them to develop their voice, influence, and place in society and to reach their full potential

11,099 children and young people supported

495 parents & families with complex needs supported

231 young people accessed

1,824 counselling sessions

149 young people involved in producing youth media

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

Over the year 95 young people participated in 1335 sessions at the Youth Flat, as well as 25 outreach sessions, 75 of them were under 16. 75 young people took part in diversionary activities designed to reduce youth crime and exclusion rates.

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 110 young people participated, 96 of them under 16 years old. 8 volunteers contributed 300 hours volunteer 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 priority areas were supported. 26 families reported reduced isolation, and 23 reduced levels of family conflict or stress. 4 families no longer required Social Work support. 19 families were supported with financial issues, 3 people moved into volunteering and 7 into employment. 28 volunteers contributed 784 hours of volunteering time.

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 715 participants were involved, 108 educational workshops and 45 drop in clubs were held. 96% of young people reported being able to identify violent and exploitative relationships and 95% an increased knowledge of existing support services following participation in the workshops.

There were 3 young people trained and supported to volunteer and 85 volunteer hours contributed.

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

A total of 149 young people participated, 138 of them under 16 years old. 25 volunteers contributed 5,875 hours of volunteering time.

Befriend A Child provide accessible group activities for children involved in the Befriend A Child scheme. One is based at Woodside Primary School, accessible to children from Tillydrone, Seaton, Fersands, Woodside and the other is in Cummings Park.

42 children attended the youth clubs regularly. 10 volunteers contributed 1,200 hours of volunteering 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.

465 people participated in the programme including 144 kinship carers. 66 people were supported to claim grants totalling £28,688.

Mental Health Aberdeen provides ACIS Youth Counselling, where 121 young people accessed 1124 counselling sessions. ACIS Youth also operates in Torry, where 51 young people accessed 470 counselling sessions in Primary and Secondary schools. 5 new youth counsellors were trained to ensure a local supply of fully equipped and trained youth counsellors.

Geronimo – Time to Play is delivered by Aberdeen City Council's Creative Learning for parents and their early years children (0-5 years) to play and be creative together. Through play, creativity and risk Geronimo aims to improve parents' confidence in taking part in their children's learning and to be confident in their own ability to think creatively and be able to find

opportunities to play in any environment; a supermarket queue, at home when feeling busy, or out in the rain.

With face to face work returning, sessions were delivered in Woodside, Torry, Cornhill and Northfield as well as Camp Geronimo in an outdoor setting at the Grove. 185 people took part in sessions, 106 of them under 16 years old.

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 teamwork, and to support young people to move on to a positive destination.

shmuTRAIN

Social return on investment for every £1 of funding received by shmuTRAIN there was a return of £3.69

40 young people participated in the programme. 34 of them moved into positive destinations, 4 into work, 5 into further education and 15 into training. 14 young people secured an SQA and 29 showed improved communication skills and increased readiness for work.

ADULTS

Those who are convicted are supported to engage with relevant services and reduce reoffending.

Supporting vulnerable and disadvantaged people, families and groups.

Provide individuals and communities with the social resources needed to reduce feelings of loneliness and social isolation.

Services for adults focus on improving health, mental health and wellbeing, learning and skills development, community capacity building, volunteering, and reducing isolation

379 people accessed counselling provision provided locally

286 people took part in adult learning

80 people involved in producing community media

80 older people supported to develop digital skills

19 volunteers provided meals and facilities to rough sleepers

45 ex-offenders supported

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

23 offenders participated in the programme within prison and 14 in the pre-release programme. 25 participants engaged with appropriate support services post release. 27 participants secured a positive destination after release, 22 volunteering in the community, 2 into education, 3 into training and 10 into employment.

GREC Language and Integration Project provides employability ESOL classes within priority areas and a

Language Café to offer opportunities to build confidence in speaking English.

57 people of 33 nationalities participated. 90% of participants reported increased confidence and skills in employability related English and 80% that their mental health had been positively impacted by the project.

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.

25 clients participated in the course and 6 secured employment, training or education. These 10 volunteers contributed 200 hours of volunteer time.

Aberdeen 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.

50 service users attended sessions and 6444 food parcels were given out. 14 volunteers contributed 2912 hours of volunteering time.

Mental Health Aberdeen provides adult counselling in Torry, where 149 clients accessed the service and 893 counselling sessions were provided; and in Calsayseat Surgery, where 114 clients accessed 998 counselling sessions.

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

They provided counselling for 92 people accessing 788 counselling sessions. 7 volunteers contributed 320 hours of volunteering time.

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

59 people accessed 320 sessions and 1 volunteer contributed 40 hours of volunteering time.

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.

31 volunteers were supported to produce community magazines and 50 volunteers were supported to produce radio programmes, including 6 community shows broadcast weekly in priority areas.

241 organisations worked in partnership with SHMU over the year and a total of 258 participants were involved. 81 volunteers contributed 25,963 hours of volunteer time.

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.

Help and support was provided to 103 learners and 13 volunteers contributed 220 hours.

Police Scotland Operation Begonia is a joint initiative involving Police Scotland and partner agencies with the two aims of preventing sexual exploitation and supporting those who find themselves involved in selling or exchanging sexual activity. It provides dedicated, directed patrols with the aim of using a trauma informed approach to signpost those involved towards services and more positive destinations.

Begonia was set up to reduce harm to women and men involved in the on street sex industry and to protect communities from any real or perceived threat, risk and harm caused by prostitution.

During the year 261 women were engaged with and 25 new women encountered through street work patrols and referred to partner agencies. Begonia patrols access rape alarms, toiletries, and snacks to give out when needed. There were 720 hours of dedicated additional patrol time undertaken in Aberdeen to address on street prostitution. 56 male perpetrators were stopped, educated, or charged regarding kerb crawling offences to try and discourage males from frequenting identified areas, in support of local communities.

shmu ADULT ENGAGEMENT SUPPORT SERVICE

This year has been another challenging one with continued restrictions around the support that we can provide to our clients face-to-face in the community, their homes, and in our building. When restrictions eased, we increased our face-to-face support, prioritising those most isolated and in need of wellbeing support. As the year went on, we were able to introduce some face-to-face meaningful activity, with our Making Recovery Visible courses and Adult Services Peer Group. These groups were kept small in size and were adapted to be delivered in a safe and appropriate way.

We continue to utilise the 'email a prisoner' service and Link Centre phone calls to engage with prisoners pre-release, as face-to-face meetings are still challenging with restrictions and ongoing lockdowns, but we do prioritise in-person meetings where we can.

We have continued to see a significant rise in mental health issues over this last year, as well as the prolonged effects the pandemic has had on other aspects of people's lives, i.e., sustaining employment, physical health, financially, motivation, isolation etc.

Feelings of isolation and disconnection have been a big issue for those we support over the last year, we have responded by running creative courses and peer support & activity groups to bring people closer together, both online and in-person. As we move into Covid recovery, we intend to prioritise this area of work, providing more accessible courses and groups to adults with barriers

In response to growing mental health concerns across our communities, we are leading on a Trauma Informed initiative across Aberdeen, endeavouring to create a movement that encourages organisations, communities, individuals to become Trauma Informed. Our Trauma Informed Aberdeen Steering Group was set up this year and is meeting monthly. We also led on a national trauma informed training programme for practitioners working with young people in the arts.

COMMUNITY ENGAGEMENT

"Being on the Fairer Aberdeen Board is an important role; it 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 nominate 7 members to sit on the Fairer Aberdeen Board along with 3 representatives from the Civic Forum. The group continued to meet virtually every month to discuss issues of interest across all the communities, as well as managing the Community Support Fund to support community engagement and empowerment. Over the year the Fund supported Community Networks, printing and distribution of Community Newsletters, IT support and communications.

For more information on joining the group email faireraberdeenfund@aberdeencity.gov.uk

PARTICIPATORY BUDGETING

The Fairer Aberdeen Board allocated £75,000 to undertake a PB event during February 2022 with an additional £25,000 made available through the ACC Environmental Policy Team. A steering group made up of partners and community representatives prioritised the funding for initiatives to improve the health and wellbeing of young people, recognising the impact the pandemic has had on their mental health and wellbeing, relationships with their peers and their activities and social lives. Improving the mental health of young people by engaging them with the natural environment and tackling climate change was also a priority.

The steering group worked in partnership with Aberdeen Health and Social Care Partnership's Health Improvement Fund and ACVO's Community Mental Health and Wellbeing Fund to support 23 organisations providing a wide range of activities including dance, theatre, music, singing, street art, outdoor learning, environmental improvements and outdoor activities and sports.

The projects supported by participatory budgeting will contribute towards achieving Local Outcome Improvement Plan stretch outcomes under people and place while also supporting the aims of the Aberdeen Adapts Climate Adaptation Framework.

THANK YOU

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

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PB FUNDED INITIAVES

Street Soccer Scotland

Children 1st

Fresh Community Wellness

55th (Kincorth) Aberdeen Scout Troop

Aberdeen Sikh Sangat (Aberdeen Gurudwara)

The King's Community Foundation

Aberdeen Football Club Community Trust/Lochside Academy

The River Dee Trust

Bonnymuir Green Community Trust

Heathryfold and Auchmill Wood Group

Aberdeen City Council Family Learning

Create Aberdeen

Mental Health Aberdeen

Sport Aberdeen

Sunnybank Community Centre

Barnardo's Aberdeen

Avenue

Bon Accord Care Ltd

Citymoves Dance Agency (SCIO)

Old Torry Community Centre Association

Shazam Theatre Company

Early Intervention

Northfield Youth Action Group

Community Planning Aberdeen

FORWARD PLANNER

The reports scheduled within this document are accurate at this time but are subject to change.

Title of report	Contact Officer
CPA Management Group: 22 March 23/ CPA Board 19 April 23	
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
CPA Budget 2023/24 Setting Report	Michelle Crombie (ACC)
Revised Children's Services Statutory Plan 2023-26	Eleanor Sheppard (ACC)
Health Foundation Scotland Inequalities report	Michelle Crombie (ACC)
Community Empowerment Update and Project Charters	Michelle Crombie (ACC)
Project End 2.3: Support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023.	Allison Carrington (SDS)
Project End 3.1: Increase the number of responsible businesses working with Community Planning Aberdeen (CPA) through Community Benefits and CSR activity by 200% by 2023	Allison Carrington (SDS)
Project End 3.2: By December 2022, increase by 10% the number of people in Aberdeen who: • Have digital access; and • Feel comfortable using digital tools.	Allison Carrington (SDS)
Project End 4.1: Reduce the number of births affected by drugs by 0.6% by 2022.	Eleanor Sheppard (ACC)
Project End 4.3: Increase uptake of parenting and family support by 10% by 2022.	Eleanor Sheppard (ACC)
Project End 4.4: Reduce the number of children starting P1 with an identified speech delay by 5% by 2023.	Eleanor Sheppard (ACC)
Project End 5.2: Increase by 80% the use of digital wellbeing resources for children and young people's mental health and wellbeing by 2022 and Increase by 40% the use of the wellbeing scenario on the Mind of my Own app by care experienced children and young people by 2022.	Eleanor Sheppard (ACC)
Project End 6.1: Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022	Eleanor Sheppard (ACC)
Project End 6.2: Increase to 43% by 2023 the proportion of children and young people who are supported to live in kinship care or are looked after at home by 2023 and increase by 20% the number of children and young people remaining in a placement looked after at home/kinship between 16-18 years old by 2023.	Eleanor Sheppard (ACC)
Project End 7.3: Increase the number of young people who leave school with a minimum of SCQF 3 in literacy and numeracy and 4 other qualifications to 93% 2023.	Eleanor Sheppard (ACC)
Project End 9.1: Reduce by 5% the number of 16/17 year olds with higher support needs offending by 2022 and Increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023	Eleanor Sheppard (ACC)

Title of report	Contact Officer
Project End 9.2: Reduce by 10% both the number of offences of sexual or criminal exploitation and the number of 'digital' offences by Young People (Under 18) by 2022.	Eleanor Sheppard (ACC)
Project End 9.4: Reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.	Eleanor Sheppard (ACC)
Project End 9.5: Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023.	Eleanor Sheppard (ACC)
Project End 10.3: Reduce the number of wilful fires by 10% by 2022	Derek McGowan (ACC)
Project End 11.2: Increase opportunities for people to increase their contribution to communities (volunteering) by 10% by 2023.	Derek McGowan (ACC)
CPA Management Group: 24 May 23/ CPA Board 28 June 23	
UoA/CPA Synergies Presentation *(Board only)*	Pete Edwards (UoA)
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
Project End 3.4 Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.	Allison Carrington (SDS)
Project End 3.5: 80% of young people will successfully complete their Modern Apprenticeship programme by 2022.	Allison Carrington (SDS)
Project End 12.6: Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022.	Simon Rayner (ACHSCP)
CPA Management Group: 9 August 23/ CPA Board 6 September 23	
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
LOIP Annual Outcome Improvement Report	Michelle Crombie (ACC)
Locality Plan Annual Reports	Michelle Crombie (ACC)/Alison MacLeod (ACHSCP)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (ACC)
CPA Management Group: 25 October 23/ CPA Board 29 November 23	
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (ACC)
TBC	
Regional Economic Strategy	Jamie Bell (SE)
Scottish Enterprise Business Plan	Jamie Bell (SE)
Community Justice Scotland's Outcome and Performance and Improvement Framework	Derek McGowan (ACC)

Acronyms:

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

APPENDIX 1   Community Planning Aberdeen Funding Tracker

The tracker below includes key funding opportunities available to the Partnership linked to the themes within the LOIP and Locality Plans.

Title	Description	Amount	Deadline for applications	Relevant CPA Group
Economy				
Place Based Investment Fund – Round 3 – The Scottish Government **https://www.aberdeencity.gov.uk/place-based-investment-programme-fund**	The 2020-21 Programme for Scottish Government announced the creation of a Place Based Investment Programme Fund with £275million of capital funding to support community led regeneration, town centre revitalisation, community wealth building and 20-minute neighbourhoods. In 2021/22 ACC received an allocation of £975,000; for 2022/2023 £847,000 and the allocation for 2023/24 will be announced shortly but it would be approximately £590,000	2023/24 TBC (approximately £590,000)	Upcoming deadlines: 03/04/2023 (9am) 22/05/2023 (9am)	Any non-for profit organisation.
UK Shared Prosperity Fund – The UK Government **https://www.aberdeencity.gov.uk/services/services-business/grant-funding-support/uk-shared-prosperity-communities-and-place-fund**	The UK Shared Prosperity Fund (UKSPF) is a central pillar of the UK Governments ambitious levelling up agenda and a significant component of its support for place across the UK. It will provide £2.6 billion of new funding for local investment by March 2025. There are three distinct priorities within the UK Shared Prosperity Fund: Communities and Place, Supporting Local Business, People and Skills as well as the Multiply element which is ringfenced for activity to enhance adult numeracy skills provision and proposals. At this time applications are being sought under the Communities and Place priority only. For Supporting Local Business and People and Skills we have an inhouse/procurement process. They are not currently open for external applications, but if that changes the web page will be updated.	ACC has been allocated £7.1m by Government over the next two and a half years (2022/2023, 2023/2024, 2024/2025).	Upcoming deadlines: 04/04/2023 (9am) 22/05/2023 (9am)	Any non-for profit organisation

Agenda Item 5.2

Creative Scotland - National Lottery Extended Programme Fund https://www.creativescotland.com/funding/funding-programmes/open-funding/national-lottery-extended-programme-fund#eligibility	Funding can only be used for delivering a programme of artistic work or activities. Examples of eligible activities include: The ongoing public programme of an arts centre, gallery, venue or creative hub, plus the resources to plan and develop this programme across 18 to 24 months. Two editions of an annual arts festival, or the development year and delivery year of a biennial arts festival. A programme of mentoring, training and/or skills development activity for artists and creative workers. A programme of artist residencies. A programme of participatory arts activity working with particular groups or communities. A programme of activity that includes the development of new work intended to be presented to audiences.	Up to £200,000	Applications can be submitted at any time before the deadline of 14 November 2023. Decisions can be expected within around 16 months of submission.	Non-profit arts and cultural organisations
Just Transition Fund – The Scottish Government https://www.gov.scot/publications/just-transition-fund/	Just Transition Fund is a 10-year £500 million fund for the North-East and Moray to support projects which contribute to the region's transition to net zero. Projects must demonstrate a positive impact on the Decarbonisation and efficiencies. Projects must be requesting capital funding, with no revenue/resource support available at present. There is also an option for capital financing but the final recipient must be outside the public sector. Interventions can take the form of large capital projects, pilots or feasibility studies. Projects will be selected which further the following objectives: • ensure that the investment is targeted in such a way that can create green jobs now and throughout the transition to net zero	Once a year organisations would bid to access £500 million pot.	The next bidding window should open soon for spend by end of the 23/24 financial year and we have started dialogues around potential projects. Please contact Lucy Philips lphillips@aberdeencity.gov.uk if you would like to discuss.	Any organisation based in North-East.

	• ensure communities directly benefit from the Fund, including through the ability to decide on and drive spend • work in partnership with the private sector, especially shaping opportunities to crowd in private sector finance • collaborate at a local and national level on the decisions that impact the North East and Moray Examples of shortlisted projects this year include: Research hubs; Pilots for renewable energy generation; Feasibility studies for new technologies which support decarbonisation; Skills projects and learning facilities			
People				
Woodward Charitable Trust - Children's Summer Playscheme Grant **https://woodwardcharitabletrust.org.uk/childrens-summer-playschemes/**	Funding is available for the provision of children's summer playschemes for children from disadvantaged backgrounds between the ages of 5-16 years. Preference is given to: Small local playschemes that provide a wide-ranging programme of activities. Trustees prefer activities that are relatively inexpensive such as crafts and cooking, as well as outdoor activities and sport. Schemes that involve a large number of children. Schemes where past users are encouraged to come back and help as volunteers. Only projects that run for a minimum of 2 weeks, 10 full days or 20 half days across the summer holidays will be considered. Trustees prefer to fund trips that are educational and motivational or relate to the natural environment such as to the seaside or countryside.	Up to £1000 Trustees will only fund up to 50% of the total cost of a scheme.	6th April 2023	Small-scale registered charities; community interest companies; charitable incorporate organisations

Magic Little Grants Fund **https://localgiving.org/about/magic-little-grants/**	Providing support to improve mental health. Enabling participation in physical activity. Enabling participation in the arts. Preventing or reducing the impact of poverty. Supporting marginalised groups and tackling inequality. Improving biodiversity and responding to the climate emergency. Improving green spaces and increasing access to the outdoors. Funding can be used to launch new projects, support existing ones, or cover core costs associated with ongoing work.	One-off grants of up to £500 are available in 2023.	Applications will be accepted from 1 March to 31 October 2023.	Small local charities and community groups
UK Youth – Cost of Living Fund **https://www.ukyouth.org/ukyouthfundpears/**	Grants are available to help to cover rising prices and increased core costs due to the cost-of-living crisis. Successful applicants will receive three grant payments, each a year apart, that must be used in within the year that they are received.	Discretionary	Applications can be submitted at any time.	Charitable and not-for-profit youth organisations
Foundation Scotland - Scotch Whisky Action Fund **https://www.foundationscotland.org.uk/apply-for-funding/funding-available/scotch-whisky-action-fund**	This fund aims to reduce the impact of alcohol-related harm in Scotland's communities by encouraging new/innovative or pilot initiatives to test new approaches to tackle alcohol misuse. The fund is looking to support and develop a range of projects/initiatives which deliver targeted interventions designed to tackle alcohol-related harms across three themes: Young people (aged under 18 years). Families. Communities.	Up to £75,000 The following costs are eligible: Salary costs. Running costs and venue hire for the expansion or development of services and activities. Sessional worker costs related to new services and activities. Volunteer expenses. Small items of equipment where these are needed to	24/04/2023	Registered charities; community groups; SCIO, CIC; Social Enterprise

		expand or develop services and activities. Miscellaneous start-up costs.		
Foundation Scotland - Volant Charitable Trust **https://www.foundationscotland.org.uk/apply-for-funding/funding-available/volant-charitable-trust**	The funding is for project and administrative core costs. It is intended to support charitable projects with a strong focus on supporting women, young people and children affected by hardship or disadvantage and on tackling the issues they face in order to make a lasting difference to their lives and life chances. Projects must address at least one of the following three schemes: Poverty and deprivation - Support for vulnerable families facing extreme poverty - Food provision and promotion of healthy eating in areas of extreme deprivation - Mental health projects for vulnerable groups living in poverty. Women - Support for isolated and lone parents - Community integration support for black and minority ethnic women and children and asylum seekers - Support services for women prisoners and their families - Support for victims of sexual abuse, rape, domestic violence, and those working in the sex industry - Provision of antenatal and postnatal care for young mothers or those affected by postnatal depression. Children and young people: - Counselling for vulnerable children	Grants of up to £15,000 per year for up to three years are available. The maximum grant, therefore, is £45,000.	The closing date for Stage 1 (Enquiry) applications is noon on 25 April 2023.	Registered charities and other not-for-profit organisations

	• Support services and outreach projects for those who are disadvantaged or deemed to be 'at risk' through neglect, emotional and physical abuse, alcohol, or drug misuse.			
Place				
Bòrd na Gàidhlig - Gaelic Plans Fund **https://www.gaidhlig.sc ot/en/funding/funding-schemes/gaelic-plans-fund/**	Grants to support the delivery of commitments in their Gaelic Language Plans and in support of the aims of the National Gaelic Language Plan 2018-2023. Funding is for projects that look to achieve one of the following aims: • Promoting Gaelic usage and building capacity for Gaelic development in the community, especially among young people. • Promoting the status, consistency, and availability of Gaelic through the general services and communications of the authority. • Strengthening Gaelic skills, promoting awareness of Gaelic and creating more opportunities to use Gaelic among public authorities and their staff. • Promoting the development and expansion of Gaelic education (GME and GLE) and adult learning of Gaelic. • Providing opportunities for young people to use Gaelic in the workplace and to develop work skills.	Grants of up to £25,000 are available for up to 80% of project costs. Funding is for projects that will commence by 1 August 2023 and be fully completed by 31 August 2024 (alternative timelines can be proposed if discussed with Bòrd na Gàidhlig officers before submission).	18/04/2023	Public and local authorities
Chewing Gum Task Force Grant Scheme – Keep Britain Tidy **https://www.keepbritain tidy.org/local-authorities/reduce-litter/gum-**	The Chewing Gum Task Force Grant Scheme is open to councils across the UK who wish to clean the gum off the pavements in their local areas and invest in long-term behaviour change to prevent gum from being dropped in the first place. The money can be used for: • Purchase of equipment and/or cleaning materials	Grants of up to £25,000 are available to individual councils.	**24/03/2023**	A waste collection or waste disposal council or authority (or a partnership of more than two councils/authori ties

litter/chewing-gum-task-force	• Redeployment of existing equipment to other areas • Repair or refurbishment of existing equipment • Cost of new or temporary staff members • Redeploying existing staff members • Training staff members in the use of new equipment • Equipment hire and/or subcontractors, if there is a business case for this. • Trials of innovative cleansing equipment or techniques • Trials of innovative new ways to identify areas in need of cleansing.			

Sports Facilities Fund https://sportscotland.org.uk/funding/sport-facilities-fund/	The Sports Facilities Fund aims to support capital projects that provide opportunities for people to get involved in and participate in sport and physical activity in Scotland. Support is available to projects that demonstrate the greatest impact on: • Progression - providing opportunities for people to develop, progress and achieve success at their chosen level of sport. • Participation - providing opportunities for people to get involved and participate in sport and stay involved throughout their life with a particular focus on increasing participation within those groups who are under-represented in sport: young people; women and girls; disabled people or those from deprived communities.	£100,000 Small Projects with a total project value between £20,000 and £250,000 (including VAT). Larger Projects with a total project value over £250,000 (including VAT). Maximum awards can fund up to 50% of the eligible project costs, or 75% in areas of deprivation, as identified within the bottom 20% of The Scottish Index of Multiple Deprivation (SIMD).	01/04/2023	Sports clubs, Community sports hubs. Community organisations. Social enterprises Public bodies Charitable unincorporated associations and trusts. Youth and uniformed organisations. Universities, colleges and schools. CLG; Recognised governing bodies of sport' CIC, SCIO
Community Ownership Fund - Department for Levelling Up, Housing & Communities https://www.gov.uk/guidance/community-ownership-fund-round-2-how-to-express-your-interest-in-applying	Grants are available to support organisations in taking ownership of local assets such as pubs, theatres and parks. The Fund will support proposals to: • Acquire a physical community asset or facility at risk, such as land and buildings which deliver a benefit to local people. • Renovate, repair or refurbish the asset, only where this is part of a sale or transfer to save a community asset at risk and where this is critical to saving the asset and making it sustainable.	Up to £250,000 available. The Fund will contribute up to 50% of the total capital required. Applicants can apply for a blend of capital and revenue funding:	The third bidding window of Round 2 opened on 15 February 2023 and will close on 14 April 2023 at 11.59am.	Voluntary, community and charitable organisations

	• Set up a new community business or buy an existing business in order to save an asset or amenity of importance to the community. • The purchase of associated stock, collections or intellectual property, where it is associated with buying a physical asset or buying a business to save an amenity. • Move a community amenity to a new, more appropriate location within the same community. This might be because a different location offers better value to continue the amenity, or because the venue is in itself an asset of community value.			
National Allotment Gardens Trust **enquiries@nagtrust.co.uk**	Grants are available for the improvement and development of facilities on registered and permitted sites.	Up to £2000	Applications are assessed on a quarterly basis with the following application deadlines each year: 1 January, 1 April, 1 July, 1 October.	Registered non-profit making allotment associations, societies and committees
People's Postcode Trust – Scotland **https://www.postcodetrust.org.uk/**	The aim of People's Postcode Trust is to support good causes in Scotland to make a difference to the community for the benefit of people and planet. The funding is for projects in Scotland that have a clear alignment with one of the Trust's 2023 themes: • Improving mental wellbeing • Enabling participation in physical activity • Enabling community participation in the arts • Preventing or reducing the impact of poverty • Supporting marginalised groups and tackling inequality	Grants range from £500 to £25,000. The funding should be spent within 18 months.	There will be three funding rounds in 2023. Applications will open at: 10am on the 3 April for a minimum of 24 hours 10am on the 3 July for a minimum of 24 hours. 10am on the 2 October for a minimum of 24 hours.	Local charities and other not-for-profit organisations

	• Improving biodiversity and responding to the climate emergency • Improving green spaces and increasing access to the outdoors.			
Technology				
Hydrogen Storage and Distribution Supply Chain Collaborative R&D Competition – BEIS **https://apply-for-innovation-funding.service.gov.uk/competition/1470/overview/3a1db59a-fc12-400f-8781-485e6abb3354**	Forming part of the Future Economy Net Zero Programme, this IUK competition will focus on the development of the hydrogen economy. The aim is to develop new ways of delivering integrated hydrogen storage and distribution systems and the associated supply chains. Proposals must: Innovate in the storage or distribution part of the hydrogen value chain. Integrate with at least one other part of the hydrogen value chain. Develop the supply chains for hydrogen storage and distribution.	Up to £4.35 million has been allocated to fund feasibility, industrial research, and experimental development projects. Each project's total costs must be up to a maximum of £1 million. Projects must last up to 18 months. For feasibility studies and industrial research projects, applicants could get funding for their eligible project costs of up to: 70% if they are a micro or small organisation; 60% if they are a medium sized organisation; 50% if they are a large organisation. For experimental development projects which are nearer to market, applicants could get funding for their eligible project costs of up to: 45% if they are a micro or small organisation; 35% if they are a medium sized organisation; 25% if	26th April 2023	Open to collaborations only To collaborate, an organisation must be a UK registered business of any size, academic institution, charity, not for profit, public sector organisation, or research and technology organisation (RTO).

		they are a large organisation. Applicants must secure the remaining percentage of the overall project costs, either from their own resources or from elsewhere, as match funding.		
The Access Foundation **https://theaccessgroupfoundation.com/**	Grants are available for projects that mitigate the digital divide by making computing facilities, support and/or learning available to disadvantaged and vulnerable people. The funding is for specific services, activities, initiatives or projects with clearly identified and measurable outcomes.	Grants of between £25,000 and £100,000 are generally available. The funding will normally support a project that completes within a 12-month period.	None specified.	Registered charities, CICs, educational establishments and CIOs
Innovation for All Foundation **https://www.kilburnstrode.com/about-us/innovation-for-all-foundation**	Funding is intended to support technological innovation as a tool for community benefit, including through improved wellbeing, greater access to opportunities and improvements to community safety. Successful past initiatives have included innovative approaches for: • Prevention of youth crime and anti-social behaviour. • Provision of emergency support for people with disabilities. • Obtaining justice and reparations for victims of torture and human rights violations.	Up to £30,000	Applications are open until 31 March 2023	Registered charities

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Leave no one behind

The state of health and health inequalities in Scotland

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January 2023

The
Health
Foundation

Health inequalities in Scotland:
An independent review

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Foreword

How has Scotland fared on health inequalities since devolution? At one level the answer is simple. It begins as a story of steady improvement, then stalling and, most recently, of shockwaves.

Inequity in health outcomes is, of course, affected by access to health care and treatment. But it is wider socioeconomic factors – the determinants of health – that do the heavy lifting. So the answer is also complex.

Despite undoubted policy ambition, effective implementation in Scotland has fallen short and inequalities persist. Worse still, they are growing. The effects of the pandemic and the current crisis in living standards, following a decade of stagnation, compound the risks to health ahead.

This review is the most comprehensive of its kind since devolution began. Its evidence suggests that progress in building a healthier and fairer nation is possible. But it also raises a stark question – for all our good intentions, have we taken our eye off the ball?

The most glaring predicament revealed by the review is that the fortunes of those living in our most deprived communities are becoming detached from the rest. Among a plethora of challenges for Scotland it points to are the health prospects of infants and young children, and the plight of young and middle-aged men experiencing multiple disadvantage.

The recent report of the Scottish Parliament's Health, Social Care and Sport Committee rightly acknowledges that a more coordinated whole-government approach is urgently needed. Joined-up policy design and delivery matters. As does the right balance between universal and targeted intervention. But this is not simply a public policy problem. Employers, for example, must do more too. Government cannot act alone.

The causes of inequalities in health outcomes are deep rooted and structural – exposed and exacerbated by short-term crises. And they can only be resolved by a sustained, long-term response across society. This is a problem for every one of us.

It is heartening therefore that the review suggests a well-informed and engaged public will back bold action to tackle the causes of health inequalities, rather than merely the symptoms. There are those who argue that to respond effectively, Scotland needs more powers – in turn leveraging greater investment. Of course, this could make a difference, but there is already significant scope to act. Either way the actions of the UK government matter too – the damage to health created by austerity over the past decade is unarguable.

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But with or without additional powers, and whatever path Westminster chooses, the cost of inaction in Scotland is simply too great to contemplate. We cannot give in to intractability or fatalism and allow the most disadvantaged in our communities to be set adrift.

This is a report not only for government, but for all of Scotland – its institutions, businesses and citizens. We do not need another grand strategy. We need practical collaboration, up and downstream, to sweat the considerable assets we already have – public, third and private sectors, collaborating with communities. Each of us has our part to play.

It is not for the Health Foundation or any expert group to prescribe what that collaboration should look like. Our task now is to act – together – to call time on health inequalities.

Chris Creegan
Chair of the expert advisory group

Executive summary

The two decades since devolution in Scotland have seen major external shocks change the underlying social and economic context, create new challenges and shift the relationship between Scotland and Westminster. These shocks include the 2008 financial crisis and prolonged period of real wage growth stagnation that has followed and, more recently, the COVID-19 pandemic and alarming rises in the cost of living. These events have drawn attention to the inextricable link between health and wealth, bringing society's underlying poor health and existing inequalities to the fore.

Good health has a significant influence on overall wellbeing and allows people to participate in family life and in their community. There is a bidirectional relationship between health and social and economic outcomes. Social and economic factors – like income – affect our health, and our health affects social and economic outcomes. Failing to maintain and support good health can also reduce people's ability to work, or their productivity at work, limiting economic potential.

Since the 1950s, Scotland has had the lowest life expectancy of UK nations and in recent decades its position has deteriorated relative to other western European countries. Inequalities in life expectancy between people living in the most and least deprived areas widened in the years prior to the pandemic – with the gap growing to 13.3 years for men, and to 9.8 years for women by 2017–19. Projections of how long people will live have been falling. A person born in 2012 is now expected to live to 86 years, 4.4 fewer years than expected in 2013.

The COVID-19 pandemic has been a shock to health, while the current cost-of-living crisis risks eroding the population's health even further. These crises, though distinct in nature, share an impact that has largely reflected existing societal fault lines – with the most disadvantaged tending to experience the worst outcomes.

No single institution or sector can turn the tide of declining health and widening inequalities on its own. Despite existing policy plans for action across sectors to tackle health inequalities, intent is not reflected in practice. Progress will require central and local government, business, the third sector, local communities and the public to apply a shared and sustained focus on multiple factors that influence health.

What is driving health trends and inequalities in Scotland?

Almost every aspect of our lives shapes our health and how long we will live – our jobs and homes, access to education and the quality of our surroundings. These are called the wider determinants of health. Income is particularly important because it enables other advantages such as higher levels of educational attainment or high-quality, secure housing.

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People living in the poorest two-fifths of households are almost eight times as likely to report poor health as the richest fifth. The association between income and health has potentially grown stronger in Scotland over the past decade.

Health inequalities are a consequence of unfair differences in people's living conditions and life experiences. In 2019, there was a 24-year gap in the time spent in good health between people living in the most and least socioeconomically deprived 10% of local areas in Scotland. This gap has been widening since 2016. There are also wide income and wealth inequalities. Income inequality grew significantly during the 1980s and early-1990s and has remained high since. The 10% of households with most wealth in Scotland had median wealth of £1.65m compared with £7,600 in the 10% of households with the least wealth – this is over a 200-fold difference.

> '**The 10% of households with most wealth in Scotland had median wealth of £1.65m compared with £7,600 in the 10% of households with the least.**'

Health inequalities in Scotland are concentrated in particular areas, having been sustained over a long period of time. Scotland's health inequalities are a consequence of historical socioeconomic inequalities and deindustrialisation. Although these factors underly differences in health in other parts of the UK (and other countries), the greater health inequality in Scotland suggests the population is more vulnerable to the health consequences of disadvantage.

The persistence of health inequalities in Scotland over the past decade is related to three underlying factors:

1. **The accumulation of severe multiple disadvantage:** Living in more deprived areas, living in a lower income household, or living in poor-quality housing are just some of the forms of disadvantage that lead to worse health outcomes and are associated with much higher rates of mortality. Experiencing two or more of these factors creates a greater risk to people's health. Severe forms of disadvantage present even greater risks of higher mortality and include homelessness, opioid dependence, imprisonment and psychosis. A study from 2019 has estimated that 5,700 people in Scotland had experience of homelessness, substance dependency and offending; 28,800 people had experience of two out of the three, and 156,700 had experience of one.

2. **A lack of improvement in living standards:** Better living conditions, greater access to opportunities, and help and support with negotiating systems such as higher education or finding a higher paid job, can all contribute to living a healthier life. But more than a decade of stagnation in pay and a lack of growth in living standards is acting as a brake on health improvement. In 2019/20 median

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household income in Scotland was £70 per week lower than if pre-2010/11 growth trends had continued. Median household income in Scotland was no higher in 2015 than it was in 2007.

This is compounded for people starting off in life with fewer resources and lower income because, as in the rest of the UK, occupations of workers in Scotland are strongly associated with those of their parents. People with parents who worked in higher paid managerial or professional occupations are twice as likely to work in similar occupations as people whose parents did not.

3. **Austerity has left public services in a fragile state and reduced provision for supporting healthier lives:** Public services play an important role in building and maintaining good health across areas including education, housing and employment as well as health and social care services. In the decade prior to devolution there were sustained real-terms increases in public spending, but through the 2010s the policy of austerity led to a much tighter settlement for public services. By 2016/17, the Scottish government's resource block grant was 6% lower in real terms than in 2010/11, and had only just returned to 2010/11 levels by 2019/20.

Across a range of aspects of health there is a widening health gap between people living in the most deprived fifth of areas and the rest of the population. Trends in the socioeconomic factors that influence health provide little indication that health inequalities will improve in future, underlined by increasing rates of extreme poverty.

Three particular areas of concern

Our report highlights three specific areas that must be prioritised given the actual or potential scale of harm:

*   **Prevalence of drug-related deaths in Scotland:** The overall rate of drug deaths increased from 6.2 per 100,000 in 2001 to 25.1 per 100,000 in 2020. This has been driven by the increase in deaths in the most deprived areas to 68.2 deaths per 100,000 people in 2020 – 18 times as high as in the least deprived areas. In 2020, deaths from drugs were 3.6 times higher in Scotland than the UK average and 2.6 times higher than Northern Ireland and the Northeast of England (which had the next highest rates).

*   **Health and experiences of infants and children in their early years:** Relative and absolute inequalities have widened for infant immunisation uptake and risk of obesity at the start of primary school. Absolute inequalities widened in low birth weight, relative inequalities have widened in infant mortality and development concerns at age 27–30 months. Meanwhile there has been no significant improvement in the poverty-related attainment gap for primary school and secondary age pupils.

*   **Health and socioeconomic outcomes of young and middle-aged men:** Suicide, alcohol and drugs are leading causes of death for men aged 15–44 years old, accounting for two-thirds of absolute inequalities in total mortality at that age. Socioeconomic trends also point to younger men being at greater risk of poor future

health through reduced earnings potential. The gender gap in higher education participation is wide and has been growing – in 2020/21, male participation rates in higher education were 16 percentage points lower than for women. Employment rates for men aged 16–24 years in Scotland have fallen by 7.7 percentage points, from 65.1% to 57.4% between 2004 and 2019.

Failing to act early to maintain good health and prevent deterioration will create future costs for the health care system, the economy and society. It will also mean greater harm to people living with poor health day to day. Understanding how various factors combine to create a greater risk to people's health can direct policy attention to where it is needed most.

What is holding back progress?

With a tight fiscal settlement for public services, identifying the barriers to successful policy delivery and enacting reform will be critical to improving future health. We argue that resources exist but must be used more effectively. Doing so will require action and collaboration across all parts of the delivery system: central and local government, the third sector, delivery agencies, health services, business and from the public.

Discussions with stakeholders and a survey undertaken as part of this review identified a series of perceived tensions and challenges. These included policy short-termism, over centralisation and a failure to scale up success. Overcoming these challenges is an opportunity to reform fragile public services and bring about the necessary focus on implementation by:

- **Adopting a longer term planning approach:** Budgets are stretched and often relate to specific interventions used in specific areas, but there is an opportunity to use them more effectively and achieve more with a joined-up, long-term approach to planning the best use of resources.

- **Creating greater coherence across policy streams:** Policy design can in isolation be good, yet fail to recognise the context in which it is then applied – either in relation to other existing policy strands, the wider economic and political context or local conditions. Developing structures that enable policy design and delivery across government, sectors and local areas can facilitate greater coherence.

- **Restoring trust and empowering communities:** A lack of trust can exist between institutions involved in delivery – across national government, local government, agencies and the voluntary sector. This appeared to be caused in particular by a lack of empowerment among actors in the system or in engagement between sectors. Provisions in the Community Empowerment Act 2015 to promote and facilitate public participation in local decision making can be brought to the fore so that community involvement enables successful change locally.

- **Learning from evaluation and scrutiny:** The need for growing the maturity of the policy system was shown in several ways, including the need for greater evaluation of what has worked, what has not and why. People perceived a lack of an independent voice, scrutiny and challenge, with a fear of failure throughout

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the system preventing innovative approaches to delivery. Policymaking can be enhanced by effective use of data and evidence in decision making and policy design and an openness to the challenge brought by independent scrutiny.

- **Scaling up success and innovation:** There has been little sign of change in the policy system to support the greater take-up of successful approaches. Instances of policy success were not being adopted at scale. Examples of best practice and successful delivery exist and should be used to scale up to have greater impact in a larger number of geographical or policy areas.

The National Performance Framework provides a means by which a cross-societal approach can be implemented. But stakeholders felt there was a disconnect between the high-level aims to achieve greater wellbeing in Scotland, and the specific indicators that underly them and are targeted by policies, reducing its effectiveness.

Some barriers can be overcome within the current parameters, while others will require longer term reform. Short-term political cycles mean that effective policy development and delivery is difficult when in fact long-term gradual change is necessary for success. Many of the elements identified as lacking in current policy are those set out over a decade ago by the Christie Commission (see Box 3). The tight fiscal position places greater urgency on the need for reform of public service delivery if policy ambitions are to be successfully met.

Workshops with the public highlighted considerable concern at the scale of health inequalities in Scotland, a strong sense that these disparities are unfair, and a clear appetite for greater action to reduce inequalities. They suggest that the public is receptive to longer term preventative interventions aimed at the fundamental causes of health inequalities, rather than a shorter term focus on health care or individual behaviours.

A radical shift but not another strategy

There is a difference between the policy intent and the reality on the ground for people experiencing services – a persistent and growing 'implementation gap'. It is apparent at different points through the continuum of policymaking – between intent, design, delivery and experience – and ultimately results in a lack of progress in reducing health inequalities.

Many of the elements underlying the implementation gap relate to a lack of progress in delivering on longstanding policy ambitions of the Scottish government. Recognition of this inertia and

'There is a difference between the policy intent and the reality on the ground for people experiencing services – a persistent and growing 'implementation gap'.'

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taking action to reinvigorate progress in delivering in a radically different way to now is necessary or risks failing to deliver on the long-term policy needed for a healthier and more equal Scotland.

The pandemic led to considerable changes in policy and local practice. This raises the question of how that pace of change can be applied to addressing both the immediate cost-of-living crisis and a longer term reduction in inequalities. Kickstarting delivery means setting clear, focused and achievable short-term goals – ensuring these are part of a longer term preventative approach to policy design and resourcing.

It is our hope that this review will help to galvanise change. Yet for that change to have lasting impact it must be developed and owned by Scotland. Taking action and making progress is possible and can be achieved within existing powers, and by maximising their use. The human and economic cost of inaction for Scotland is simply too high, particularly for the poorest and most vulnerable groups. The time to create a sustainable approach to closing the gap in health outcomes is now.

'Taking action and making progress is possible and can be achieved within existing powers, and by maximising their use.'

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Key findings

The association between income and health

People living in the poorest two-fifths of households are almost

8 times

as likely to report poor health as the richest fifth.

Life expectancy projections have been revised

A person born in 2012 is now projected to live to 86.

4.4 fewer years

than they were expected to live in 2013.

Gap in pre-crisis trend

Wage stagnation

Median weekly earnings were around

£80 per week

lower in 2021 than they would have been had earnings growth followed its long-run trend after 2010.

The gap in healthy life expectancy has been widening

In 2019, there was a

24-year gap

in healthy life expectancy between people living in the most and least socioeconomically deprived 10% of local areas in Scotland.

Children

Rising poverty

Since the mid-2010s the proportion of the population in both relative poverty and extreme poverty has been on a slow but persistent upward trend, which is particularly marked for

child poverty
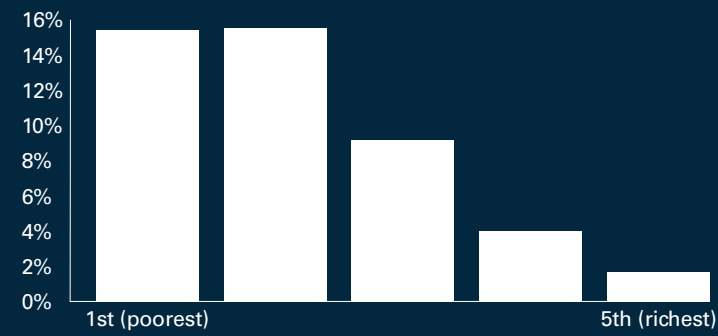

Most deprived 20%

Growing inequality in drug deaths

The overall rate of drug deaths increased from 6.2 per 100,000 in 2001 to 25.1 per 100,000 in 2019.

Deaths in the most deprived areas were 68.2 deaths per 100,000 people in 2019 –
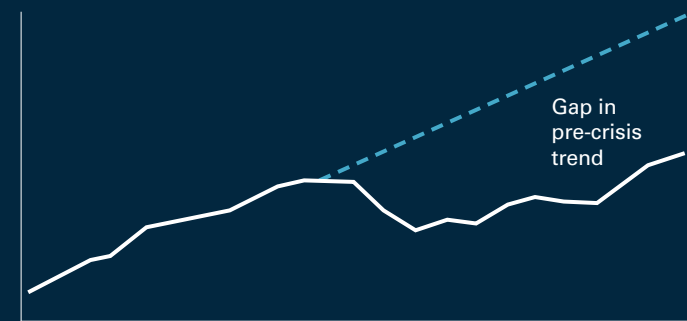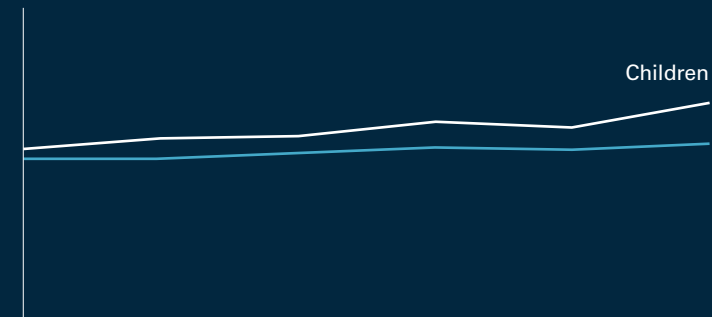
18 times

as high in the least deprived areas.

Low wealth · High wealth
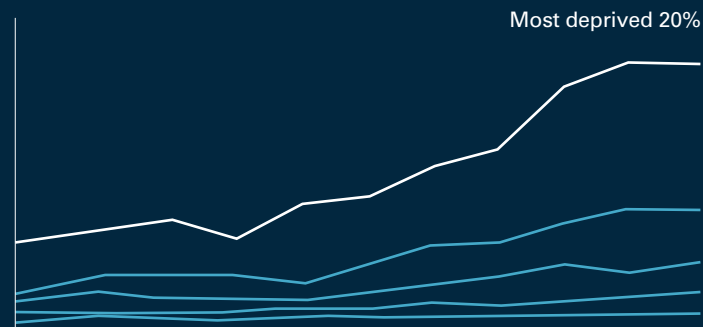
Median wealth inequality

£1.65m

The 10% of households with most wealth in Scotland.

£7,600

The 10% of households with the least wealth.

Over a 200-fold difference

Health inequalities in Scotland: an independent review

About this review

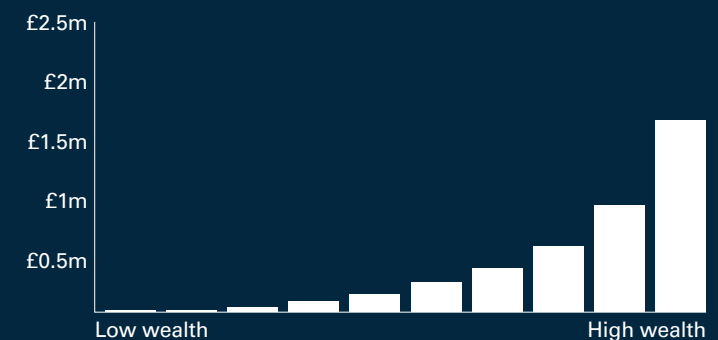Rooted in Scotland and informed by Scottish experts, this review brings together evidence of trends in health inequalities and wider determinants of health over the past two decades since devolution.

It explores public perceptions of what affects people's health and what future action they support to tackle health inequalities. It also draws on perceptions of barriers to progress from people working in the voluntary and community sector, public bodies and health services. This material is drawn on extensively in this report and is the source of evidence unless otherwise referenced.

The review aims to support improvements in health and health inequalities in Scotland, providing a picture of past and present health and inequalities to inform future efforts to improve both.

Our research partners

The Health Foundation has worked with four research organisations in Scotland as part of the review:

- **The MRC/CSO Social and Public Health Sciences Unit, University of Glasgow** synthesised a wide range of existing data and new analysis including trends in social inequalities in health, health-related behaviours, and health and social care services in Scotland.

- **The Fraser of Allander Institute** analysed trends in the wider determinants of health such as work, education and housing, and how these are experienced differently across the population.

- **Nesta in Scotland** conducted in-depth workshops with health-related stakeholders to help understand implementation challenges for policy and delivery services that support better health.

- **The Diffley Partnership** undertook a series of deliberative workshops with members of the public, exploring public perceptions of the reasons behind health inequalities, informed by the evidence from the other strands of research. A survey of stakeholders supported Nesta in Scotland's qualitative work.

The public engagement project was complemented by a review of existing research on lay perspectives of health inequalities and determinants of health in Scotland, conducted by the School of Social Work and Social Policy at University of Strathclyde.

A further research project delivered by IPPR Scotland set out the extent of devolved powers in Scotland and produced a set of case studies to draw insights about policy implementation.

These projects, the interpretation of the evidence and the conclusions drawn in this report have been guided by our advisory group, bringing together experts from across academia, civil society, delivery and policy.

Box 1: Advisory group

The advisory group members are:

- Chris Creegan, Chair and review Strategic Adviser

- David Bell, Emeritus Professor of Economics, University of Stirling

- Jo Bibby, Director of Health, the Health Foundation

- Sarah Davidson, CEO, Carnegie UK

- Cam Donaldson, Yunus Chair & Distinguished Professor, Health Economics, Glasgow Caledonian

- Anna Fowlie, Chief Executive, Scottish Council for Voluntary Organisations

- Mubin Haq, Chief Executive, abrdn Financial Fairness Trust

- Katie Kelly, Depute Chief Executive, East Ayrshire Council

- Michael Marmot, Professor of Epidemiology, University College London

- Jim McCormick, Chief Executive, The Robertson Trust

- Dona Milne, Director of Public Health and Health Policy, NHS Lothian

- Shantini Paranjothy, Clinical Chair in Public Health, University of Aberdeen

- Carol Tannahill, formerly GCPH Director and Scottish government Chief Social Policy Adviser.

Scope and structure of this report

This report sets out the key findings and conclusions of the review, drawing on and synthesising evidence from each of the funded research projects. It concludes by considering how Scotland can build on strong policy intent to reduce stubbornly high inequalities in the socioeconomic determinants of health and create a sustainable approach to closing the gap in health outcomes.

- Section 1 provides the background and context in which the review and associated research projects are situated.

- Section 2 sets out key trends and inequalities in health and social and economic determinants of health over the past two decades.

- Section 3 explores core reasons underlying current health trends and inequalities.

- Section 4 considers key risks to future health and inequalities in Scotland.

- Section 5 discusses public perceptions of health inequalities and the views of policy and delivery stakeholders on the barriers to implementation.

- Section 6 concludes by setting a direction of travel for making progress in tackling health inequalities.

Health and wealth in Scotland

1

The health of the population is one of any nation's greatest assets. Good health is a prerequisite for prosperity and a flourishing society – allowing people to play an active role in their communities and the economy. A failure to maintain and support good health can reduce people's ability to work, or reduce their productivity at work, limiting economic potential.

A person's health is largely determined by their day-to-day experiences and the places in which they live, work and grow. Almost every aspect of life shapes health and longevity – our jobs and homes, access to education, the quality of our surroundings and whether we experience poverty. These are called the wider determinants of health.

The inextricable link between health and wealth has been evident through the COVID-19 pandemic and the current cost-of-living crisis. Both have brought underlying poor health and structural inequalities to the fore. COVID-19 mortality rates were over twice as high in the most deprived areas,[1] driven by poorer underlying health and increased risk of exposure to the virus.[2] As the cost-of-living crisis bears down, the poorest families are least able to cope with higher costs of food and fuel. These crises are exacerbating long-established health inequalities, placing greater urgency on the need for comprehensive and sustained action across society.

Increased wellbeing and sustainable development are part of the core purpose of Scotland's National Performance Framework, which includes health as one of 11 national outcomes.[3] This encompasses several national indicators including healthy life expectancy and premature mortality. The other 10 national outcomes include fair work and business, education, children, the economy and poverty. Each of these in turn encompasses indicators that relate to the wider determinants of health, such as secure work, educational attainment, child social and physical development, income inequalities and wealth inequalities.

Working to achieve such goals means that Scottish government policy is implicitly and explicitly focused on improving health and reducing inequalities.

From devolution to 2020

In the 22 years since devolution the powers available to the Scottish government have gradually increased. Alongside devolved power for the NHS, social care and public health, many of the policy levers that shape the determinants of health, and decisions over where resources are focused, are now held by the Scottish government.

There are potential limitations in the efficacy of these powers given the significant policy levers still held by the UK government, and other influences that sit outside the direct scope of government. For instance business has a significant influence on health through procuring employment opportunities, and the quality of that work, as well as the goods and services produced.

Over this period, the Scottish government's approach to developing and implementing policy has evolved. So too have its relationships with local government, the voluntary and community sector, public bodies and the public.

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Devolution followed a half century of significant economic change. Deindustrialisation led to a large move away from employment in sectors including mining, quarrying and manufacturing, shifting instead towards retail and services. The service sector orientated economy brings with it increased risk of job insecurity and low pay. The longer term consequences of deindustrialisation play out in the pattern of inequalities in Scotland with earnings inequality widening as a result of economic structural change. Areas once dominated by heavy industry are now more likely to have higher levels of deprivation.[4] This shift underlies differences in health in other parts of the UK (and other countries), but the greater health inequality in Scotland suggests the population is more vulnerable to the health consequences of disadvantage.[5] Research suggests that while there have been similar industrial declines in other parts of the UK, in Scotland the population has been left behind.

Recent decades have also seen a shift in risk bearing, and with it higher insecurity for individuals. This is evident in forms of employment contract and reduced ability to acquire assets for the younger generation, including home ownership and final salary pension arrangements. The aftermath of the 2008 financial crisis reinforced a pre-existing trend of stagnating productivity growth, which led to little improvement in living standards over the past decade. After a decade of little progress, the economic situation has been weakened further by the COVID-19 pandemic followed quickly by the cost-of-living crisis.

Significant political events and developments – such as the independence referendum in 2014, followed by Brexit and the shifting make-up of governments at Holyrood and Westminster – mean that the ongoing debate about Scotland's constitution has remained high on the agenda. This has contributed to a consistent divergence of policy direction between the Scottish and UK governments.

Life expectancy

Against this backdrop, the story of Scotland's health has been mixed. In 1998–2000, period life expectancy at birth (a measure of current health)* was 75.6 years in Scotland. By 2017–19 it had reached 79.1 years, but there was no improvement after 2011–13. Largely reflecting deaths related to COVID-19, life expectancy fell to 78.7 years in 2019–21. Scotland has had the lowest life expectancy of UK nations since the 1950s[6] and its ranking compared with other western European countries has fallen.[7]

'Scotland has had the lowest life expectancy of UK nations since the 1950s and its ranking compared with other western European countries has fallen.'

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* Period life expectancy is an estimate of the number of years that someone is expected to live based on mortality rates that apply at different ages at a given point in time. It reflects a population at a moment in time, rather than a cohort of people over their lifetime.

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Inequalities in life expectancy were widening in the years before the pandemic, as shown in Figure 1. Between 2013–15 and 2017–19 the gap in period life expectancy at birth between people living in the least and most deprived tenth of local areas widened by 1 year to 13.3 years for men, and by 1.7 years to 9.8 years for women.[8]

Figure 1: The deprivation gap in life expectancy was gradually widening before the pandemic
Period life expectancy at birth by deprivation: Scotland, 2013–15 to 2019–21
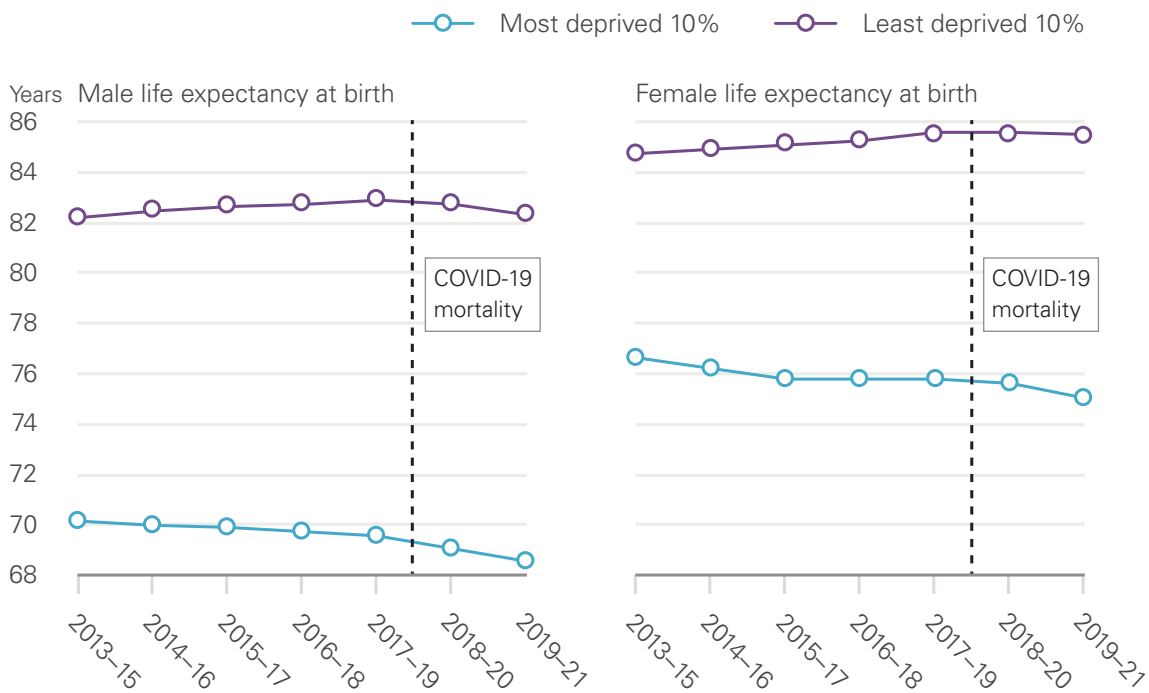

Source: Scottish government, *Long-term monitoring of health inequalities*, March 2022 report; NRS, *Life expectancy in Scotland 2019–2021*

Cohort life expectancy better captures how long people are expected to live[9] by reflecting the expected mortality rates at each age of their future lifetime. Using this measure, the expected lifespan of people born in Scotland in 2012 has fallen by 4.4 years over the past decade.

Figure 2 shows that projected cohort life expectancy at birth has been revised down from 90.4 years for the 2012 birth cohort (under 2012-based assumptions) to 86 years under 2020-based assumptions. In cohort projections the impact of the COVID-19 pandemic is minimal because mortality rates at older ages relate to future years rather than pandemic years.

Figure 2: Changing expectations of longevity
Cohort life expectancy at birth by birth cohort and year of projection: Scotland, 1981–2030
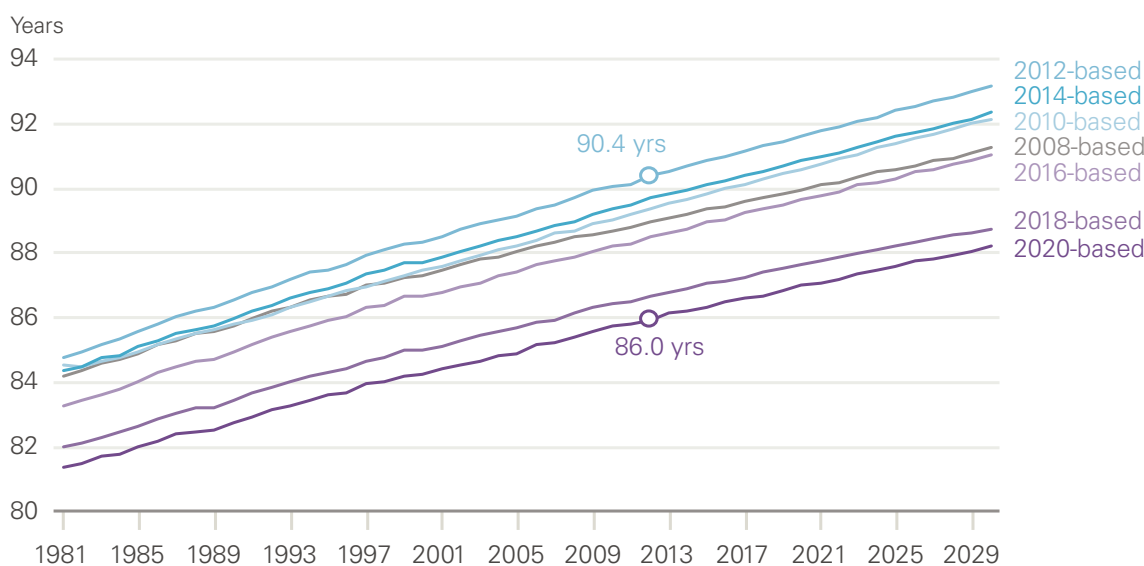
Source: ONS, cohort life expectancy projections, various

The stalled progress in health improvements over the past decade is mirrored by stalled progress in living standards. For example, typical household incomes are no higher than they were before the financial crisis. Given long-term health outcomes are a consequence of experiences over the lifetime, the past decade of little improvement in incomes is likely to act as a drag on future improvement in health.

The overall lack of progress on health and widening inequalities comes despite continued policy focus and detailed surveillance and data collection. There remains a gap between policy intent, delivery and the extent to which this has led to meaningful change in people's lives. Recognition of the scale of existing inequalities, and the need for greater collaboration between areas of government policy and delivery, were among the core conclusions of the Health, Social Care and Sport Committee health inequalities inquiry in 2022.[10]

Crises have exposed existing societal fault lines

The COVID-19 pandemic was an unprecedented shock to health: directly through increased mortality and infections; indirectly through the restrictions put in place to reduce the spread of the virus. The full consequences for health inequalities are yet to be fully understood. The cost-of-living crisis, which is set to leave household finances in a worse position than the pandemic,[11] presents a further risk to health.

Recent crises have added greater pressure to already strained public services and follow a period of austerity, as part of efforts to reduce UK borrowing in the wake of the financial crisis. This had left services in a fragile state by 2020. Audit Scotland has highlighted the need to reform public services so that they are 'delivered to people in a way that more effectively meets both their needs and the government's policy aspirations'.[12]

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These crises have affected the population largely along existing societal fault lines – with the most disadvantaged tending to experience the worst outcomes. Action to remedy the structural inequalities that cause such disadvantage would increase resilience to future shocks.[13] The scale of the challenge in doing so, however, and of sticking to the long-term action required, cannot be underestimated. But there is public support for doing more to invest in health and activities that support good health.

Recent attitudinal data show the British public increasingly favour raising taxes to spend on health, education and social benefits. Figure 3 shows that there has tended to be a greater level of support for this in Scotland. When the same question was asked of the Scottish public in 2021, 64% were in support compared with 52% in Great Britain.[14]
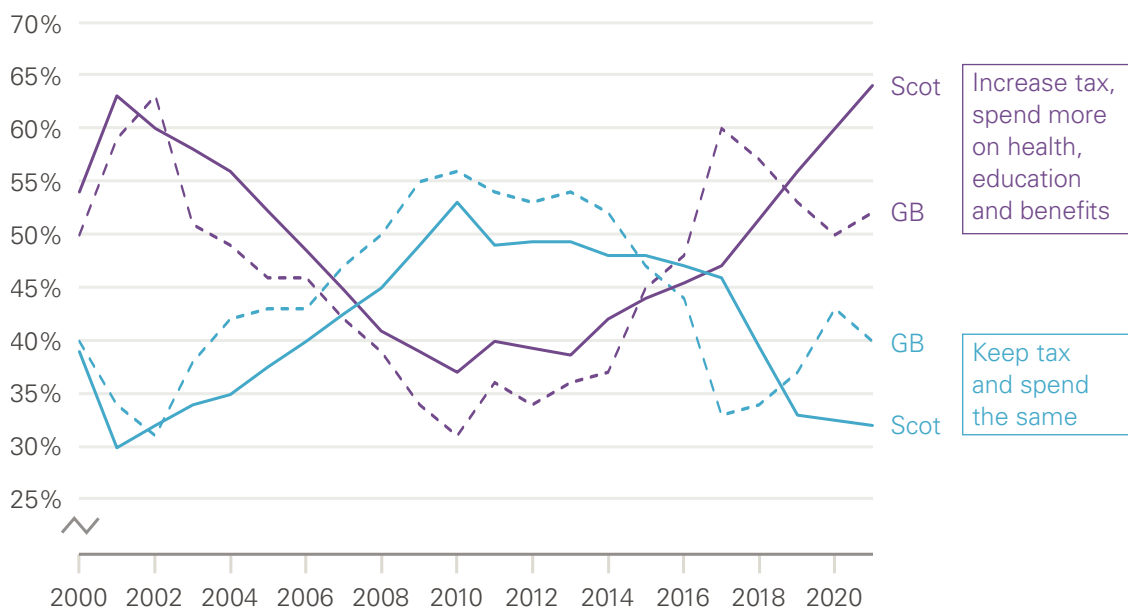
'These crises have affected the population largely along existing societal fault lines – with the most disadvantaged tending to experience the worst outcomes.'

Figure 3: Shifting attitudes towards taxation and spending on health, education and social benefits

Share of population: Great Britain and Scotland, 2000–2021

Source: Natcen, British Social Attitudes Survey, 2022; Scotcen, Scottish Social Attitudes Survey, 2021–2022
Note: Values for Scotland are interpolated in years where the survey was not run. Years without data for Scotland are 2005,

The next section details the key trends and inequalities in Scotland's health over the past two decades, as well as the social and economic determinants of health.

# Health, health inequalities and their determinants in Scotland

2

The past two decades can be characterised as having two distinct periods in changes to health and living standards. Through the 2000s there were robust improvements in period life expectancy (an indicator of health) and real earnings (an indicator of living standards). But this is followed by a period of stagnation and departure from historical growth trends through the 2010s (see Figure 4). The large fall in life expectancy in 2020 mainly reflects COVID-19 mortality.

Figure 4: A decade of improving health and living standards followed by stagnation
Period life expectancy and real typical pay growth: Scotland, 1999–2020
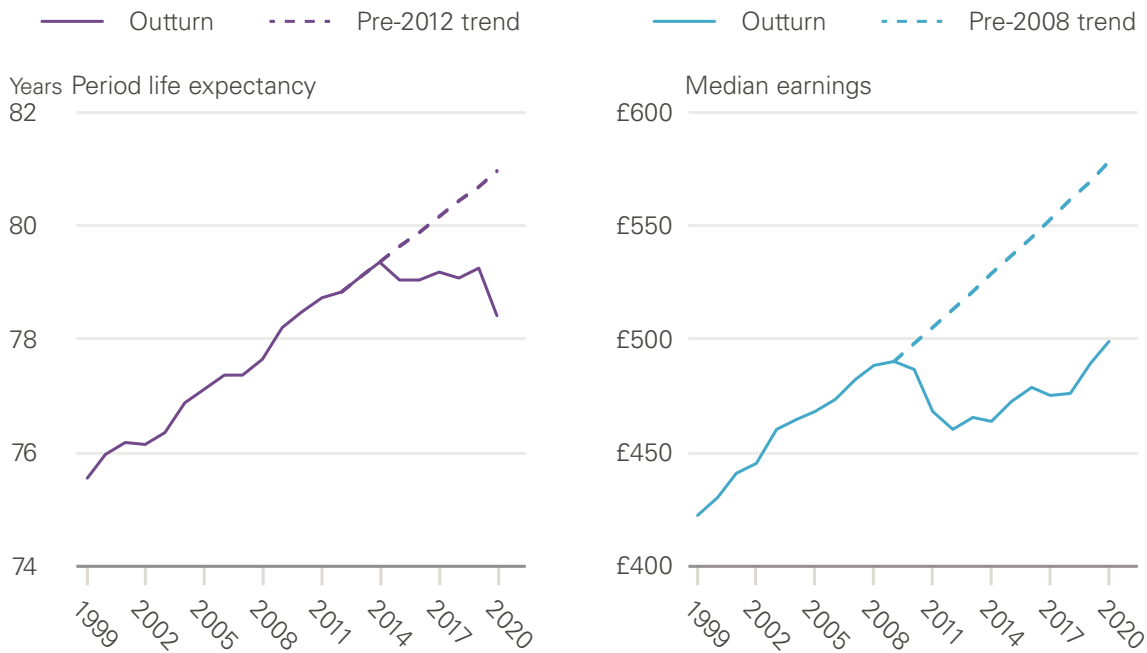
Source: Fraser of Allander analysis

These parallels between life expectancy and pay growth cannot be taken to indicate a direct causality in either direction, but the ways in which changes in standards of living affect health suggest, at the least, an association. Some negative changes in socioeconomic factors may have an immediate impact on health, such as stress and anxiety when struggling to budget on a limited income, or respiratory diseases due to living in damp and mouldy housing. However, such factors may not always immediately feed through to higher mortality rates in the short term. Rather, they exert a growing influence on health over the lifetime. This begins with deterioration in people's physical and mental health, leading to more years spent in poor health and, ultimately, shorter lifespans.

It has been argued that reductions to the value of working-age social security since 2010 have contributed to an increase in mortality rates,[15] with an effect on aspects of mortality such as drug deaths or infant mortality (which in large part reflect maternal health).[16] Near-term changes in mortality are likely to relate to:

- a sudden shock or disaster such as the COVID-19 pandemic – the impact of which will likely relate to the existing vulnerability of certain groups

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- deterioration or improvement in health services providing treatments that may extend life or diagnose otherwise terminal diseases early enough to treat, and

- historical population-wide changes to health, such as immunisation or reduction in smoking rates.

While inequality in life expectancy has widened in the past decade, after improving in the decades before, income inequality widened in the 1980s and 1990s and has remained high since, with little change in the extent of inequality over the past two decades. Inequality in socioeconomic conditions interacts with other factors – such as the lack of availability of affordable healthy food – widening inequalities in health, as observed through increased mental ill health, obesity rates and non-communicable diseases.

Figure 5: Income inequality rose significantly during the 1980s and has remained high
Gini coefficient, net equivalised household income (after housing costs): Scotland, 1967–2019
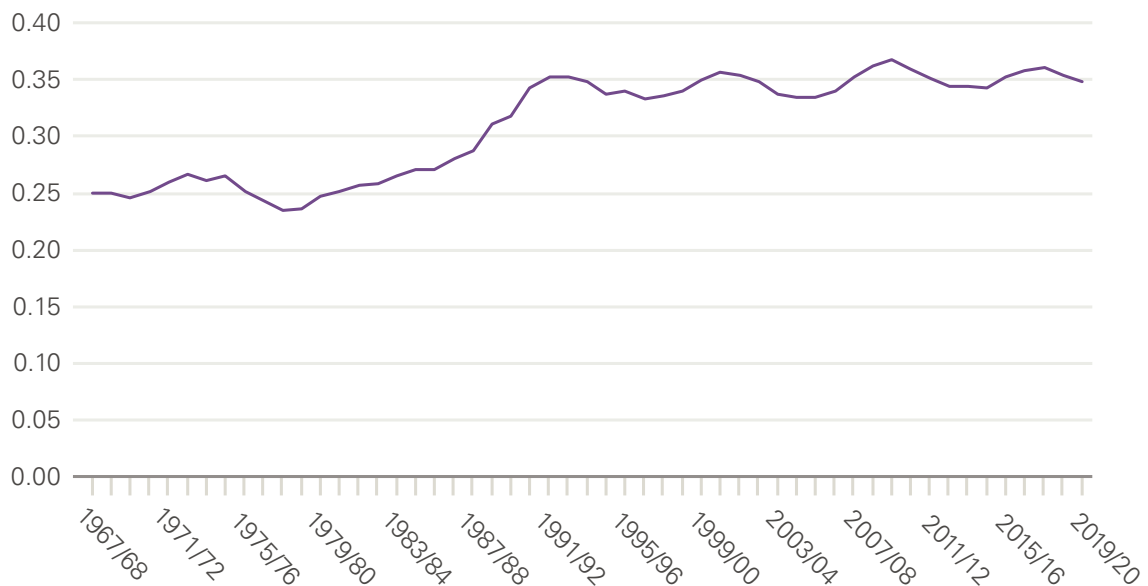
Source: Fraser of Allander analysis using HBAI, 1967–2019
Note: Data are presented on 3-year rolling average basis for the 3 years up to the date shown on the x axis

Key trends in health outcomes

In the past two decades health outcomes have broadly followed a similar trend to life expectancy, although with some noticeable differences. This section shows the main trends by drawing on a set of metrics that track headline measures of health and then outcomes at different life stages.

We are concerned with both the overall change in health for the population and how different parts of the population fare. To enable consistent comparison across metrics we use a segmentation of the population by levels of deprivation, as measured by the SIMD. However, where data allow a similar pattern tends to exist across other measures such as occupation or income. There are also wide geographic inequalities which tend to align with where neighbourhoods with higher levels of deprivation are concentrated.

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These are arranged from those where there has been steady improvement overall and a narrowing of inequalities through to others where outcomes have deteriorated, and inequalities widened. These are illustrated in Figure 6. It is important to note that inequalities in health measured on a relative or absolute basis may not always move in the same direction but a deterioration in either can be considered a worsening of inequality. We highlight the specific type of change in inequalities.[†]

Sustained overall improvements and narrowing of absolute inequalities

Alcohol-related deaths

Deaths from alcohol are more common among men than women. The overall rate of alcohol deaths has fallen in the past two decades and both absolute and relative inequalities have fallen, driven by a reduction in mortality rates of around a third in the most deprived fifth of areas. Rates of alcohol-specific deaths are still higher in Scotland than the rest of the UK, at 21.5 deaths per 100,000 people in 2020 compared with 19.6 in Northern Ireland, 13.9 in Wales and 13.0 in England. Even with this improvement, people living in the most deprived fifth of areas are five times as likely to die due to alcohol than those living in the least deprived fifth of areas.

'Rates of alcohol-specific deaths are still higher in Scotland than the rest of the UK, at 21.5 deaths per 100,000 people.'

Smoking in pregnancy

Smoking in pregnancy increases the risk of babies being born small for their gestational age, post-natal mortality, and being hospitalised for respiratory illnesses in the early years. The proportion of women who report smoking at the time of their first antenatal booking has halved over the past two decades, falling from 29% in 2000 to 14% in 2020. This reduction occurred across all levels of area deprivation and the absolute difference between the most and least deprived fifths has fallen. However, the relative inequality has increased, with the prevalence of smoking during pregnancy now 11 times higher in the most deprived fifth compared with the least in 2020.

[†]   Where data are an average of multiple years, we refer to the final year of the period, and in the case of financial years the year starting in April.

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Earlier overall improvement followed by an overall stalling or deterioration and widening of inequalities

Healthy life expectancy

Healthy life expectancy provides a broader measure of health than life expectancy by reflecting how many people in the population report they are in good health. Healthy life expectancy increased between 1995 and 2009 by around 9 years, but then decreased by approximately 2 years between 2011 and 2019. Relative inequalities in healthy life expectancy remained broadly similar between 2013–15 and 2017–19, with people in the least deprived 10% of local areas expected to live 1.5 times longer in good health than people in the most deprived 10% of local areas. Absolute inequalities for men widened by 2.6 years to a gap of 25.1 years by 2017–19 (due to declining healthy life expectancy in the most deprived 10% of local areas). For women the gap narrowed slightly to 21.5 years over the same period.

Avoidable mortality

In 2020, 27% of deaths in Scotland were avoidable – higher than the overall UK share of 23%.[17] The leading causes of avoidable deaths in Scotland were cancers, diseases of the circulatory system and alcohol and drug-related disorders. Avoidable mortality among men was falling up until 2013, but the trend has since been flat.

Absolute inequalities declined across the first decade or so of the 21st century, but then increased again slightly. Relative inequalities increased across the entire period, with the rate of avoidable mortality for men in the most deprived fifth of areas four times that of those in the least deprived fifth of areas in 2019.

Birthweight

Birthweight is an indicator of foetal health, the mother's health and is also a predictor of health throughout the life course. In Scotland, the relative difference in low birthweight (excluding multiple births such as twins) between the least and most deprived 20% of local areas decreased between the early 2000s and 2014 but has since widened.

Absolute inequalities have increased since 2014. In 2020, those in the most deprived areas were twice as likely to have low birthweights than in the least. The causes of low birthweight may be driven by an increase in premature births (which may partly be down to improved survival rates) and declining maternal health.

Little change or gradually increasing prevalence and sustained inequalities

Infant mortality

The infant mortality rate is the number of infant deaths (before first birthday) for every 1,000 live births. This measure is an indicator of societal health and can act as an early indicator of future health trends. Since 2000 infant mortality has declined overall and in Scotland rates are lower than many other high-income countries. However, since around 2014 infant mortality rose in the most deprived fifth of areas and fell in the least deprived 60% of areas. By 2016–18 infant mortality rates in the most deprived areas were 2.6 times the rate in the least deprived areas.

Childhood obesity

At the population level, the proportion of childhood obesity has remained stable over the past 20 years in Scotland, with around 1 in 10 children at the start of school at risk of obesity. Risk of childhood obesity has fallen slightly in the least deprived areas, whereas it has increased slightly in the most deprived areas, leading to a widening of absolute and relative inequalities. By 2018/19 children living in the most deprived fifth of areas were twice as likely to be at risk of obesity, with an absolute gap of 7.2 percentage points.

Asthma hospitalisations

Asthma prevalence in Scotland is high, affecting around 17% of adults, a prevalence that has remained broadly stable over time. For severe instances of asthma (indicated by asthma-related hospitalisations), people in the most deprived fifth of areas were three times as likely to be hospitalised than those in the least deprived fifth in 2018–21, widening from 2.4 times as likely in 2002–05. Hospitalisations reflect uncontrolled or exacerbated asthma, likely occurring from air pollution, occupational exposures or damp housing – all of which are more common or worse in more deprived areas.

Mental health

Adult mental health, using a measure of psychological distress, has slightly increased in prevalence from 16% to 18% between 2012/13 and 2018/19. In 2018/19 people living in the most deprived fifth of areas were almost twice as likely to experience psychological distress as those in the least deprived fifth. This has remained broadly similar over time.

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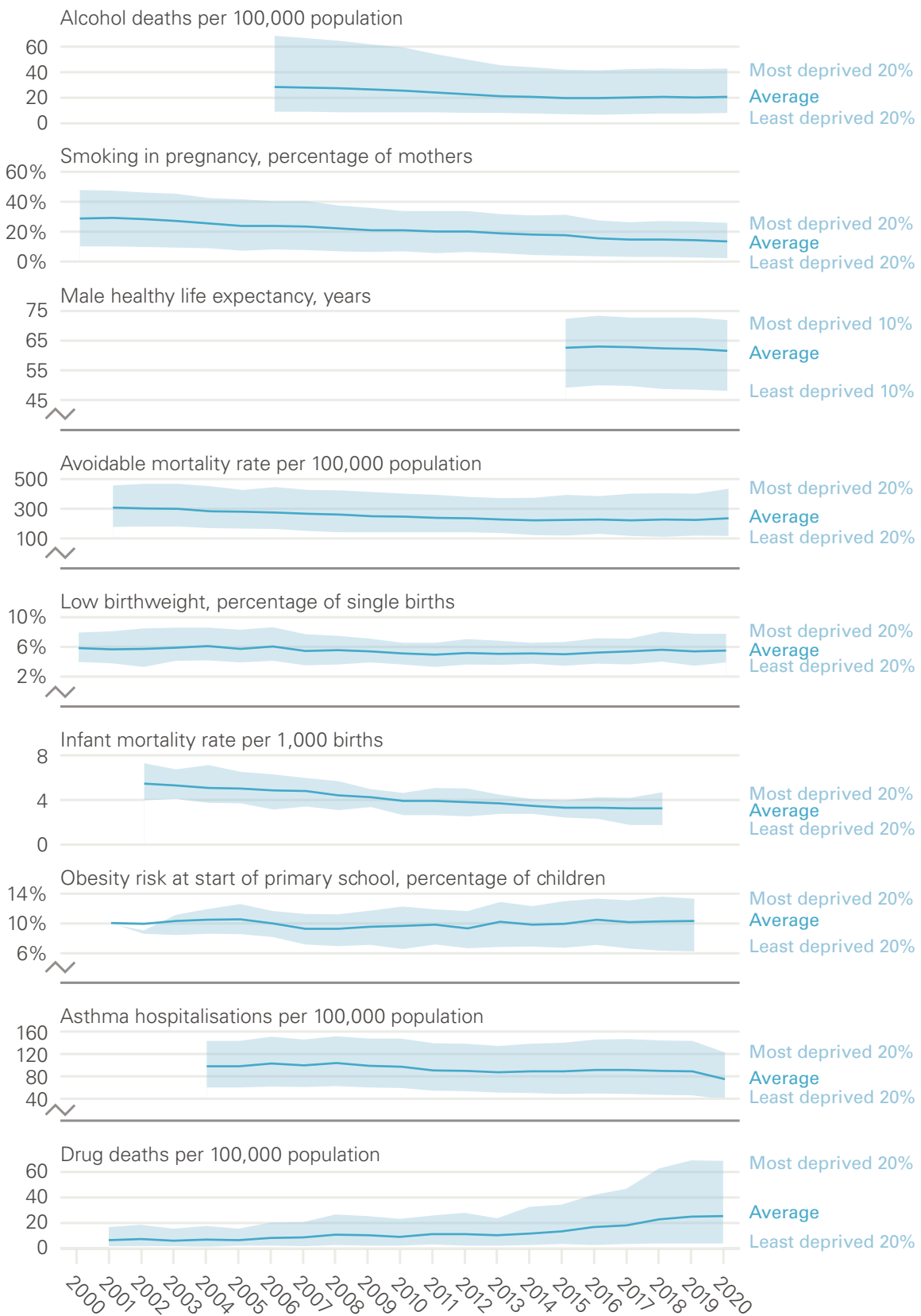# Overall deterioration and widening of inequalities

Drug deaths

While drug deaths are increasing for all socioeconomic groups, people in the most deprived areas face a far greater burden of the total drug deaths and have experienced a far faster rise in the problem. By 2019, those living in the most deprived fifth of Scottish areas were 20 times as likely to die from a drug-related death as those living in the least deprived fifth of areas (after accounting for age). This corresponds to an additional 65 per 100,000 deaths in the most compared with the least deprived areas.

The age and cohort patterns of drug-related deaths are similar in England and Wales, but overall rates are far higher in Scotland. In 2020, deaths from drugs were 3.6 times higher in Scotland than the UK average and 2.6 times higher than those in Northern Ireland and the Northeast of England (which had the next highest rates).[18]

'By 2019, those living in the most deprived fifth of Scottish areas were 20 times as likely to die from a drug-related death as those living in the least deprived fifth.'

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Figure 6: Changes in key indicators of health: Scotland, 2000–2021

Alcohol deaths per 100,000 population

Most deprived 20%
Average
Least deprived 20%

Smoking in pregnancy, percentage of mothers

Most deprived 20%
Average
Least deprived 20%

Male healthy life expectancy, years

Most deprived 10%
Average
Least deprived 10%

Avoidable mortality rate per 100,000 population

Most deprived 20%
Average
Least deprived 20%

Low birthweight, percentage of single births

Most deprived 20%
Average
Least deprived 20%

Infant mortality rate per 1,000 births

Most deprived 20%
Average
Least deprived 20%

Obesity risk at start of primary school, percentage of children

Most deprived 20%
Average
Least deprived 20%

Asthma hospitalisations per 100,000 population

Most deprived 20%
Average
Least deprived 20%

Drug deaths per 100,000 population

Most deprived 20%
Average
Least deprived 20%

Source: University of Glasgow, *Health Inequalities in Scotland: Trends in death, health and wellbeing, health behaviours and health services since 2000*
Notes: Some axes are truncated. Alcohol deaths are rolling 5-year averages ending in 2016–20; Asthma hospitalisations are rolling 3-year financial year averages ending in 2018/19–2020/21; smoking in pregnancy is a financial year; healthy life expectancy is a 3-year average; infant mortality rate is a 3-year average

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Socioeconomic influences on health

Beneath the overarching trend of much weaker growth in living standards over the past decade there are different trends across the individual socioeconomic factors that support good health. This section explores key aspects of living conditions and how they have changed over the past two decades.

The weak real-terms earnings growth over the past decade – now expected to fall in 2022 and 2023 due to high inflation – is a key driver of weakened income growth (which accounts for other forms of income, such as benefits) over the same time period.

The depth and duration of this wage stagnation is unprecedented and this has implications for current and future standards of living and health. Limited overall growth, however, does not mean progress cannot be made in closing inequalities because these are influenced by how existing resources are shared.
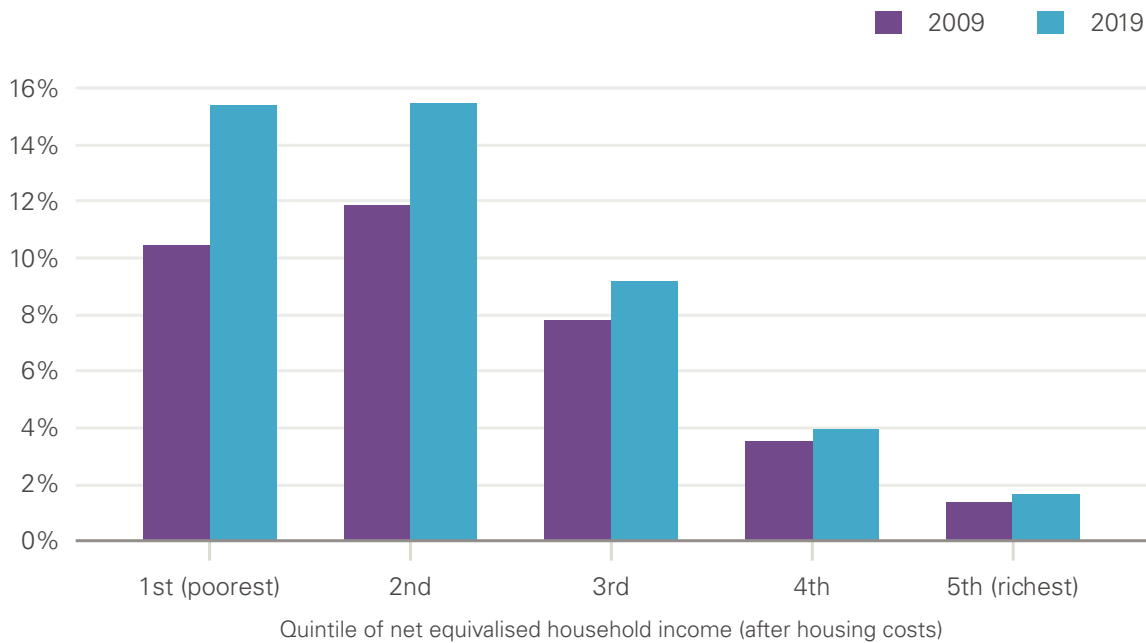
Income

Having sufficient money and resources is important for health. It allows people to maintain an adequate standard of living, affording essentials such as food and a home, and to participate in society. Insufficient income, or problem debt, can have an additional impact on health through the stress and anxiety of trying to make ends meet. Stress itself can lead to physical health problems.[19]

Income is perhaps the most key determinant of health because it also enables people to access other determinants of health, such as higher levels of educational achievement or high quality and secure housing. There is a strong association between income and health, which has potentially grown stronger in Scotland in the past decade as highlighted by Figure 7.

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Figure 7: There is a strong association between poorer health and lower income

Proportion of respondents saying their health is 'bad' or 'very bad' by income, women: Scotland, 2009 and 2019

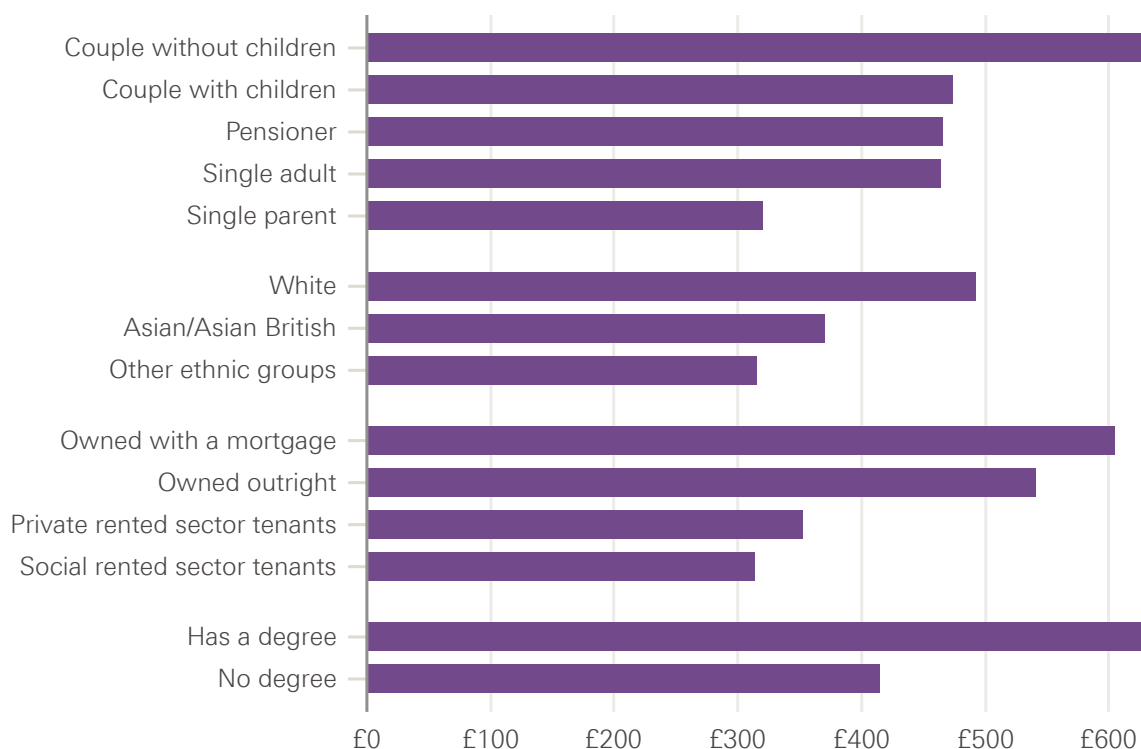Source: Fraser of Allander analysis using Scottish Household Survey, 2009 and 2019

Income inequality

Driven by trends in earnings growth, income growth was relatively robust through the 2000s but weakened in the decade prior to the pandemic. Over the same period, inequalities in income have remained high compared with most western European countries. There have been some fluctuations in income inequality over the past two decades, but the most significant increase in inequality occurred through the 1980s and early 1990s. Although overall household income inequality did not widen during the 2000s, the growth for the very highest income households was faster than the rest, while the lowest tenth of incomes grew more slowly than the rest.

Sustained income inequality will be a factor in differential health outcomes. This will either be directly through day-to-day consumption, or through wider experiences, such as education, social, and cultural activities, to which a relatively higher income enables greater access. Through similar mechanisms, even wider inequalities in wealth will play a part in the scale of health inequalities: the 10% of households with most wealth in Scotland had median wealth of £1.65m compared with £7,600 in the 10% of households with the least wealth – this is over a 200-fold difference.

Figure 8 shows that there are income inequalities between family structure, education level, ethnicity, disability and housing tenure. Not having a degree, renting, having children and being from an ethnic minority background are all characteristics typically associated with a lower income. The relative differences within these groups have remained largely unchanged over the past two decades.

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Figure 8: There is a wide variation in income between different groups of people
Median net equivalised household income (after housing costs) by population groups:
Scotland, 2017/18–2019/20

Source: Fraser of Allander analysis using Households Below Average Income datasets
Note: Income measured at household level, weighted by individual

Poverty

Compared with the rest of the UK Scotland has a slightly lower rate of relative poverty, largely because of lower housing costs – ie the cost of housing represents a smaller proportion of lower income household budgets. The proportion of the population living in relative poverty fell significantly from around 23% in 1999 to around 18% in 2012.

Since around 2015, however, the proportion of the population in both relative poverty and extreme poverty has been on a slow but persistent upward trend. This is particularly marked for child poverty. The share of children in relative poverty has gradually increased by two percentage points to reach 24% in 2017–20. The share of children in extreme poverty has increased from 13% in 2009–11 to 17% in 2017–20. These upward trends largely reflect changes to working-age social security benefits that have had a downward effect on working-age incomes.

Social security

Some changes to social security for working-age families by the UK government since 2010 have had a direct impact on income, and therefore indirectly on health, with lowest income families most negatively affected. Taken in their entirety, and once the policies are

fully in place,[‡] reductions in the value of support are estimated to reduce the incomes of the poorest 10% of UK households by 10%, compared with a reduction of 2% for all families. These measures include the 1% cap on increases in most working-age benefits between April 2013 and 2015 and limiting support to two children.

The Scottish government has provided some mitigation of social security cuts through offsetting the 'bedroom tax' and cuts to council tax support that both started in 2013. For affected families this is likely to have had a significant impact. However, the estimated £50m a year spent on these measures is only a fraction of the estimated £3.7bn a year total UK government welfare cuts in Scotland. More recently, the introduction of the Scottish Child Payment is providing an important top-up for low-income families with children. That said, the size of the effect on poverty is not fully known, particularly given the cost-of-living crisis.[20]

'The Scottish government has provided some mitigation of social security cuts […] For affected families this is likely to have had a significant impact.'

Compounding these income effects is the growing body of evidence that shows welfare reforms have increased the prevalence of mental health problems. This has been shown through higher prevalence of depression or anxiety among those at risk of having their benefits capped compared with those who have not; an increase in psychological distress from the introduction of Universal Credit (UC) in local areas; and evidence that becoming unemployed under UC is worse for mental health than becoming unemployed under the legacy system for lone parents and single adults (but not couples). Stress and anxiety can also eventually lead to deteriorating physical health.[21]

Employment

Employment is the main route by which people can secure income and is also important for health by providing day-to-day routine, societal participation, and a sense of status and purpose. Employment rates have overall been high in Scotland over the past two decades, aside from the 2009 recession following the financial crisis. There has been a steady increase in female employment since 1999, especially at older ages. Growing levels of employment through the 2010s provided an income boost to lower income households.[22]

Figure 9 shows a concerning reduction in employment for those younger than 24 years, particularly for men, where employment rates for 16–24 year olds have fallen from 65.1% to 57.4% between 2004 and 2019. This mirrors a broader trend in the UK of worsening labour market outcomes for young men.[23]

‡   The two-child limit will take up to 19 years from implementation in April 2017 to have full effect because it applies to children born after 5 April 2017.

Figure 9: Employment rates increased at older ages but fell for younger people
Employment rate: Scotland, 2004 and 2019

Source: Fraser of Allander Institute analysis of ONS, Labour Force Survey, 2022

Work quality and security

The quality of work people do – including whether it provides a lasting and stable income, the autonomy and flexibility it provides, or the extent to which it takes a physical toll or increases stress for employees – is also important for health. Working in a low-quality job can be more detrimental to health than remaining unemployed.[24]

Part of the employment growth that followed the financial crisis was an increase in less secure zero-hour contracts and low-paid self-employed work. On subjective measures of job insecurity – such as whether workers feel they will lose their job in the next year, or negative emotions they associate with their job – there is little evidence of a sustained increase over the past decade. But there is evidence of a persistent level of insecurity.

A further measure to consider is underemployment – the extent to which there are workers who want to work longer hours. Underemployment rates in Scotland increased from 7% to 11% immediately after the financial crisis but had gradually reduced to 8% by 2021.

Insecure work and underemployment are much more likely to be experienced by younger people, particularly men, and workers in lower-paid occupations. Zero-hour contracts are also increasingly concentrated among migrants and workers from ethnic minority backgrounds.

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Economic activity and health

There is a two-way relationship between health and employment, with good-quality employment supporting good health but poor health reducing chances of employment.

In Scotland, the working-age economic inactivity rate due to long-term health problems reduced from 7.5% in the mid-2000s to 5% in the mid-2010s, reflecting a fall in the prevalence of musculoskeletal and cardiovascular problems. Since the mid-2010s, the economic inactivity rate has increased, driven by a rise in the prevalence of depression and mental health problems. Both trends broadly follow the experience of the rest of the UK, where economic inactivity due to poor health has been gradually increasing and has become more apparent since the start of the pandemic.[25]

Compared with the rest of the UK, the proportion of working-age people living in Scotland who are economically inactive for health reasons has consistently been around 1–2 percentage points higher. Scots appear to be more likely to cite health as the main reason for inactivity than other factors, such as caring responsibilities.

Housing

Housing has a significant influence on health, including the quality of housing and its affordability. Housing quality relates to the actual physical state of a property and how suitable it is for residents. This can encompass a wide range of potential flaws, such as lacking sufficient insulation, being damp or mouldy, or containing risks such as trip hazards.

Housing affordability is the extent to which a household can meet the direct and indirect costs of housing, including rent and mortgage repayments, council tax and utilities. Housing affordability is associated with housing security but can also contribute directly to poorer mental health through stress and anxiety. Affordability can also create pressure on other elements of household expenditure associated with health, such as food or social participation.

Over the past two decades, the private rented sector has become a larger part of the housing mix in Scotland, as shown in Figure 10. This has direct implications for health via its impact on housing quality and affordability.

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Figure 10: The share of homes in the private rented sector has grown over the past two decades
Proportion of dwellings by tenure: Scotland, 1990 to 2020
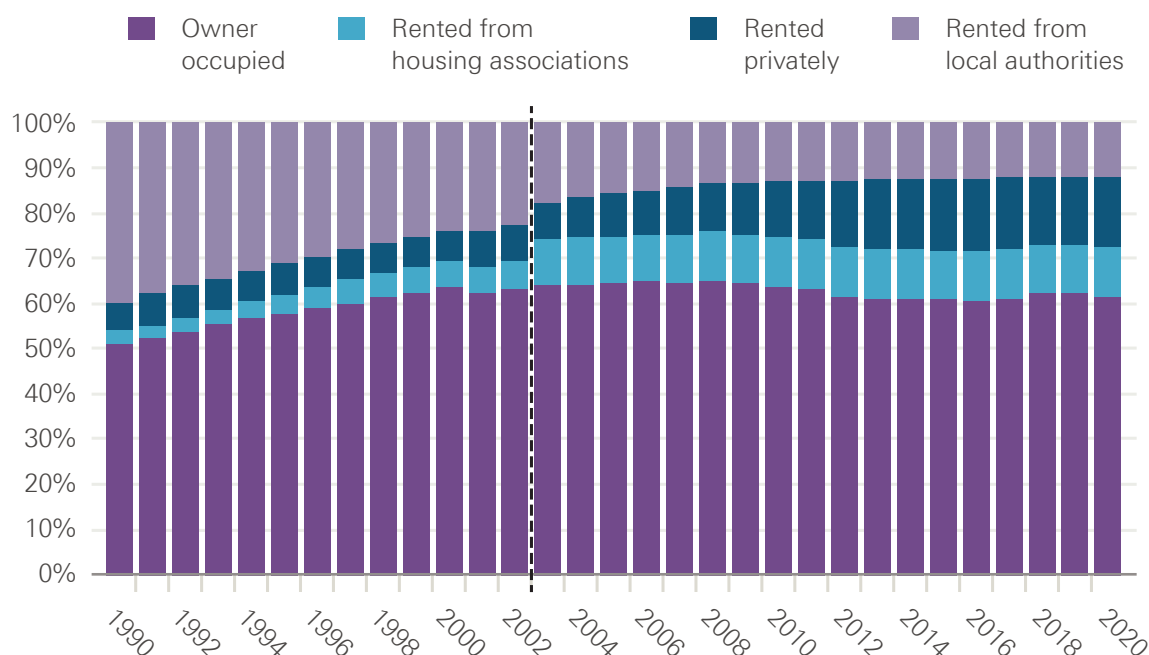
Source: Fraser of Allander analysis using DCMS and Scottish government
Notes: Breaks in the series show a data continuity due to differently timed data collection and change in source

The increase in private renting also has implications for household finances. Housing costs have increased for social and private renters in absolute terms and as a share of income since devolution. Overall housing costs have fallen as a proportion of income in Scotland, but they have increased for families with the lowest fifth of incomes. Relative to the rest of the UK, housing costs in Scotland tend to be lower, which has helped to keep poverty rates lower.

Inequalities in housing costs exist between other groups of the population. Younger people and people from minority ethnic backgrounds are more likely to have higher housing costs. Disabled people are more likely to live in owner occupied or social housing and therefore have housing costs that are slightly below average.

Housing quality is generally worse in the private rented sector, although in the case of damp and condensation, local authority owned social housing performs poorly. These differences between groups and tenures will contribute to health inequalities either directly (in the case of conditions such as damp) or indirectly (in the case of financial pressures on household finances from housing costs).

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Two decades of change

Scotland's health trends over the past two decades present cause for both optimism and alarm. There are clearly concerning trends that indicate a lack of improvement in the decade before the pandemic and, in many cases, widening inequalities, with signs that the most disadvantaged are being left behind. This is underlined by increasing rates of extreme poverty.

Trends in the socioeconomic factors that influence health outcomes provide little indication that health inequalities will improve in future. Large-scale income and wealth inequalities have not changed and levels of job insecurity persist, deepening for some workers in less secure forms of employment.

But the 2000s show that progress in health, inequalities and advances in wider living standards are possible. That some aspects of health inequalities continued to improve rather than deteriorate in the past decade shows that, even in a more difficult context, stagnation and decline are not inevitable and progress can be made on these complex issues.

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Drivers and trends of health inequalities in Scotland

3

Health inequalities are largely a consequence of differences in people's living conditions and experiences through life. Inequalities in power, money and resources at a local and national level can make people's daily lives more challenging. In turn, this can make people more vulnerable to poor health.

In 2018–20, there was a 24-year gap in healthy life expectancy between people living in the least and most deprived 10% of local areas in Scotland. This inequality has been widening since 2015–17, due to worsening trends among more disadvantaged groups.

Poorer health in Scotland is concentrated in areas with higher levels of deprivation, with little improvement in the past decade. This is related to three underlying factors:

- The accumulation of severe **multiple disadvantage** is associated with much higher rates of mortality, with people experiencing this tending to live in the most deprived areas.

- The limited extent to which people can improve their **living standards** due to a long period of wage stagnation and in comparison to their parents.

- The past decade has been typified by a period of austerity, which has left **public services** and social security in a fragile state and reduced the extent to which these elements of provision have been able to support healthier lives.

Multiple disadvantage

Living in more deprived areas, living in a lower income household, having low or no earnings and insecure work, or living in poor-quality housing leads to worse health outcomes. Experiencing two or more of these factors creates an even greater risk to people's health. This is likely because there are strong associations between the factors and how they interact. For instance, having low income may lead to living in poor-quality housing and both have negative effects on health, compounding disadvantage.

Severe forms of disadvantage include (but are not limited to) homelessness, opioid dependence, imprisonment and psychosis. A data linkage study considering adults living in Glasgow between 2010 and 2014 found that 1 in 20 adults experienced at least one of these severe forms of disadvantage. Experience of one or more of these is linked to significantly higher mortality rates, while the impact on mortality of experiencing two or more is greater still.[26]

A further study from 2019 estimated that 5,700 people in Scotland had experience of homelessness, substance dependency and offending; 28,800 people had experience of two out of the three, and 156,700 had experience of one. Greater numbers were estimated to have these experiences over the life course (21,000 all three, 226,000 two and 876,000 one) with homelessness the most common of these experiences. The highest risks of multiple disadvantage were associated with being younger than 40 years, single, white and male. People experiencing multiple disadvantage are also more likely to be concentrated in more deprived areas.[27]

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Qualitative evidence also suggests that people with multiple disadvantage are more likely to have adverse experiences throughout their lives, from childhood through to young adulthood. There is also evidence of greater exposure to violence for people who experience severe multiple disadvantage in a range of settings – home, school and local communities.[27] Violence is a factor that can be difficult to capture through surveys or crime data because both will to some extent rely on self-reporting. But violence is consistently reported as a factor driving health inequalities in qualitative studies.[28]

Even where health-related behaviours are distributed more evenly between people living in areas with different levels of deprivation, related health outcomes are worse in more deprived areas, suggesting that other exposures leave people in those areas less protected from worse health outcomes. This is the case when comparing alcohol consumption to the pattern of alcohol-related deaths and comparing physical activity rates to the pattern of obesity rates in children.

Stagnation in living standards

Better living conditions, greater access to opportunities such as extracurricular activities, help and support with negotiating systems such as higher education or finding a higher paid job, can all contribute to a healthier life. However, the long period of wage stagnation has limited the extent to which people can improve their living standards. In 2019/20 median household income in Scotland was £70 per week lower than if pre-2010/11 growth trends had continued. Such a pattern can be exacerbated by the accumulation of poorer health associated with worse socioeconomic outcomes.

As in the rest of the UK, the occupations of workers in Scotland are strongly associated with those of their parents. People with parents who worked in higher paid managerial or professional occupations are twice as likely to work in similar occupations than people with parents who did not. There is no evidence that occupational mobility between cohorts is increasing.

People who grew up in a household where nobody was in work are themselves more likely to be out of work, and much more likely to have poor health when adults. That more limited income due to a lack of work increases the likelihood of experiencing poor health can become self-reinforcing. Poorer health can in turn limit chances of being able to work or to find work.

Through life, the household income[§] that people experience fluctuates, moving between higher and lower levels of income, which may reflect changes in household composition or employment and pay. However, some people experience persistently low income. Almost two-thirds of households with the lowest 10% of incomes in 2010/11 still had income among the poorest 30% of incomes 10 years later. Over half of people (56%) in the bottom 30% of incomes in 2010/11 were still in that part of the distribution 10 years later.

§ Measured on an equivalised basis, which takes into account that the same level of income cannot provide the same standard of living in a larger household than a smaller one.

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Fragility of public services and fiscal austerity

Public services play an important role in building and maintaining good health across a wider range of mechanisms including education, housing and employment, as well as health and social care services. The quality and accessibility of public services plays a role in determining the extent that the factors discussed – multiple disadvantage and a lack of social mobility – are allowed to form or persist.

In the decade prior to devolution, there were sustained real-terms increases in public spending. But austerity policies in the 2010s led to a much tighter settlement for public services.[29] By 2016/17, the Scottish government's resource block grant was 6% lower in real terms than it had been in 2010/11, and only just returning to 2010/11 levels by 2019/20.

Figure 11: Different areas of spend have been prioritised over the past decade
Change in real-terms per capita spend on public services: Scotland, 2010/11–2019/20
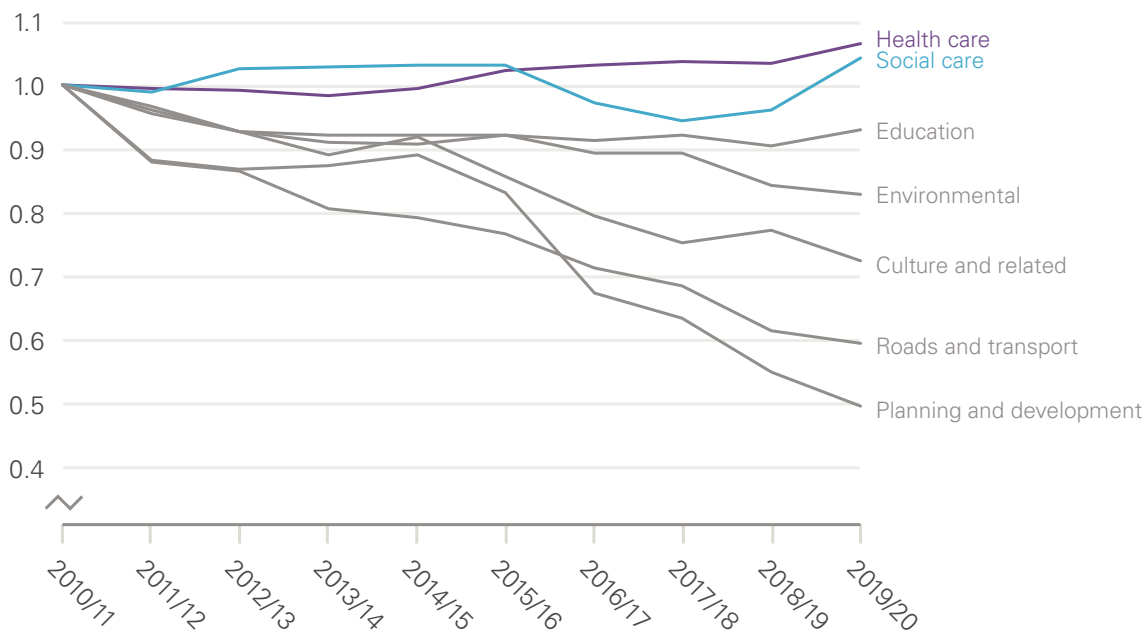
Source: Fraser of Allander Institute analysis of Provisional Outturn and Budget Estimates, Scottish government (various years); Government Expenditure and Revenue Scotland (Scottish government, 2021)
Notes: Chart shows resource spending, capital investment spending is excluded

Health and social care

Spending on health care in Scotland is now 4% higher per person than in the rest of the UK, falling from 10% higher in the 2000s. It has previously been estimated that relative to the rest of the UK, Scotland requires around 10% more per person funding due to differences in the population's age structure and additional health needs.[30] In the decade to 2009/10, the Scottish government increased health spend¶ by an average of 5% a year in real terms. Between 2010/11 and 2019/20, increases in average spend reduced to 1% a year in real

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¶   Health spending largely consists of spending on the NHS, but also includes spending by local authorities and some third sector providers in areas such as mental health services and alcohol and drugs policy.

terms, despite the Scottish government estimating that real-term increases of 3–4% a year would be necessary to meet demographic and cost pressures. By 2019/20, health spending in Scotland was £3bn to £4bn lower than it would have been had it grown at 3–4% per annum from 2009/10.

There is no evidence that reductions in health care spending were offset by increased social care activity – per capita spending on social care had been broadly flat for most of the last decade. This slowdown in health spending is arguably the channel by which austerity made its most immediate contribution to Scotland's stalling of mortality improvements between 2012 and 2019. This is because it had a direct impact on the ability to maintain the quality of care and support for people with acute health needs.

Local government spending

The core local government revenue settlement reduced by £750m in real terms between 2013/14 and 2017/18, equivalent to a 7% real-terms reduction. This led to real-term cuts for public services funded by local government, although these were lower overall than in England due to the greater priority for additional funding placed on health services in England. As shown in Figure 11, cuts were not experienced evenly. Spending on schools and social work were back at 2010/11 levels by 2021/22, although schools experienced several years of reduced spend. Spending on environmental services fell by 10%, while roads and transport, planning and economic development, and cultural services by over 20%.

Regardless of efforts by local authorities to increase efficiencies to meet the demands of reduced budgets, spending cuts on this scale will lead to a reduction in the level or quality of service provision. While these may not have a direct and immediate impact on mortality, cuts to services can have an immediate impact on health through reduced provision of services such as free school meals and children's centres. And over a longer term, an indirect impact on health by limiting education provision and reducing the quality of local community services and the environments that people live in.

Austerity and health

Estimating the effect of austerity measures on health is complicated. This is because of the variety of ways different factors can be affected by austerity and then in turn can influence health in different ways; the time lags between changes in spend and the eventual impact on health; and the various ways in which services may have been altered. The most immediate direct impacts are likely through reduced access to or quality of services such as health care, social care and public health that have a direct impact on the most acute health need and mortality. An impact on broader health outcomes, such as mental health or longer term effects on mortality, is more likely through provision affecting the wider determinants of health, such as education, housing, and social security support.

The longer term deterioration in funding and the quality of services has also reduced the resilience of institutions, communities and individuals to cope with future shocks. Consequentially, individuals with acute health need have an increased mortality risk and people experiencing disadvantage are at greater exposure to the impact of shocks, such as the cost-of-living crisis.

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Risks to future health

4

Some population groups are experiencing deteriorations in several different health outcomes or influences at the same time, compounding the likelihood of persistent, or even widening, health inequalities. These range from early childhood development to the impact of the cost-of-living crisis and access to services for acute health need. It is a significant cause for concern that these factors appear to combine, leaving people in the most deprived areas to fall further behind.

Failing to take early action to maintain good health and prevent deterioration will create future costs for the health care system, the economy and society. It will also mean greater challenges for people living day-to-day with poor health. Understanding how these factors are combining to create a greater risk to health than any one taken in isolation – and often the cumulative affect amplifies the risk – can guide policy attention where it is most needed.

Children not getting the best start in life

Early childhood development and the school years play a crucial role in determining future health. Poor outcomes in childhood can continue to have significant implications in life. For example, school readiness affects educational attainment, eventual access to job opportunities and can negatively affect lifetime income and ultimately health.

There are already wide health inequalities in the very earliest stages of childhood. These are compounded by inequalities in determinants of health which, if unaddressed, risk a further relative deterioration in health for the most disadvantaged children. In the past decade, inequalities have widened for infant immunisation uptake, infant mortality, low birthweight and childhood obesity.

'There are already wide health inequalities in the very earliest stages of childhood.'

Since 2013, while the proportion of 27–30-month-old children with development concerns has fallen across all levels of deprivation, the rate of fall has been faster in the least deprived areas compared with the most deprived areas. Relative inequalities have slightly widened and outcomes of children from the most deprived areas in 2019/20 only matched outcomes of the children from the next deprived fifth of areas recorded in 2013/14.

There is also a significant poverty-related attainment gap for primary school pupils in Scotland: pupils living in the most deprived fifth of local areas have lower levels of educational attainment than those from less deprived neighbourhoods. This has not closed over the past two decades. A similar gap exists for secondary age children and, despite signs of an improvement by 2019/20, the impact of the pandemic has reversed any progress.

These inequalities are a result of the circumstances in which children live, including child poverty. This has likely been exacerbated by the cost-of-living crisis. Families with children are also increasingly likely to live in the private rented sector, which tends to be of lower quality and affordability than other tenures.

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Men in the poorest communities

Young to middle-aged men in Scotland are at particular risk of poorer health. There has been declining engagement with health services among this group, who are most likely not to attend hospital appointments.

This group is also the most likely to suffer from deaths of despair,** with the exponential rise in drug deaths concentrated among men in their mid-30s to early-60s. Within cohorts the greatest risk of drug deaths is for people in their 30s. Suicide, alcohol and drugs are leading causes of death for men aged 15–44 years. For this age group they also account for two-thirds of absolute inequalities in total mortality. This greater risk of deaths of despair relates to a higher likelihood of experiencing multiple disadvantage (discussed in Section 3). Being younger than the age of 40 years, single, white and male was most strongly associated with experiencing severe multiple disadvantage.

> 'Within cohorts the greatest risk of drug deaths is for people in their 30s.'

Economic trends also point to younger men being at greater risk of poor health in the future through reduced earning potential. Meanwhile the gender gap in higher education participation is wide and has been growing over time. By 2020/21, male participation rates in higher education were 16 percentage points lower than for women.

Employment rates for men aged 16–24 years in Scotland fell by 7 percentage points, from 65% to 58% between 2004 and 2019. Men born since 1985 have started work in lower paid occupations than cohorts that came before them and are less likely to experience earnings progression in the following years.[31] Young men are more likely to work in lower paid and part-time roles in the service sector than previous generations, who were more likely to work in manufacturing roles.[32]

Declining access to preventative health care and treatment

In Scotland, use of some preventative services has been declining, with greater falls among people living in the most deprived areas. For example, childhood immunisation rates – previously a success story in Scotland – are falling and differences in rates between the most and least deprived areas have been widening. For women there have also been worrying declines in overall rates of cervical screening.

There have been some improvements such as in timely antenatal screening and take up of bowel screening, though in the case of the latter rates in the most deprived areas still fall below national targets.

In some areas there has been little change in outcomes in the past decade. Amenable mortality rates (ie deaths that can be prevented by treatments after the onset of disease) were improving in the 2000s, but the past decade has seen little progress. Amenable

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**   Deaths of despair is collective term referring to deaths relating to suicide, drug overdoses and alcoholism.

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mortality rates in the most deprived fifth of areas have only caught up to where rates in the next most deprived fifth of areas were in around 2007. Inequalities have remained wide. Amenable mortality in the most deprived fifth of areas is almost three times that in the least deprived.

Regardless of changes over the past two decades, wide gaps remain in the rate of access for treatment between people living in the least and most deprived areas. Even where improvements have been made in bowel screening and missed hospital outpatient admissions, for example, access for people in the most deprived areas is still worse than in the least deprived areas two decades ago. Multiple emergency admissions have remained over twice as high in the most deprived fifth of areas compared with the least.

Barriers to accessing health care services that create inequalities include the extent to which the timing and flexibility of appointments align with people's lives, mistrust of services and whether people realise that an ongoing health problem requires treatment. Without meaningful change to service provision, these longstanding inequalities will remain and leave a significant risk of harm to those with acute health who do not receive treatment.

Similar to the situation in England, the NHS in Scotland continues to be under huge pressure with increasingly long waits in emergency departments[33] and delays in treatments.[34] This will make progress on delivering services more challenging. Dealing with the COVID-19 pandemic meant refocusing limited resources, which led to a backlog of planned treatments or new assessments. Social restrictions also reduced the extent to which people accessed health care. Explanations for increased delays also include a lack of capacity, both from staffing and physical capacity within hospitals due to a shortage of social care capacity. Longer waits or an inability to access treatments risks worsening health and deepening existing poor health.

The impact of the cost-of-living crisis on the poorest

The cost-of-living crisis will have a greater impact on the poorest households who spend a much greater share of their budgets on essentials. These essentials – such as food and fuel – are experiencing the greatest rises in cost. This will have significant impact on health through limiting individuals' ability to afford basics and necessities for a healthy standard of living, such as a warm home and enough nutritious food.

Increased financial strain also risks a greater share of people across the income spectrum falling into problem debt. This may also increase the burden of mental health issues through stress and anxiety.

Significant mitigation has been put into place by the UK and Scottish governments. The UK government has implemented an Energy Price Guarantee equivalent to £2,500 a year, rising to £3,000 from April.[35] It is also providing a number of lump sum payments giving additional financial support to lower income, disabled and pensioner households.[36] It has also committed to the usual uprating practices of increasing working-age benefits by CPI inflation and to maintain the state pension triple lock.

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The Scottish government has gone further by including an additional child payment to low-income families, a Winter Heating Payment Allowance and measures to prevent problem debt and evictions.[36] Despite these efforts UK household incomes are expected to drop by 7% between 2021 and 2023, primarily due to high inflation.[11] It remains uncertain how families will be able to cope particularly given that the pandemic has left many families, especially low-income and single-parent families,[37] in a less resilient position for further financial shocks.

Outcomes for the most disadvantaged communities are becoming detached from the majority

Across all health indicators, people living in the most deprived areas have the worst outcomes. There is a similar pattern in health outcomes across areas of social disadvantage, such as income and occupational status. This is a well-established pattern, with the health gap between the most deprived 20% and the next most deprived fifth often greater than between any two other adjacent groups. Of particular concern is the widening gap in health between people living in the most deprived fifth of areas and the rest of the population over the past decade.

Figure 12 shows how this gap – whether relative, absolute or both – has widened across a range of health measures.[††] This is shown most starkly in the greater rate of drug deaths among people in the most deprived areas. Between 2001 and 2020, the overall rate of drug deaths increased from 6.2 per 100,000 to 25.1 per 100,00. This has been driven by the increase in deaths in the most deprived areas, reaching 68.2 deaths per 100,000 people by 2020 – this is 18 times as high as in the least deprived areas.

'Of particular concern is the widening gap in health between people living in the most deprived fifth of areas and the rest of the population.'
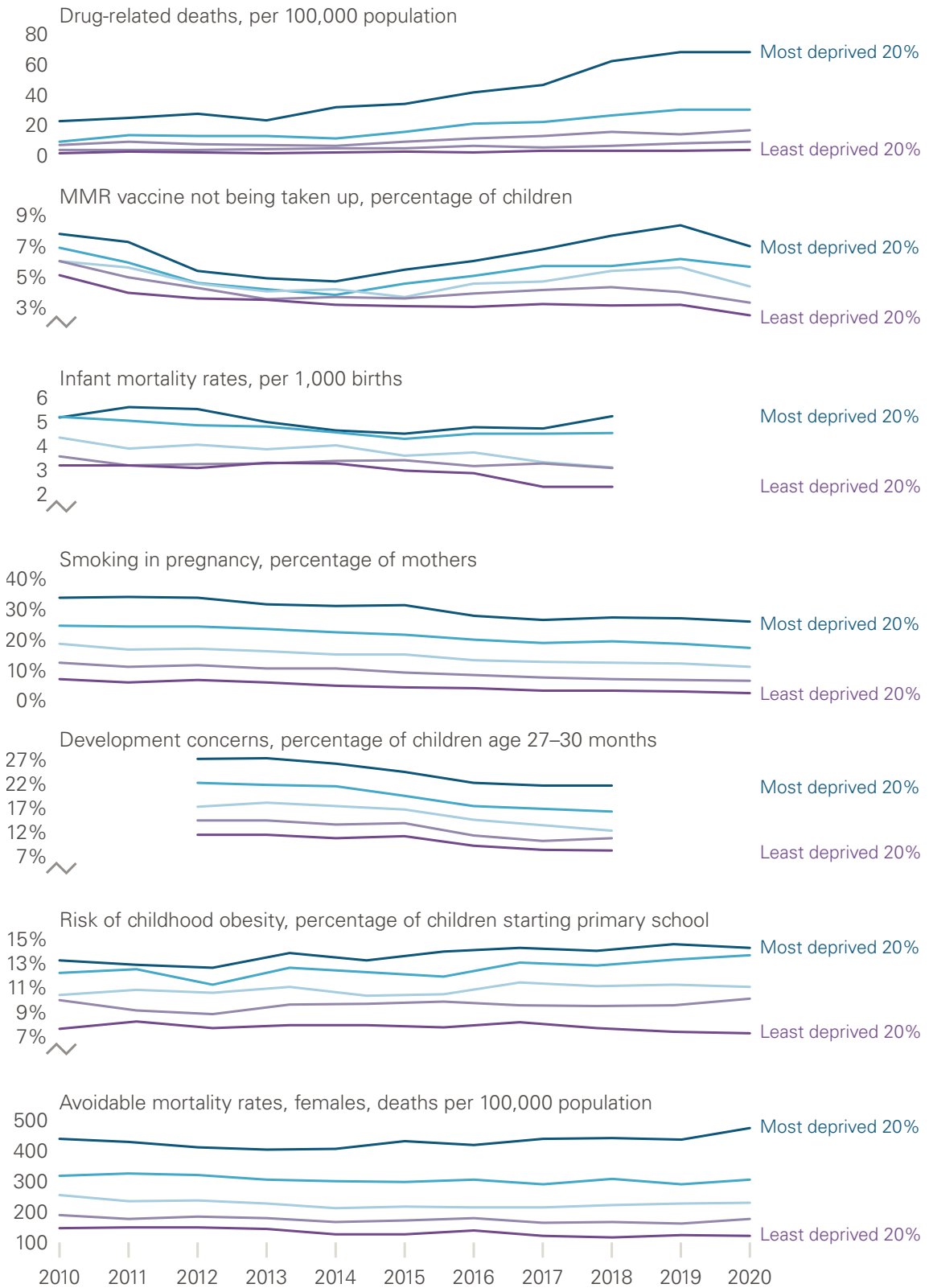
In the area of child health, the absolute gap in MMR vaccine uptake in 24-month-olds between the most and least deprived areas has increased from 0.8% in 2014 to 4.5% in 2021 – driven by an increased uptake in less deprived areas. For infant mortality, rates have improved or stayed steady for all except those in the most deprived areas where there has been an increase in infant mortality rates since 2015. The gap in the risk of childhood obesity between most and least deprived areas had increased to 7 percentage points by 2019.

††   Where data are an average of multiple years, we refer to the final year of the period, and in the case of financial years the year starting in April.

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Figure 12: People living in the most deprived areas are falling behind everyone else
Various indicators of health: Scotland, 2010–2020

Drug-related deaths, per 100,000 population

MMR vaccine not being taken up, percentage of children

Infant mortality rates, per 1,000 births

Smoking in pregnancy, percentage of mothers

Development concerns, percentage of children age 27–30 months

Risk of childhood obesity, percentage of children starting primary school

Avoidable mortality rates, females, deaths per 100,000 population

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Overall improvements in the prevalence of smoking during pregnancy have led to a widening of relative inequalities. The absolute difference between women living in the most and least deprived fifth of areas has fallen, but because it has fallen faster in the least deprived areas, relative inequalities have widened. The prevalence of smoking during pregnancy was over 10 times higher among pregnant women living in the most deprived fifth of areas compared with the least in 2020. There is a similar pattern in the prevalence of children with early development concerns at age 27–30 months and birthweight.

An exception is adolescent mental health outcomes, where the gap between the most and least deprived has closed. However, this is because the share of people in the least deprived areas with mental health problems has increased, leading to a 'levelling down'.

In the case of drug deaths and the risk of childhood obesity, the gap between the second and third quintile is also growing. This suggests there are early signs that this widening of inequalities is no longer predominantly confined to the most deprived areas.

These trends, as demonstrated by Figure 12, are concerning as they suggest that the experiences of people living in the most deprived areas will lead to increasingly worse health outcomes compared with other groups, storing up further problems for the future.

Even where risk factors and behaviours are distributed more evenly, actual health outcomes are worse in more deprived areas, suggesting that other exposures and multiple factors mean people are less protected from worse health outcomes than other groups. This implies policies and interventions that focus only on health behaviour change (such as reducing alcohol consumption or increasing physical activity) are unlikely to have a meaningful impact on health inequalities.

Early action can prevent inequalities widening further

There are clear emerging trends that appear to be exacerbating health inequalities. If left unaddressed these are likely to widen further in future. Some outcomes are longstanding where insufficient progress has been made historically, such as education and inequalities in accessing health care services. Others are the result of emerging trends, such as the decline in younger men's health, or stem from more immediate developments, such as the cost-of-living crisis.

These outcomes are contributing to a broader and concerning trend that people living in the most deprived areas are falling further behind everyone else. Immediate action is needed to reverse the lack of policy delivery progress of the past decade to head off and reverse these trends.

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What is holding back progress?

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Scotland has the greatest powers of any of the UK's devolved nations, with areas of responsibility including health and social care, education and elements of social security and tax. The extent of these powers means that the Scottish government holds many of the levers to improve health and reduce health inequalities

There are challenges to maximising the impact of existing powers, including increasing divergence in policy direction at Westminster and the broader context of weak economic growth. Scotland's productivity levels have historically been lower than the rest of the UK and are now projected to grow more slowly in Scotland over the longer term due to an older population. Maximising the health of the population and reducing inequalities, while in itself an important aim, could also boost economic growth.

Despite these headwinds, failing to act could bring social and economic costs. Progress can be made by maximising the impact of action within current constraints. But doing so requires action across the whole of society – and collaboration across central and local government, public bodies, the voluntary and community sector, business and employers and the public.

> 'Progress can be made by maximising the impact of action within current constraints.'

Scottish powers

The powers available to the Scottish government have gradually increased since the Scottish Government Act 1998. The timing and evolution of these powers are important in understanding the extent to which Scotland has taken the opportunity to reduce health inequalities over the past two decades. They also show the opportunities for future action.

Most recently, the Scotland Act 2016 provided for control of rates and bands of income tax and elements of social security including disability and carer benefits and the ability to top up existing benefits. This resulted in the establishment of the Scottish Child Payment (set out in more detail in Box 2).

The relatively recent introduction of new social security benefits, and the limited utilisation of tax powers to date, mean that the full impact of these measures is as yet unknown. The combination of the two provides the potential for significant redistribution of income within Scotland, with the child payment an important step in this direction. But this could go further, for example by reforming the council tax regime in ways that simultaneously contribute to reducing inequalities in wealth while also providing increased revenues.

Box 2: The gradual devolution of powers to Scotland

	Scotland Act 1988	Scotland Act 2012	Scotland Act 2016
Health and social services	Health (with some exceptions)		
Education and early years	Education and early years		Maternal expense benefits
Employment and quality of work	Economic development Employment training and careers advice		Employment programmes
Living standards			Disability and carer benefits Top-ups of reserved benefits Discretionary housing payments Universal Credit – vary housing element and payment frequency Energy efficiency and fuel poverty Consumer advice and advocacy
Housing, sustainable places and communities	Local government and local taxes Sport, tourism and the arts Transport (with some exceptions) Housing and homelessness Environment Agriculture, forestry, fishing and food Justice, policing and fire service	Stamp duty and landfill tax	Onshore oil and gas licensing Further transport
Revenue raising powers	Limited variation of income tax rates	Capped infrastructure and resource borrowing powers Introduce Scottish rate of income tax	Rates and bands on non-savings, non-dividend income tax Air Passenger Duty and Aggregates Tax

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Scotland does not own all the levers to improve health or reduce inequalities. Other factors may set constraints on what is achievable. But the extent to which Scotland uses the levers available will determine how far those external factors bite. Mortality trends will partly relate to external factors (such as economic growth and living standards) and longer term factors that predate devolution (such as changes in smoking or obesity prevalence).

A contradictory direction of policy travel between the Scottish and UK governments can act as a brake on progress. Or, as in the case of elements of social security and in tackling child poverty, resources in Scotland are diverted from other areas to mitigate UK government policy effects.

The ability of governments to act also extends to soft powers, whether to influence at other levels of government, delivery partners or business without using formal regulatory powers. For instance, in relation to business – which has an important impact on health through employment opportunities as well as the goods and services it produces – government can set standards of best practice, which for the Scottish government is shown in its commitment to be a living wage employer, as well as through other terms and conditions of employment being offered to staff or contractors.

The manifesto of the elected government sets the broad direction and tone for the type of society a country wants to be. Convening powers can be used to bring key actors together to agree aims, raise awareness or mediate issues.

Delivering with local government

The relationship between central and local government in Scotland is important in the effective delivery of the policies enabled by the Scottish government's powers. However, stakeholders felt that delivery can be limited by a centralised approach to budgeting that led to multiple small pots being allocated for specific policy areas. Budgets also tend to be set year to year, reducing the scope for longer term planning.

The period of fiscal austerity means that Scottish local authorities have experienced significant funding cuts over the past decade. They have also had increased statutory requirements placed on them that had to be prioritised over the delivery of other functions. That said, compared with England, cuts to local authority funding in Scotland were smaller. This is because the Scottish government chose to allocate less spend towards the NHS than in England, enabling it to use the extra funding to reduce the scale of cuts elsewhere.

The implementation gap

Improving outcomes in any sector is consistently found to depend on the will to act, policies and ideas that are known to be effective, and the ability to implement these in a sustained manner. When it comes to improving health and reducing inequalities, action is needed across sectors. This places even greater emphasis on the importance of effective implementation and collaboration.

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Public health policy since devolution

Since devolution, several health policy plans and strategies in Scotland have focused to a greater or lesser extent on tackling health inequalities, notably:

- *Improving Health in Scotland: The Challenge*[38] in 2003 centred on individual risk factors such as obesity, tobacco and alcohol.

- *Closing the opportunity gap in 2004*[39] was a cross-departmental strategy aimed at reducing poverty with specific targets across employment, health, skills, income and recognised challenges in rural areas.

- *Equally Well*, the report of the Scottish government's Ministerial Task Force on health inequalities published in 2008 set out a programme for change across key priority areas including early years, cardiovascular disease and cancer, drug and alcohol problems and links to violence, and mental health and wellbeing. Its implementation plan included the establishment of eight test sites with a cross-sector approach to service improvement, recognising progress could not be achieved through health care alone.[40]

- Most recently the 2018 *Public Health Priorities for Scotland* and the establishment of Public Health Scotland in 2020, have provided a platform to set out national and local government priorities for health over the next decade.[41]

Despite this sustained policy attention, inequalities in health remain wide. In part this reflects the tendency for the policy implementation stemming from these strategies to emphasise downstream interventions. Unless the upstream conditions that shape health inequalities are tackled, progress will be limited to trying to pick up the consequences of social and economic inequality.

Recognising the cross-sector nature of the action required to improve health and reduce inequalities, the reasons for this lack of progress were explored as part of this review. This involved a series of workshops, interviews and surveys with stakeholders from across the wider health policy system.

It was generally accepted that tackling historical circumstances and entrenched inequalities is not easy. Nevertheless, there was recognition of a difference between the policy intent and the reality on the ground for people experiencing services – a persistent and growing 'implementation gap' – ultimately resulting in communities facing increasing inequalities. This implementation gap was seen to arise in multiple ways and at different points through the continuum of policymaking – between intent, design, delivery and experience.

'Unless the upstream conditions that shape health inequalities are tackled, progress will be limited to trying to pick up the consequences of social and economic inequality.'

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Box 3: The Christie Commission

Reporting in 2011, the Christie Commission set a vision for the effective delivery of public services in Scotland. Many of today's delivery difficulties demonstrate the significant progress needed for that vision to be realised. Many of the core principles set out chimed strongly with the issues blocking progress on health inequalities identified in this review.

Key principles of reform from the Christie Commission[42]

The commission looked across the whole field of public service delivery, rather than specific aspects of public service reform. The work examined the challenges, obstacles and opportunities for public service policy and delivery. The commission mapped out a way forward for the reform of public services in Scotland. This included recognition of how services should be designed and then implemented, to identify and understand a particular issue.

The approach can be summarised by the following four priorities:

- People: Reforms must aim to empower individuals and communities by involving them in the design and delivery of the services.

- Partnership: Public service providers must work more closely in partnership, integrating service provision to improve their outcomes.

- Prevention: Expenditure must be prioritised on public services which prevent negative outcomes.

- Performance: The public services system – public, third and private sectors – must reduce duplication and share services to become more efficient.

A 10-years-on roundtable identified a lack of sufficient progress. It concluded that achieving greater progress in the delivery of public services in Scotland requires a shift to more preventative action, delivery at a local level and by local actors, with a greater level of public scrutiny.

Why the lack of progress?

A survey of people working in the voluntary and community sector, delivery agencies and health services showed a strong recognition of an implementation gap, with 82% of those responding feeling it was a large or very large problem. This implementation gap was attributed to the following factors:

- **Short-termism in planning**: Already stretched budgets not being used most effectively because there is a failure to take a long-term approach to planning the best use of resources. This was related to the short-term nature of politics where rapidly designed policies are brought forward without enough time spent on understanding resourcing or delivery. It also reflects the annual budgeting nature of the Scottish block grant.

- **A centralised approach to policymaking**: While some policies – such as income redistribution – tend to benefit from centralised delivery, the coordination of more operational policy interventions tends to result in centralisation with a sense of micro-management of delivery from the centre. Community involvement in the policy development process is still too limited despite this forming a core part of policy rhetoric and widespread recognition of its importance. The efficacy of

<div align="center">Page 289</div>

Community Planning Partnerships has been questionable and provisions in the Community Empowerment Act 2014 to promote and facilitate public participation in local decision making have not yet been fully exploited.

- **Poor use of money in the system**: Where there are separate pots of money for different policy priorities this can make it is difficult to deploy resources to reflect need in different local areas, or to adapt to emerging issues. It is not always the case that there is not enough money, rather that existing resources at times could be used to greater effect.

- **Scaling up success**: Examples of best practice and successful delivery exist but the level and quality of evaluation varies leaving a lack of understanding as to the impact of outcomes as well as more mechanistic delivery challenges. This hampers the ability to scale these either in different local areas or applying the approach to other policy areas. There has been little sign of change in the policy system to support the identification and greater take-up of successful approaches.

- **Lack of coherence across policy areas**: There was too little joining up between key policy areas where aims and outcomes aligned, preventing joint working. This approach is also built into operating structures and finances making it too easy to default to the practice.

Stakeholder participant:

'Our policies are generally well conceived with the intention of trying to make a positive and progressive difference, but are not delivered, resourced or thought through well in terms of delivery. We lack the spaces in Scotland for long-term thinking that joins up investment, planning and resource allocation.'

Figure 13 shows the most-cited barriers to implementation in our survey were a lack of long-term and joined-up strategic thinking/planning (49%); insufficient resourcing, funding and investment (47%); and short-termism in politics and consequent risk aversion (31%).

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Figure 13: Most cited barriers to greater policy progress
Proportion of respondents deeming each item a top barrier to greater progress
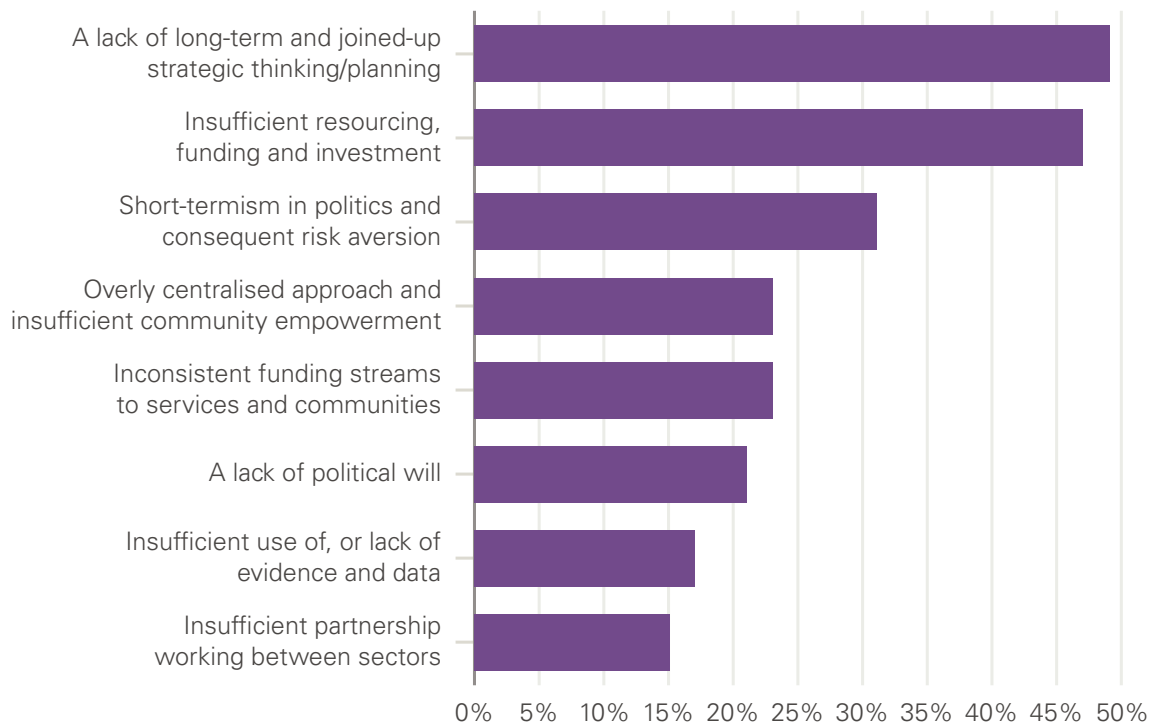
Source: Diffley Partnership, stakeholder survey
Notes: Question asked, 'Which of the following would you say are the biggest barriers to making progress on reducing health inequalities in Scotland?' (Select up to 3); only categories receiving more than 15% shown

Three broad themes emerge in relation to the perceived barriers to implementation, from both the survey and in-depth discussions undertaken during the review.

- Policy design can in isolation be good, yet fail to recognise the context in which it is then applied – either in relation to other existing policy strands, the wider economic and political context or local conditions.

- A lack of trust between institutions involved in delivery – across national government, local government, agencies and the voluntary sector. This appeared to be caused in particular by a lack of empowerment among actors in the system or in engagement between sectors.

- The need for a growing maturity of the policy system. This was shown in several ways including the need for greater evaluation of what has worked, what has not and why. It was felt that policymaking was not led enough by evidence, with insufficient effective use of data and evidence in decision making and policy design. People perceived the lack of an independent voice, scrutiny, and challenge, with a fear of failure throughout the system preventing innovative approaches to delivery.

Business also plays a key role in determining health, through generating employment opportunities as well as the goods and services it produces and the way in which products are marketed. These can all have powerful positive and negative impacts on health and must be part of any successful society-wide approach to improving health and reducing

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inequalities. One such example, which was beyond the focus of this review, is the critical role businesses play in shaping the food environment. In Scotland, this currently fails to support access to healthy food with excessive calorie intake leading to higher obesity rates.[43]

The cost of inaction to both individuals' health, and ultimately the economy and public services, means that achieving the maximum within existing constraints should be a priority. And all sectors need to play a role. Some barriers can be more easily overcome within current parameters, while others will require longer term reform to improve the parameters of the system in which people operate.

The context for delivery in Scotland

Many of the issues highlighted apply in other nations and places. There are two features of the Scottish context that are important to consider in understanding the implementation gap.

Geography

Scotland is the least densely populated country in the UK. It has a greater share of sparsely populated countryside with its most populous areas concentrated in the lowlands – the south and south-east coast. The largest urban areas have smaller populations than the largest in England and there is a much smaller share of medium-sized towns. This presents challenges for provision of public services given disperse populations and fewer large population centres to achieve economies of scale. Public service delivery has historically been higher on a per capita basis than on average in England, which may partly reflect these additional delivery costs.[44]

Figure 14 shows how period life expectancy at birth and the range of period life expectancy at birth within an area vary across local authorities. The range of life expectancy is measured by the absolute difference in life expectancy at birth between the least and most deprived 20% of neighbourhoods within a local authority. The figure also shows the rural-urban classification that applies to the largest share of the population within a local authority. The size of the bubble denotes population size. It highlights that lower life expectancy is correlated with higher inequality in life expectancy, but there is no clear pattern associated with rural-urban classification or population size.

Glasgow City and Dundee City are predominantly large urban areas with below average life expectancy and above average absolute inequality in life expectancy. North Lanarkshire, West Dunbartonshire and Inverclyde also have relatively low life expectancy and high absolute inequality in life expectancy but are predominantly classified as 'other urban areas'. East Lothian and the Scottish Borders are examples of predominantly accessible rural areas with above average life expectancy and below average inequality in life expectancy.

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Figure 14: Variation in life expectancy between local areas

Male life expectancy by life expectancy deprivation gap in local authorities by predominant urban-rural classification and population size, Scotland, 2015–19
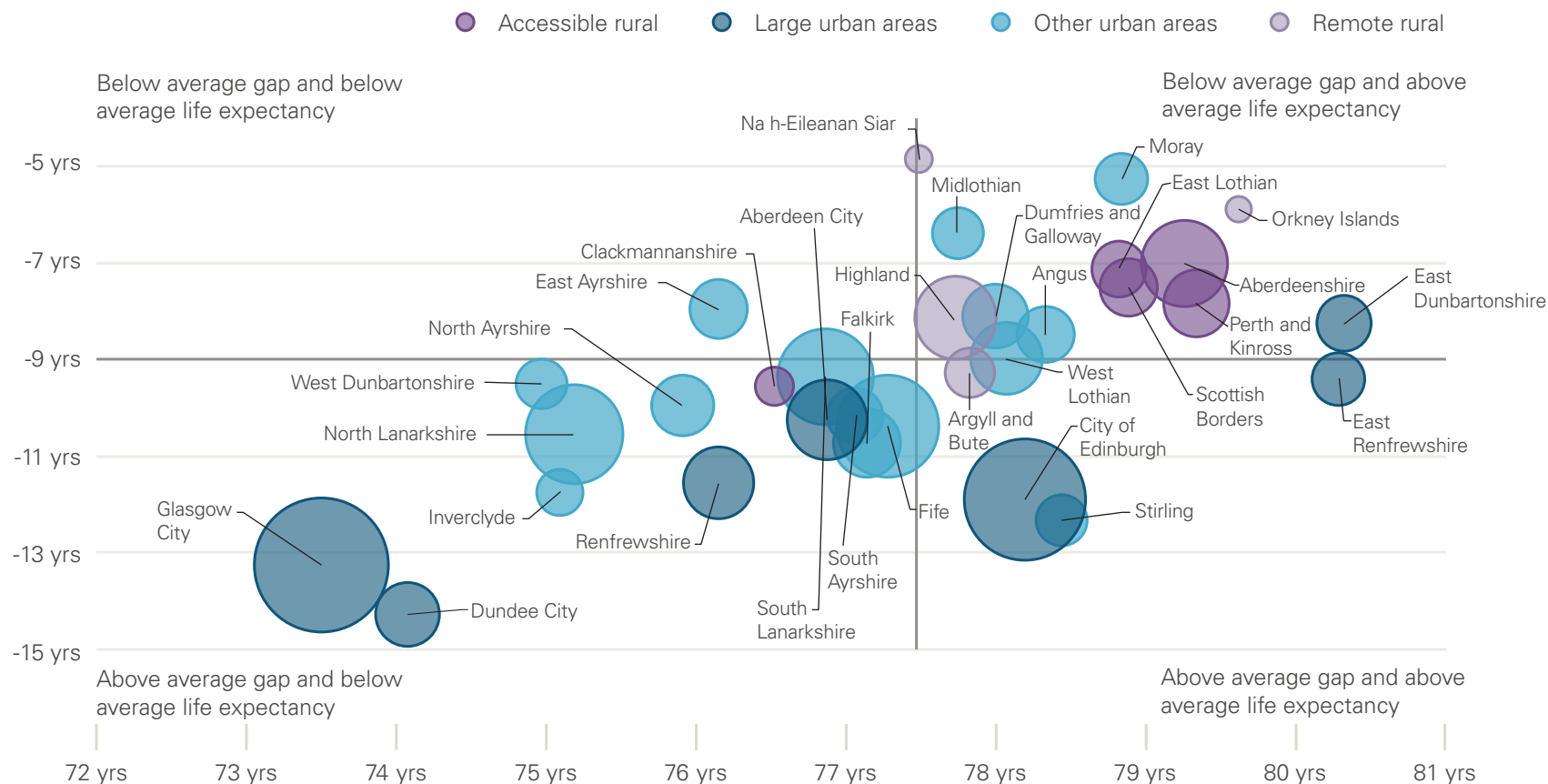
Size of bubble reflects relative population size.

Source: Health Foundation analysis using National Records of Scotland, mid-2021 population estimates, life expectancy by council and SIMD 2015–19; Scottish government, Urban Rural classification 2016

Notes: Predominant urban-rural classification is the largest percentage of population living in one of the 6-fold Urban Rural category: Large urban areas/Other urban areas/Accessible small towns/Remote small towns/Accessible rural/Remote rural; life expectancy deprivation gap is the absolute difference in period life expectancy at birth between the 20% most and least deprived areas within a local authority.

Within local authorities health outcomes and levels of deprivation can also vary significantly. Urban areas tend to have concentrations of both very deprived and very advantaged populations. Less populated rural areas tend not to contain the most deprived neighbourhoods, and some areas have none.

There are also significant variations in socioeconomic outcomes between different local areas in Scotland. For instance, 24.6% of children living in Glasgow City live in child poverty compared with 8.3% of children living in East Dunbartonshire. There is also wide variation in economic inactivity rates. In Midlothian, 83.7% of 16–64 year olds were economically active, compared with 69.4% in North Lanarkshire.

A National Performance Framework

The National Performance Framework provides a set of outcomes aimed at creating a future Scotland that reflects the country's values and aspirations. It can also track progress in reducing inequality. The framework is broadly aligned with the United Nation's sustainable development goals. It also provides an opportunity to focus action across the policy system.

The framework gives a range of detailed indicators designed to encourage progress towards a wider goal. For instance, the broad goal 'children and young people growing up loved, safe and respected so they realise their full potential' has a supported indicator (one of several) of equality of children services, measured as the percentage of settings providing funded early learning and childcare achieving Care Inspectorate grades of good or better across four themes.[45]

Stakeholders suggested that the focus of policy delivery tended to be on achieving improvements in previously identified specific metrics, rather than coming back to broader aims, such as improving children's wellbeing and development. The consequence was felt to be a lack of accountability across different actors in the system for the broader aim, a sense of disempowerment when a different approach – outside of the metrics – could help achieve the wider aim, and failing to recognise opportunities for joint action across the system that could lead to greater overall improvements.

> **Stakeholder participant:**
>
> 'We have the National Performance Framework, but we don't use it well enough. We should use this more proactively to inform and drive decision making and resourcing across existing silos or organisational structures.'

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Building support for a radical shift in action

Deliberative work with the public conducted as part of this review has shown appetite for more radical action on health inequalities. Effective public support could help to galvanise a longer term preventative approach to tackle the fundamental drivers of health inequalities. A focus on lifestyle factors and acute health need is not inevitable. Rather our panel have called on government to lead a national conversation for a long-term, strategic, cross-sector approach. This echoes the calls of stakeholders shown in Box 4.

Box 4: Principles for tackling health inequalities in Scotland from public and stakeholder engagement

Deliberative public engagement

- Use robust evidence and expertise on the most effective ways to tackle health inequalities to develop impactful interventions.
- Work in collaboration across political parties to develop a long-term plan for tackling health inequalities in Scotland to ensure consistency and continuity, rather than adversarial politics.
- Develop an effective and viable strategy to tackle health inequalities in Scotland that brings together all relevant stakeholders, including experts, practitioners (from health care and community services) and members of the public.
- The Scottish government should lead and stimulate a national conversation around health inequalities rooted in principles of fairness, and with transparency and honesty around its decision making.

Stakeholder workshops and interviews

- To get better at learning from different actors within the policy delivery system, understanding what works in different places and why as well as learning from international examples.
- Take a longer term approach to policymaking and service resourcing.
- Get better about sharing what works and how to deliver it across different localities.
- Be much more radical about the kind of change we want to see both in terms of structural change, operational change (with a recurring theme being the need for more relational and preventative services) and cultural change in terms of pooling resources and sharing accountability openly.

The cost of inaction to both individuals' health, and ultimately the economy and public services, means that achieving the maximum within existing constraints should be a priority. Effective policy development and delivery is difficult, and success often requires sustained, long-term action, leading to gradual change. However, the latest report from Audit Scotland emphasises the need for immediate and extensive public service delivery reform if policy goals are to be successfully met within tight fiscal constraints.

The final section concludes by setting out a future path for making greater progress in improving health and reducing inequalities in Scotland, arguing for a radical shift in the scale and pace of policy delivery.

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Bridging the implementation gap

6

The past two decades have shown that in times of crisis those facing greatest disadvantage are hit the hardest. The societal fault lines shown starkly by the cost-of-living crisis and the COVID-19 pandemic reflect patterns witnessed in the aftermath of the 2008 financial crisis. It is time to take action to tackle inequalities and provide greater protections for the most affected groups.

Differences exist in health and the social and economic outcomes that influence health across the population of Scotland. Health inequalities reflect historical social and economic inequalities and their scale leads to Scotland having lower life expectancy than other countries in the UK, falling behind other European countries. Many, especially people living in poverty or more deprived areas, already have poor health at risk of further deterioration. The experience of multiple disadvantage, including a minority experiencing severe multiple disadvantage, is contributing to a growing gap in health outcomes.

A society acting together to improve health and reduce inequalities

Political progress in moving towards more mature governance structures, institutions and shaping a more progressive society in Scotland has stalled in recent years. This reflects a combination of political inertia – related to the fallout from Brexit and renewed focus on independence – and a series of crises: weak economic growth post-2008, the pandemic and cost-of-living crisis.

The austerity of the 2010s was more than a reduction in spend on public services and social security. The effects of wage stagnation have led to an unprecedented slowdown in improvements in living standards that in turn has placed greater strain on families, particularly those with lower incomes, to maintain or improve their living standards. UK government policy decisions have exacerbated the situation through a series of cuts to working-age social security and public services. The consequence for an already vulnerable population is playing out in widening inequalities across a range of health outcomes, and signs of increasing poverty.

Progress in reducing inequalities in social and economic outcomes has been slight, with wide gaps remaining in educational attainment, a growing share of people living in the less secure private rented sector, and persistence of insecure work. This lack of progress provides little indication of health inequalities narrowing in future.

The broader economic and fiscal context does not excuse the persistent implementation gap in Scotland – between policy intent, delivery and people's experiences. Government has a role to play in setting the tone for a relentless pursuit of meaningful change and championing what is possible, providing the leadership and influence to enact it. Making headway will require a whole-society response including at all levels of government, business, the voluntary and community sector and the public.

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There is also a strong mandate for action in Scotland. The public is concerned about inequalities and supports action, including greater investment in public services to support better health and raising taxes to do so. While an emphasis on health and inequalities can initially be interpreted as needing to focus on health care services or individual actions, our deliberative work has shown that the public supports long-term preventative action.

Stakeholders described an implementation gap pervading each stage of the policy process, from policy design to delivery, across sectors. The diagnosis offered by stakeholders varied but can be characterised as driven by short-termism, over-centralisation, a failure to prioritise and a perceived lack of trust between different actors in the system. Existing policy plans were often characterised as highly burdensome and constrictive of innovation and tailoring for local areas. This contrasts with an intent for greater community engagement and development of policy solutions in local areas.

The pandemic galvanised actors across the policy system to support immediate need. In many instances, necessity provided the catalyst to overcome barriers within the system. The lessons of success from such collaboration and cross-sector working should not be lost and can be built on.

Turning the tide

Tackling health inequalities requires sustained focus over the long term. Action in the short term needs to build the foundations for longer term change, rather than creating near-term successes that are limited in scope and ultimately overwhelmed by wider pressures. Failure to prioritise the myriad issues that need to addressed is likely to diminish impact. Instead, appropriate short, medium and long-term measures need to be identified for sustained impact.

Fundamentally, all policy areas in Scotland must ensure that their activity helps to prevent the poorest and most disadvantaged in Scotland falling further behind. Our review also highlights three specific areas of concern that require immediate attention given current trends: drug-related deaths, the health of infants and children, and outcomes for young and middle-aged men. These should not take away from the need for wider action across all parts of society, and action here and elsewhere must mitigate the risk of narrowly focused interventions that treat symptoms rather than causes.

Our review has not aimed to create a set of detailed recommendations and achieving progress does not require another new strategy. Many of the elements identified as lacking from current policy processes are those set out over a decade ago by the Christie Commission. The shift required now is in the pace and focus of delivery, and recognition of the scale of reform required.

Existing strategies need to be built on and adapted to ensure there is collaboration across the delivery system based on practical action and shared goals. These should be captured within the National Performance Framework to provide a clearer link between overarching ambitions and specific policy goals. Achieving this requires taking greater steps to empower and engage all parts of society in developing and delivering solutions.

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Supporting renewed ambition and delivery

Our commitment to improving health and tackling inequalities in Scotland does not stop here. The Health Foundation plans to support renewed ambition in delivery, but this can only be successful if it is developed with and led by the public and actors within the policy system. Building on our independent review we will seek to support collaborative activity focused on:

- Maximising the delivery contribution at all levels and across sectors, determining and attributing appropriate responsibility with targets that reflect the change being sought on the ground.

- Evaluation and learning from existing policy interventions to recognise what does and does not work and ensure policy development is based on evidence – and how best to share and adapt what works across different localities and policy streams.

- Setting clear, focused and achievable short-term goals that are part of a longer term preventative approach to policy design, delivery and resourcing.

- Cross-sector working that allows for the pooling of resources and shared goals.

There are some obvious constraints on progress. The difficult fiscal context must be recognised and there are limits to change without greater collaboration between Scotland and the UK government.

Even so, the scale of health inequalities in Scotland is not inevitable. Existing funding can be reshaped to support a different approach to the delivery of hard-pressed public services. The pandemic demonstrated that agility in policy delivery and local practice is possible. The need to act at pace in tackling recent crises presents an opportunity for renewal.

> 'The pandemic demonstrated that agility in policy delivery and local practice *is* possible.'

Taking action is essential. Progress can be achieved within existing powers and by maximising their use. For Scotland, the human and economic cost of inaction is simply too high, particularly for the poorest and most disadvantaged groups. The time to create a sustainable approach to closing the gap in health outcomes is now.

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The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.