

Argyll and Bute Council
Comhairle Earra Ghaidheal agus Bhoid

Customer Services
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1 February 2012

NOTICE OF MEETING

A meeting of the **SOCIAL AFFAIRS THEMATIC CPP GROUP** will be held in the **COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD** on **MONDAY, 13 FEBRUARY 2012** at **9:30 AM**, which you are requested to attend.

Douglas Hendry
Executive Director - Customer Services

BUSINESS

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST (IF ANY)**
3. **MINUTES**
Social Affairs Thematic CPP Group 7 November 2011 (Pages 1 - 6)
4. **MATTERS ARISING - SEE ME PLEDGE**
Report by Cleland Sneddon, Executive Director – Community Services, Argyll and Bute Council (Thematic Lead) (Pages 7 - 8)
5. **HAPPY TO TRANSLATE**
Report by Katrina McEntegert (Pages 9 - 10)
6. **ASN REVIEW UPDATE**
Report by Cleland Sneddon, Executive Director – Community Services, Argyll and Bute Council (Thematic Lead) (Pages 11 - 14)
7. **MULTI AGENCY CHILD PROTECTION INSPECTION IMPROVEMENT PLAN**(Pages 15 - 26)
8. **ADVERSE CHILDHOOD EVENTS**
Presentation by Cleland Sneddon, Executive Director – Community Services, Argyll and Bute Council (Thematic Lead)
9. **GOOD PLACES, BETTER HEALTH FINDINGS REPORT**
Presentation by Cleland Sneddon, Executive Director – Community Services, Argyll and Bute Council (Thematic Lead) (Pages 27 - 64)

10. UPDATE ON REVIEW OF OLDER PEOPLES SERVICES AND LEARNING DISABILITIES

Report by Councillor Andrew Nisbet, Spokesperson for Social Affairs (to follow)

11. SINGLE OUTCOME AGREEMENT/COMMUNITY PLAN (TO FOLLOW)

12. SCORECARD REVIEW

13. HIGHLIGHT AND EXCEPTION REPORTS

- (a) Argyll and Bute Adult Protection Committee FQ 2 (Pages 65 - 66) FQ 3 (to follow)
- (b) Argyll and Bute Health and Care Strategic Partnership FQ 2 & FQ 3 (Pages 67 - 74)
- (c) Argyll and Bute Strategic Community Safety Forum - FQ 2 & 3 (Pages 75 - 82)
- (d) Argyll and Bute's Children Partnership FQ 2 & 3 (Pages 83 - 90)
- (e) Argyll and Bute Child Protection Committee FQ 2 & 3 (Pages 91 - 94)
- (f) Early Years Partnership FQ 2 & 3 (Pages 95 - 106)
- (g) Argyll and Bute Strategic Housing and Communities Forum FQ 2 & 3 (Pages 107 - 112)
- (h) Third Sector Partnership FQ 2 (Pages 113 - 116) FQ 3 (to follow)
- (i) Health Improvement Planning and Performance FQ 2 (Pages 117 - 118) FQ 3 (to follow)
- (j) Youth Focus/Argyll and Bute Youth Forum and Dialogue Youth FQ 2 & 3 (Pages 119 - 122)

SOCIAL AFFAIRS THEMATIC CPP GROUP

Marlene Baillie	Councillor Vivien Dance
Councillor Mary-Jean Devon	Glenn Heritage
Councillor Anne Horn	Councillor David Kinniburgh
Derek Leslie	Verina Litster
Eleanor MacKinnon	Councillor John McAlpine
Andrew McClure	Councillor Roderick McCuish
Councillor James McQueen	David Price
Councillor Elaine Robertson	Cleland Sneddon
Mark Lines	Pat Tyrrell
Katrina McEntegert	Councillor Andrew Nisbet

Contact: Fiona McCallum Tel: 01546 604406

MINUTES of MEETING of SOCIAL AFFAIRS THEMATIC CPP GROUP held in the COUNCIL CHAMBER, KILMORY, LOCHGILPHEAD on MONDAY, 7 NOVEMBER 2011

Present: Councillor Vivien Dance (Chair)
Councillor Anne Horn
Councillor David Kinniburgh
Councillor Roderick McCuish
Councillor James McQueen
Councillor Elaine Robertson
Glenn Heritage, Third Sector Partnership
Stephen Whiston, Argyll and Bute CHP (for Derek Leslie)
Chief Inspector Marlene Baillie, Strathclyde Police
Sgt Mark Wilson, Strathclyde Police

Also Present: Councillor Andrew Nisbet

Attending: Sally Loudon, Chief Executive, Argyll and Bute Council
Carol Walker, Head of Education, Argyll and Bute Council (for Cleland Sneddon)
Jane Fowler, Head of Improvement and Strategic HR, Argyll and Bute Council
Iain Jackson, Governance and Law, Argyll and Bute Council
Anne Devine, Principal Teacher, Lochgilphead Joint Campus
Mark Lines, Service Officer – Children with Needs, Argyll and Bute Council
Chris Shirley, Quality Standards Manager, Argyll and Bute Council
David Bain, Quality Improvement Officer, Argyll and Bute Council
Alison McGrory, Health Improvement Principal, Argyll and Bute CHP
Patricia Renfrew, Argyll and Bute CHP
Helen Thornton, Management Trainee, Argyll and Bute Council
Graeme Forrester, Solicitor, Argyll and Bute Council
Sybil Johnson, Senior Planning and Strategies Officer, Argyll and Bute Council

Apologies: Derek Leslie, Argyll and Bute CHP
Cleland Sneddon, Executive Director – Community Services, Argyll and Bute Council (Thematic Lead)
Eileen Wilson, Community Planning Manager

1. DECLARATIONS OF INTEREST

None declared.

2. MINUTES

The Minutes of the Social Affairs Thematic CPP Group meeting held on 22 August 2011 were approved as a correct record.

3. BUDGET PRESENTATION

Sally Loudon, Chief Executive and Councillor Andrew Nisbet, Spokesperson for Social Affairs, of Argyll and Bute Council, together with Stephen Whiston of Argyll and Bute CHP and Glenn Heritage, Third Sector, gave a budget presentation on behalf of the Community Planning Partnership and highlighted the budget challenges that are being faced in the public sector and also how these pressures impact on the Third Sector.

A question and answer session followed the presentation which was recorded by the Council's communications team and would inform the process.

Decision

1. Noted the contents of the presentation and the Chair encouraged everyone to promote the budget consultation and to get involved; and
2. Noted that the Spokesperson for Social Affairs would bring to the next meeting of the Social Affairs Thematic CPP Group an update on the Review of Older People's Services and Learning Disabilities Services.

4. LOCHGILPHEAD JOINT CAMPUS - CURRICULUM FOR EXCELLENCE

Anne Devine, Principal Teacher, Lochgilphead Joint Campus, gave a very informative presentation on delivery of Curriculum for Excellence (CfE) at Lochgilphead Joint Campus which included information on some of the changes that learners will experience as a result of CfE and some of the challenges faced by schools on implementation of CfE. Anne also responded to a number of questions arising from her presentation.

Decision

Noted the contents of the presentation.

5. IMPLEMENTATION OF GETTING IT RIGHT FOR EVERY CHILD (GIRFEC)

Mark Lines, Service Officer – Children with Needs, of Argyll and Bute Council gave a presentation on progress with the implementation of "Getting it Right for Every Child" (GIRFEC), a key Government policy initiative, and advised that the main benefits of GIRFEC were emphasis on early intervention and improved outcomes for children. Patricia Renfrew of Argyll and Bute CHP also spoke about initial development work undertaken on Bute which tested the GIRFEC tools prior to the initiative being rolled out across the whole of Argyll and Bute.

Mark and Patricia also responded to a number of questions arising from the presentation.

Decision

1. Noted the contents of the presentation; and
2. Agreed to have a further report back in six months time to track issues and success rates.

Councillor Roderick McCuish left the meeting during discussion of the foregoing item.

6. CHOOSE LIFE STRATEGY

Consideration was given to a report which provided an update on Health Improvement across Argyll and Bute and included background information on the Health Improvement Planning and Performance Action Group, the Mental Health Improvement Strategy and the Choose Life Initiative.

Decision

1. Noted the contents of the report;
2. Agreed to give support, in principle, to the forthcoming draft strategies for Health Improvement and Mental Health Improvement; and
3. Gave a commitment to the "See Me" pledge.

(Reference: Report by Health Improvement Principal, Argyll and Bute CHP, submitted)

7. UPDATE OF EXAMINATION RESULTS 2011

Chris Shirley, Quality Standards Manager, Argyll and Bute Council gave a presentation on the 2011 Examination Results for Argyll and Bute schools along with comparative data for national or 'family' comparisons. Information was also provided on the future examination system which will be in place from 2014 and the skills for work courses currently being delivered by Argyll College.

Chris also responded to a number of questions arising from his presentation.

Decision

Noted the contents of the report and presentation.

(Reference: Report by Executive Director – Community Services dated, submitted)

8. A WEEK IN THE LIFE OF A COMMUNITY LEARNING AND DEVELOPMENT YOUTH WORKER

A report describing a typical working week for a Mid Argyll Community Learning and Development Youth Worker attached to Lochgilphead Joint Campus and its learning community or catchment area in order to highlight the range of formal and informal youth work activities was considered.

Decision

Noted the contents of the report.

(Reference: Report by Community Learning and Development Youth Worker, Mid Argyll, submitted)

9. PROPOSED THEMATIC CONTENT FOR NEW COMMUNITY PLAN/SINGLE OUTCOME AGREEMENT

The Community Planning Partnership (CPP) is currently working on the new combined Community Plan/Single Outcome Agreement (SOA) 2012-13. The new plan will bridge the year from the end of the current SOA to the end of the current community plan. Although new outcomes have been agreed the CPP Themes will remain the same and many of the success measures already being used for the current thematic scorecards will still be relevant to the new outcomes. At its meeting on 2 November 2011, the partnership agreed that all Thematic Groups should review the measures in the current SOA for inclusion in the new Plan and a report presenting these was before the Social Affairs Thematic CPP Group for consideration.

Decision

1. Noted the new outcomes agreed at the CPP Management Committee on 19 October 2011;
2. Noted that Jane Fowler, Head of Improvement and Strategic HR, Argyll and Bute Council, would issue an email to members of the Social Affairs Thematic CPP Group inviting comments on the success measures that should be monitored by Group and that these should be submitted by 29 November 2011;
3. Noted the suggested success measures to be included from Strathclyde Police, Argyll and Bute CHP and the Third Sector including domestic violence statistics, road collision statistics, anti social behaviour orders, reduction in A & E admissions, support to older people in the community etc which would be taken on board by Jane; and
4. Noted that the finalised Plan would be presented to the Social Affairs Thematic CPP Group meeting in February 2012.

(Reference: Report by Community Planning Manager, tabled)

10. SOCIAL AFFAIRS THEMATIC CPP GROUP SCORECARD

Consideration was given to the contents of the Social Affairs Thematic CPP Group Scorecard for Financial Quarter 2 - 2011/12.

Decision

1. Noted the contents of the Scorecard; and
2. Noted that more detailed information would be provided to Councillor Dance and Councillor Horn regarding the number of Ops Care Assessments outstanding over 28 days and the % of Learning Disability Services users attending Resource centres.

Stephen Whiston left the meeting.

11. PROVISIONS OF NEW ALCOHOL (SCOTLAND) ACT 2010

Graeme Forrester, Solicitor, gave a presentation on the Alcohol etc (Scotland) Act 2010 which made amendments to the Licensing (Scotland) Act 2005 and advised that the majority of these amendments came into force last month and included minimum pricing of packages – off-sales; variation of prices – off sales; location of drink promotions for off sales; age verification policy; and the need to now consult with health boards on statement of licensing policy, over provision, and applications.

Graeme also responded to a number of questions arising from his presentation.

Decision

Noted the contents of the presentation.

12. FEEDBACK RECEIVED ON CONSULTATION ON MAIN ISSUES REPORT

The Argyll and Bute Local Development Plan: Main Issues Report was published for consultation for a nine week period that ended on 18 July 2011. A report advising on progress with analysis of the 700 representations with a view to reporting back on the main findings to respective Area Committees in December prior to preparing the proposal Local Development Plan was considered.

Decision

Noted the contents of the report.

(Reference: Report by Head of Planning and Regulatory Services, submitted)

13. HIGHLIGHT AND EXCEPTION REPORTS

The following Highlight and Exceptions reports were before the Group for consideration:-

Argyll and Bute Adult Protection Committee
Argyll and Bute Health and Care Strategic Partnership
Argyll and Bute Strategic Community Safety Forum
Argyll and Bute's Children Partnership
Argyll and Bute Child Protection Committee
Early Years Partnership
Argyll and Bute Strategic Housing and Communities Forum
Third Sector Partnership
Health Improvement Planning and Performance

Decision

Agreed to note the reports and discuss in more detail at the next Social Affairs Thematic CPP Group meeting in February 2012.

(Reference: Report by Argyll and Bute Adult Protection Committee dated October 2011, Report by Argyll and Bute Health and Care Strategic Partnership dated 13 October 2011, Report by Argyll and Bute Community Safety Partnership dated 20 October 2011, Report by Argyll and Bute's Children Partnership dated 26 October 2011, Report by Argyll and Bute Child Protection Committee dated 26 October 2011, Report by Early Years Partnership dated 17 October 2011, Report by Argyll and Bute Strategic Housing and Communities Forum dated 11 October 2011, Report by Argyll and Bute Adult Protection Committee dated 25 October 2011, and Report by Health Improvement Planning and Performance Action Group dated 7 November 2011, submitted)

CAMPAIGN PLEDGE “SEE ME” (MENTAL HEALTH)

1. SUMMARY

- 1.1 “See Me” is Scotland’s national campaign to end the stigma and discrimination of mental ill-health across all parts of society. The campaign has a high profile across Scotland which involves national TV adverts and high profile sports profile which includes support from a number of Football Clubs and other professional teams.
- 1.2 Materials produced by the health promotion campaign are available from the internet and in Council and partners building which aims to address issues of stigma associated with mental ill-health. The campaign has been very successful to date and the Scottish Government promote the “See Me” campaign across public services and society.
- 1.3 Many organisations across Scotland have pledged to work with “See Me” in order to eliminate the stigma and discrimination of mental ill-health. Signing such a pledge, and the action plan that accompanies it, means that the organisation makes a public commitment to tackling the stigma experienced by people with mental health problems. Such a commitment will be seen by employees, by customers or users of services and by the wider public.
- 1.4 To date, 20 Councils in Scotland have signed the “See Me” public health campaign pledge and have agreed an action plan to join the community and public services to end the stigma of mental ill –health.

2. RECOMMENDATIONS

- 2.1 The Council is asked to endorse the “See Me” campaign pledge and sign up to a local action plan. This would include the commitment to raise the profile of the work to tackle the stigma of mental illness by the ‘see me’ campaign.
- 2.2 The Council are asked to instruct the Executive Director of Community Services to contact the campaign team and complete the action plan to ensure Argyll and Bute Council become members of the current public health campaign.
- 2.3 The Council note that the action plan will involve the Council’s continued best practice in mental health work within teams to tackle the stigma of mental illness in our communities.

3. CONCLUSION

- 3.1 The Council is asked to endorse the current campaign by “See Me” and sign the pledge and action plan required to be partners in this health promotion work.
- 3.2 There are no additional costs associated with the signing of this health promotion pledge.

4. IMPLICATIONS

<i>Policy:</i>	None
<i>Financial:</i>	None
<i>Legal:</i>	None
<i>Personnel:</i>	None
<i>Equal Opportunities:</i>	Signing the “See Me” pledge will further support the Council’s commitment to equal opportunities.

Cleland Sneddon
Executive Director of Community Services

For further information contact: Allen Stevenson
Service Development Manager
Struan Lodge HQ
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HAPPY TO TRANSLATE (HTT)

Background

Happy to Translate (HTT) is a non-profit initiative, self financed through its growing membership. The logo was chosen by the BME communities through extensive consultation and surveying and was launched in 2005 by the then Minister for Communities, Malcolm Chisholm. The Government remains involved with HTT today and has a representative on the Strategic Advisory Group which meets quarterly. HTT is also a member of the Government's Translation, Interpretation & Communication Support Implementation Group (TICSIG).

There are 4 main benefits to HTT:

- Organisation related
- Community related
- Staff
- Legislative compliance.

Organisation related

HTT is a quality standard. Even organisations who already have robust translation and interpretation facilities in place display the logo because it reinforces and publicises their commitment to providing equal access to their information and services.

HTT has produced **monitoring and evaluating** procedures and systems which are available to members, the use of which enables the organisation to identify what works and what doesn't in terms of language service provision. Members participate in the **Members Forum** which facilitates the sharing of best practice and working in partnership with each other (from varied industries, e.g. police, fire and rescue, regulators, housing associations, local authorities, regulators and utilities contractors). HTT provides its members with the framework to implement procedures to support their service users in language provision. The tools available to them (**Point Pages, Appointment Sheets, Feedback Forms**) have already been translated into 20+ languages.

Community related

We are frequently asked by organisations that already have language service provision in place why they should go to the added expense of subscribing to HTT membership. In turn we ask them how do members of the public who speak little or no English know that they will receive the support they need to access the organisation's information and services. We explain that by displaying the logo prominently on their premises, on their literature and on their website, non-English speakers will approach them confident in the knowledge that their language needs will be met there. We have encountered numerous people from the BME community who - for various reasons - are already reluctant to get in touch with public bodies and service providers who can support them and make their lives a little easier. The logo is already widely recognised among the BME community here.

Staff

How a staff member who is unused to dealing with members of the BME community handles not only a language barrier, but cultural and/or gender barriers as well, could affect the outcome of future and ongoing relations with the service user. The training session we offer not only provides front line staff with the tools to engage with non-English speaking service users, but also incorporates race relations, equality and diversity issues, cultural awareness and role playing.

Legislative Compliance

Becoming a member of HTT ensures an organisation's compliance with all of the Acts relating to race relations and equality and diversity. Organisations who take up HTT membership want more than to comply with legislation; they are taking the step to strengthening relationships with the communities they serve.

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ARGYLL AND BUTE COUNCIL**Departmental Management Team****COMMUNITY SERVICES****9 January 2012**

ASN REVIEW PROGRESS

1. SUMMARY

1.1 The aim of this review is to ensure that a service is in place which effectively and efficiently meets the needs of all learners within the GIRFEC agenda. At the centre of the review is a focus on sustainability and capacity building to ensure that the needs of children and young people are met consistently over time. The council has a responsibility to discharge its obligations in relation to education legislation and seeks to do this to a high standard.

A draft budget for session 2012/2013 has been prepared and submitted to finance. This draft budget identifies potential areas for savings.

2. RECOMMENDATION

2.1 The options appraisal exercise should be fully completed by the end of February 2012 and considered by the review group. This optional appraisal will then be presented to the transformation board.

3. DETAIL

3.1 The Project Initiation Document and a baseline report were produced in advance of the review group meetings in consultation with the finance department.

The scope of the review included the following areas:

Additional support needs assistants

Pupil support teachers

Staff supporting particular needs for example hearing impairment

Education support officers

Area principal teachers

Authority funded learning centre staff

Resource budgets

Travel budgets

General asn budgets

Externally purchased support providers for example music therapy

Day and residential placements

Educational Psychology Services

The consideration of these areas included structural and process issues for example, the allocation of support assistants to schools.

The review group was made up of a range of stakeholders from within the education service and other relevant parties. The group was co-chaired by Alan Shields, Quality Improvement Manager Pupil Support and Roslyn Redpath, Principal Educational Psychologist. This group met over four full day sessions on the 22 August 2011, 15 September 2011, 16 September 2011 and 21 September 2011.

Issues discussed at meetings of the review group

- Strengths, challenges and questions / issues to be addressed
- Issues arising from baseline report
- Prioritising issues to be resolved for additional support needs
- Presentation of ASN / Psychological Service budget lines
- Analysis of current day and residential specialist placements outwith Argyll and Bute
- Reasons for initial referral to psychological service session 2010 / 11 data analysis
- Group discussion of issues arising from information above
- Consideration of learning centre operation across Argyll and Bute
- Identification of vulnerable groups and then consideration of
What are we already doing in relation to each group?
Is there a gap in relation to
 - what we need to do?
 - what we would like to do?
- Consideration of the Parklands paper
- Finance
- Cover arrangements
- Generation of proposals with budget implications
- Consideration of Educational Support Officer secondment and Hearing Impairment issues
- What information do we need now?

4. CONCLUSION

4.1 Significant time was spent with the group reflecting how the needs of the full range of children and young people with additional support needs can best be met through effective and efficient service delivery.

Valuable support and advice was provided by the financial services team. The level of necessary savings was discussed and consideration given to how this could be achieved with as little impact on front line services as possible. As a result of significant early intervention from school staff, support staff and council officers the number of children and young people placed in specialist resources outwith Argyll and Bute has significantly reduced over the last 4 years. It can be very difficult to

predict the needs of this vulnerable group, however, analysis suggests that the required savings may be able to be made from this underspend.

The group was made aware that a proportion of this underspend may require to be used to support the adult services provision in relation to additional support needs. This has now been resolved and a proportion of the underspend for this session will not be required for adult services provision.

5. IMPLICATIONS

5.1 *Policy:* None

5.2 *Financial:* Savings as per draft budget.

5.3 *Legal:* None

5.4 *Personnel:* Savings are not based on compulsory reduction in number of posts, although some post holders may be interested in VR.

5.5 *Equal Opportunities:* This review should strengthen the existing positive delivery of services to vulnerable groups.

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Integrated Business and Inspection Improvement Plan 2011-13



SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION



Tier 1 – Core Priorities for Service Improvement

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Completion Dates
2.2 Children benefit from strategies to minimise harm.	Revise the parenting strategy to increase the availability and range of parenting supports for vulnerable families, including support at evenings and weekends when required.	Vulnerable families have access to appropriate parenting and other supports.	Revised parenting strategy.	Alison MacKenzie	Green	April 2012
	Review approaches to ensure that vulnerable families have access to consistent Public Health nursing support.	Families' access to consistent public health nursing support has increased.	Contingency plan for management of vacant Public Health Nurse caseloads. Database of Public Health Nurses to be regularly maintained.	Pat Tyrrell	Green	April 2012
	Increase the availability of support and advice to parents to promote awareness of Internet, mobile and gaming technology.	Parents have increasing opportunities to increase awareness of potential risks and how to protect their children.	Internet safety plan & evaluation of impact.	David Bain	Green	Sept 2012
2.3 Children & young people are helped by the actions taken in immediate response to concerns.	Each CPC partner agency reviews single agency training and supervision arrangements.	Staff understand and comply with legislative and best practice requirements in identifying and responding to child protection concerns including pre-birth.	Review reports and action plans to include Clinical Supervision Strategy for CHP and to incorporate NHS Highland Child Protection Supervision Policy (currently under development)	Pat Tyrrell	Green	Feb 2012

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Completion Dates
	Implement a post investigation debriefing process for staff involved in initial response on Atlantic islands.	Staff report increased confidence and competence in dealing with child protection referrals and effective training and supervision arrangements are in place.	Evidence of training delivered, Supervision schedules/records.	Pat Tyrrell	Green	Feb 2012
			Portfolio of minutes of debriefing meetings. Evidence of recommendations being implemented.	Pat Tyrrell	Green	Feb 2012
2.3 cont...	CPC confirms timeframe for responding to child protection referrals and ensures staff are aware of these.	All child protection referrals are responded to in line with national guidance.	Initial response review group reports.	Liz Strang	Green	June 2012
	CPC establishes the interagency initial response audit and review group	Robust management of CP responses.	Initial response review group reports.	Liz Strang	Green	June 2012
	Improved initial planning of responses to children at risk between police and social work staff.	All child protection concerns are subject to discussion between police DS and social work TL.	Initial response review group reports.	Mark Stewart/ Mark Lines	Green	April 2011
	Implement joint police and social work training to reinforce expected practice for initial response.	Staff are aware of and comply with expectations.	Evidence of training delivered and attendees Initial Response Review Group evidenced impact.	Liz Strang	Green	Feb 2012

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Completion Dates
	Review existing practice and protocol governing planning of initial responses to child protection concerns and disseminate to all appropriate staff.	Clear plan of response and timescales agreed and implemented for all CP investigations is widely understood by staff.	Revised guidance, evidence of informing staff/managers	Mark Stewart & Mark Lines	Green	Feb 2012
	Establishment of single point of contact within Strathclyde Police for initial consideration of all child protection concerns.	DS appointed to oversee child protection issues in Argyll and Bute.	Postholder in place.	Mark Stewart	Green	31.10. 2011
	Develop new pathway for early sharing/info gathering/decision making.	New procedure including defined point of contact for health developed.	Flow chart and guidance, evidence of compliance from Initial Response Review Group.	Pat Tyrrell	Green	Dec 2011
	Implement new Health pathway.	All child protection concerns are discussed with a suitably qualified health professional and the need for a medical is always considered. Children's health and wellbeing is appropriately considered and assessed as part of the response to all CP concerns.	Initial Response Review Group to meet and review all CP investigations monthly and provide an interim report prior to the six month agreed audit by the chair.	Pat Tyrrell	Green	April 2012
	Managers reinforce and monitor the advice, information and support provided to children and families and other agencies at all stages of investigations.	Support needs are routinely considered and arrangements are in place to support vulnerable families at all stages of the investigation.	Initial Response Review Group	Liz Strang	Green	May 2012

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Completion Dates
5.3 Improving the recognition & assessment of risk & needs	Ensure early identification of vulnerable pregnant women and ensure effective pre-birth planning.	Early consideration of risks and needs for vulnerable pregnant mothers and pre birth plans established where there are significant concerns, using the GIRFEC Model.	Report of actions and single agency auditing.	Pat Tyrrell	Green	April 2012
		Development of regular multiagency meetings to discuss women identified with additional needs.	Monthly audit of cases by Midwifery Team	Pat Tyrrell	Green	April 2012
	Establish and disseminate a consistent quality standard for initial assessments, risk assessments and CP plans across all supervisory staff. And support and challenge managers to ensure they are more consistently achieved.	Improved consistency and quality of assessment and care planning including risk assessments and risk management plans for vulnerable children. Staff know what a good assessment/plan looks like and are supported and challenged to consistently achieve this standard.	Exemplars and CPC auditing evidence extent of compliance.	Liz Strang	Green	April 2012
	There is effective monitoring of actions and timescales by managers and feedback on the quality of initial assessments and appropriateness of actions.	Concerns are responded to within national guidance times, staff receive consistent feedback as to the quality of their assessment and improvement recommendations.	Initial Response Review Group - Findings	Liz Strang	Green	June 2012
	Establishment of the interagency initial response audit and review group.	Children's wider needs and circumstances are assessed including consideration of all available current and historical interagency information.	Review Group established and operating.	Pat Tyrrell/ David Bain	Green	Dec 2011
	Agencies ensure processes are in place to systematically record and respond to accumulating concerns.	Staff are effective in the use of chronologies and there is focused staff supervision in place to ensure agencies appropriately respond to accumulating concerns.	Single agency guidance and training on chronologies. Multiagency File audit.	Liz Strang	Green	April 2012

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Completion Dates
	<p>Staff sharing information are given enough detail to understand the context for the child and they consider and evaluate all available agency information including historic information.</p> <p>Guidance on the assessments of kinship carers developed and implemented to ensure all kinship carers are able to meet the needs of individual children.</p>	<p>All relevant information about the child is gathered to assist in the assessment of needs.</p> <p>All kinship carers are appropriately assessed and are able to meet the needs of individual children.</p>	<p>Initial Response Review Group</p> <p>Kinship assessment guidance and completed assessments.</p>	<p>Mark Lines</p> <p>Alex Taylor</p>	<p>Green</p> <p>Green</p>	<p>May 2012</p> <p>29 June 2012</p>
5.4 Improving the effectiveness of planning to meet needs.	Ensure that children at risk have individualised quality plans which address their needs and circumstance and are outcome focused.	Individual children's needs and risks are identified and addressed and high quality outcome focused individual plans are in place for all children considered to be at risk.	Best practice audit of CP Plans & quality standard and guidance. Initial Response Review Group.	Mark Lines	Green	Sept 2012
5.5 Improving service through self evaluation.	<p>Review the CPCs approach to self-evaluation –</p> <ul style="list-style-type: none"> Review approaches to file auditing and CP plan auditing. Undertake service user and staff interviews as part of file and plan auditing. Review the CPCs data needs and how this is used to improve services. Establish single agency self- evaluation to inform CPC self-evaluation. Review approach to completion of annual self- 	<p>Robust programme of self evaluation established to monitor and informing improvement priorities.</p> <p>Self-evaluation recommendations clearly identified, recorded and shared.</p>	<p>CPC self-evaluation strategy document.</p> <p>Audit Reports.</p>	Allen Stevenson	Green	End March 2012

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Completion Dates
	<p>evaluation to increase scrutiny and challenge the robustness of findings.</p> <p>Produce a timetable of self-evaluation exercises.</p> <p>Undertake annual CPC self-evaluation processes which collates all self-evaluation activity throughout the year.</p> <p>Produce an annual CPC Business & Improvement Plan based on the outcome of the self-evaluation which identifies and prioritises clear and achievable improvement actions.</p> <p>Adopt national best practice on the CPC use of significant incident reviews in light of national guidance.</p>	<p>Self-evaluation exercises undertaken.</p> <p>Annual self-evaluation based on robust evidence.</p> <p>Business and Improvement Plan in place which demonstrates clear links to the outcome of self-evaluation.</p> <p>Systematic evaluation of significant incidents to identify learning which informs Improvement Plan.</p>	<p>Self-evaluation report</p> <p>Annual Self-evaluation Report</p> <p>Business and Improvement Plan</p> <p>Significant incident review procedure and review reports.</p>	<p>Allen Stevenson</p> <p>Allen Stevenson</p> <p>Allen Stevenson</p> <p>Chair of CPC</p>	<p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p>	<p>End March 2012</p> <p>End March 2012</p> <p>End March 2012</p> <p>January 2012</p>
9.3 Continuing our development of people and partnerships & continuing to lead improvement and change.	CPC and CAPCOG to closely monitor the implementation of action points within the Business & Improvement Plan and undertake targeted action where there is delay in implementing priority improvements.	Implementation of the Business Plan is scrutinised at each CPC and CAPCOG via a RoG report.	CPC/CAPCOG minutes	Chair of CPC	Green	Quarterly arrangements in place.
	Senior managers provide clear direction to their staff which	Key action points for improvement have been successfully implemented to deliver improved	Self-evaluation	Chair of CPC	Green	Annual Self-evaluation

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Completion Dates
	<p>supports and challenges them to ensure new ways of working are sustained</p> <p>CPC and CAPCOG engage with operational staff as part of each meeting.</p> <p>Appointment of an Independent CPC Chair to provide additional scrutiny and challenge.</p>	<p>performance in protecting vulnerable children and ensuring their needs are met.</p> <p>Staff are aware of improvement priorities and supported and challenged to deliver these.</p> <p>Independent Chair role and remit agreed by CAPCOG and Chair appointed.</p>	<p>CPC meetings to take place within localities on a rotational basis to allow members to meet with operational staff. This is to be evaluated.</p> <p>New CPC Independent Chair provides scrutiny and challenge.</p>	CAPCOG	<p>Green</p> <p>Green</p>	<p>event. June 2012</p> <p>24/11/11</p> <p>April 2012</p>

Tier 2 – Ongoing Actions to Develop and Improve Services

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Completion Dates
2.1 Children are listened to, understood and respected.	Ensure plans specify the arrangements to ensure that the child is seen as often as needed on an individual basis.	Visits are appropriately scheduled, conducted and recorded – including parent's and child's views.	Best practice audit of CP Plans.	Mark Lines	Green	Sept 2012
	Extend the use and application of Viewpoint for children on the CPR.	Children's views are more consistently available and considered at CP conferences.	Report on use of Viewpoint.	Liz Strang	Green	June 2012
	Increase the capacity of the Children 1 st Advocacy Service.	All children on the CPR can access an advocacy service.	C1 st quarterly reports.	Liz Strang	Green	March 2012

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Completion Dates
	Consult with parents about their experiences of interagency CP services through questionnaire and follow up interviews in file audit.	Annual report of parent's view produced.	Parental views report.	Allen Stevenson	Green	July 2012
5.1 Children and families are involved in key processes and 6.3 Improving the involvement & engagement of families & children in developing policies & services.	Working in core groups training for all staff routinely involved in developing and delivering CP plans to include modules on improving child and adult involvement in CP planning.	Parents feel involved in developing CP Plans and in CP meetings, and that their views have been respected and considered.	Parental views report.	Alex Honeyman	Green	Dec 2012
	Interview children and parents as part of the interagency file audit.	Parents consistently attend and contribute to CP meetings.	File audit report	Liz Strang	Green	March 2012
	Ensure parents/carers are encouraged to attend and contribute to all CP meetings – where consistent with the welfare of the child.	Older children feel involved in developing CP plans and that their views have been respected and considered.	File audit report and attendance figures	Mark Lines	Green	Nov 2012
	Ensure that school age children are invited and supported to attend and contribute to CP meetings where consistent with their best interests.	Parents and children feel that they contribute to planning and their views are considered in decision making.	Parent and child attendance rates at CP conferences/consultation	Mark Lines	Green	Nov 2012
5.2 Improving information sharing	Implement pre referral screening meetings for children at risk of referral to SCRA multi agency early and effective interventions (EEI). Continue to deliver participating in CP conference training.	Children at risk – including from domestic violence have their needs consistently assessed and appropriate support where required.	EEI quarterly review reports and case studies	Mark Lines	Green	July 2012

Tier 3 – Developing Staff and Procedures

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Key Dates
3.1 Staff are motivated, involved and included	Interagency child protection practitioner's forum to meet twice a year with a focus on delivering CPC improvement priorities.	Staff understand and are engaged with improvement priorities.	Minutes	Liz Strang	Green	March 2012
3.2 Staff training improves outcomes for children.	Quarterly training analysis which evaluates the impact of training on children and families presented to CPC and CAPCOG.	Training impacts on improved outcomes for children.	Training reports	Alex Honeyman	Green	Annual Report April 2012
4.1 Being aware of protecting children.	Undertake a biennial citizen's panel survey to assess public confidence in CP services.	Community awareness understood and informs CPC planning.	Survey results	Liz Strang	Green	June 2012
	Implement CPC communication strategy which better integrates CP and AP communication priorities.	Staff and community awareness of child protection improves.	Strategy and annual review of communication activity	Liz Strang	Green	2013
6.1 Improved policies and procedures	Implement national CP guidance and West of Scotland Procedures.	Staff aware of and comply with WoS procedures.	Record of implementation action	Pat Tyrrell/Liz Strang/David Bain/Mark Stewart	Green	March 2012
	Undertake a systematic review of current CPC suite of interagency protocols to ensure compliance with	Protocols are systematically updated to reflect leading practice.	Protocols	Liz Strang	Green	March 2012

Reference Indicators	Actions to Achieve Outcomes	Success Measures	Evidence	Lead Officer	Progress Red/Green	Key Dates
	national guidance and best practice.					
7.3 Improved staff training development and support.	Review, update and implement the CPC training strategy.	Revised CP training strategy implemented	Training strategy	Alex Honeyman	Green	Annual Report April 2012
	Training for Adult and Children & Families Social Work staff on Standby rota.	Staff gain experience in undertaking both adult and child protection investigations.	Improved staff confidence in respective roles.	Liz Strang/Ronnie McIlquham	Green	April 2012

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Good Places Better Health for Scotland's Children

Prepared by the Evaluation Group
of Good Places Better Health



The Scottish
Government

Good Places Better Health (GPBH) is the Scottish Government's Strategy on health and the environment. This new approach recognises that environment has a significant impact on the health of Scotland's people and that action is required to create safe, health nurturing environments for everyone.

GPBH has just completed its prototype phase which considered the question "What is needed to deliver places that nurture good health for children?". In particular the prototype considered four health challenges facing children in Scotland: Obesity, Asthma, Unintentional Injury and Mental Health and Wellbeing.

An independent expert evaluation group has considered the above question supported by the work of an intelligence partnership who gathered a "mixed economy of evidence"¹ from modelling, wide stakeholder engagement and evidence review.

This report was prepared by the Evaluation Group of Good Places Better Health Project.

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Good Places Better Health for Scotland's Children

**Prepared by the Evaluation Group
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1.0 INTRODUCTION

The complex, inter-linking and multifaceted set of influences on health are now accepted: people's social, economic, cultural and environmental circumstances all conspire to raise or lower their chances of good or poor health. It is also useful to recognise that, in broad terms, the quality of each of these circumstances tend to be related. For example, people in adverse economic situations often also face difficult social circumstances. Place is the term frequently used to bring together the social, economic, physical, cultural, and historical characteristics of a location; place is the part of people's life circumstances which is related to where they are.

To recognise the true importance of place for public health however, it is important to see place as more than just a collective noun for the multiple characteristics of where people live and work; places shape and influence people's lives. Consider the analogy of a garden or a field: seeds planted in ground which is stony, nutrient-poor, weed-choked, lacks sunlight and water and which are ignored rather than tended will find it hard to thrive, grow weak and yield little. Seeds in fertile soil, with good light and which are well tended will thrive and yield plenty. The qualities of places can be considered in the same way (and here the importance of place for children is emphasised). Poor quality places hinder and inhibit the chances of a long, healthy and successful life. Children who grow up in adverse places are more likely to have problematic adult lives. Then, since our social, economic and housing systems tend to group similar sorts of people together in neighbourhoods, such adults contribute to reproducing adverse places through their own social, economic and behavioural problems. 'Good' places are more likely to produce healthy, happy, productive people (who, in turn, collectively reproduce good places). Place is thus the site and system by which society, economy and health gets reproduced, generation to generation.

In using the term 'place' as opposed to simply physical environment we recognise the interactions between social, economic, cultural and physical environments and can plan for each component to be a positive influence on the health of children now, and as future adults.

2.0 BACKGROUND ON GOOD PLACES BETTER HEALTH

The prototype phase of Good Places Better Health, which was embarked upon in December 2008, considered the question “What is needed to deliver places that nurture good health for children?”. This work has focused on four key health challenges in Scotland: obesity; unintentional injuries; asthma; mental health and wellbeing, as they affect children aged 0-8 years.

The prototype aimed to:

- consider, plan and deliver new and more effective ways of considering place and health, in order to identify what is needed to create places that nurture health and wellbeing and reduce health inequalities
- identify the characteristics of place which will nurture healthy childhood weight and positive mental health and wellbeing in childhood and reduce asthma and levels of unintentional injuries in children

Specifically, to:

- improve our understanding of complexities of the relationship between place and health
- map transparently, the relationships between environment and health determinants
- improve collation, interpretation and sharing of evidence
- translate this improved knowledge into policy and actions
- work to apply new policy and actions locally and nationally

Since Good Places Better Health is a policy response to a complex new environmental health paradigm it was considering a much wider spectrum of evidence from a wide constituency of professions and sectors. Borrowing terminology first coined by Petticrew et al¹ the term “mixed economy of evidence” is used to represent the breadth and diversity of the relevant evidence sources. GPBH has explicitly set out to exploit this mixed economy in reaching its decisions.

The first stage involved the production of four Evidence Assessments on obesity; unintentional injuries; asthma; mental health and wellbeing. These are important products of the GPBH prototype phase as they report the intelligence that exists for the relationship between place and each health outcome.^{2, 3, 4, 5}

In order to arrive at the recommendations, various short life working documents were produced including cross cutting reports on three key themes that were emerging from the evidence: housing, neighbourhoods and transport,^{6, 7, 8} and an evidence review of place and health.⁹ The Evaluation Group considered all these sources together with the Evidence Assessments and their own expert opinion in coming to the conclusions contained within the final output.

‘Recommendations’ are based on the evidence that was gathered during the prototype phase of Good Places Better Health. This report aims to identify what is needed to deliver places that nurture good health for children. Therefore whilst we aim to outline action to deliver the type of places that can positively influence health, it is action defined within the context of children’s needs and there may be tensions with the needs of other population groups. However, there are also some recommendations to address the needs of adults or older children within the report. These are included primarily on the basis of the positive consequential benefit they will bring to children aged 0-8.

3.0 THE FOUR HEALTH CHALLENGES AND THE PLACES WHERE CHILDREN LIVE

Children interact with places in different locations, such as home, nursery/school and neighbourhood that may also be considered at many different spatial scales. The frequency and type of interaction will be mediated by parents/carers. The Evaluation Group considered three particular aspects of place that were of most relevance to children: Homes, Neighbourhoods and Transport. This report will explore these themes in detail.

In considering these themes there are some common needs that have been identified through the different strands of the Good Places Better Health intelligence as crucial for tackling the health challenges of obesity, asthma, unintentional injuries and mental health and wellbeing. We know that all places in which children spend time, including homes, nurseries, schools and outdoor neighbourhoods, need to:

- support good parenting and encourage children to develop cognitively and socially throughout their childhood
- support and encourage physical activity such as active leisure and active play
- have appealing safe and appropriate places to sleep
- have appealing, safe and appropriate places to learn
- have space for quiet, passive, imaginative play
- be places which enable and support social interaction of children and parents
- offer places to escape and reflect
- have environments which limit risk of exposure to pollutants, infections and allergens including environmental tobacco smoke, mould, and house mites

- limit risk of exposure to hot fluids and hot surfaces
- limit risk of road traffic injury
- provide safe access and transport connections
- provide and encourage healthy food choices
- support and enable infant breast feeding
- limit access to unbalanced foods and drinks

However the needs of children change dramatically as they grow and develop. In the lists above, the term “appropriate” aims to capture the idea of appropriateness to the stage of the child’s development – this is dependent on the child’s age and function. In interpreting the term “appropriate” we would encourage professionals to consider the need to balance the ability to take risks with the need for safety and that in order to produce resilient children we need opportunities for children to learn through experience of appropriately challenging environments. It is important that children are safe but this should not be to the exclusion of the ability to experience life and take risks.

We would therefore support a risk-benefit approach to children’s play as outlined by Lord Young in his 2011 report *Common Sense, Common Safety*¹⁰ where potential positive impacts are weighed against potential risk.

It is also important to note that there is further depth of evidence about the relationship between place and health contained within each Good Places Better Health Evidence Assessment. There are particular issues where place is a small part of a much larger solution and the most important measures to tackle the health outcome lie elsewhere. For example, in relation to the obesity health outcome, the Evidence Assessments found that issues relating to diet were most important for children. For full detail of the recommendations for each health endpoint please refer to the relevant Evidence Assessment available on the Scottish Government Website.

4.0 OUR VISION

A Scotland where

Homes are warm and dry with good quality space for children to play indoors and outdoors.

Children play, explore and relax outdoors in streets, parks, green places, open spaces and have contact with nature in their everyday lives.

The presence of children outdoors is welcomed, supported and valued by parents and the wider community.

Neighbourhoods are well maintained, safe, appealing, support healthy food choices and have a strong sense of community.



5.0 ACHIEVING THE VISION

In order for everyone to work together to create healthier places there must be an understanding of the key physical elements of these places and also who must work together and how, in efforts to achieve them. In addition to policy, investment and local empowerment are important targets for action. It will be important to enable joint accountability and secure shared input and responsibility in these areas to ensure progress. There needs, simultaneously, to be a top down and bottom up approach to achieving places which nurture good health for children. Scottish Government recognises the return yielded from early years interventions both financially and socially.

To achieve the change needed, all decision makers – national and local – should use the vision and recommendations within this report to identify ways to achieve change through the following mechanisms:

- Bend the Spend – identify how to bend existing programmes and policies to encompass the creation of healthy places for children
- Provide the Policies – create new and direct programme and policy interventions where needed
- Consider the Consequences – identify and amend policies which have unintended consequences that counteract the content of this report
- Build the Capacity – to ensure local communities and the public sector work together for effective change. This could often be achieved by simply giving permission for something to happen and supporting initiatives.

The Christie Commission has recently published its views on the future delivery of public services and has highlighted the importance of building public services around people and communities, working together effectively, prioritising prevention and early intervention.¹¹ Adoption of such practice and principles around place and health could achieve the types of healthy places needed for Scotland's children.

There must be true engagement with communities to discover what they need and like about the places where they live and then respond and find ways to deliver on those issues. There is a need to understand what capacity already exists within local communities and how this can be used to improve the local areas. There should be less emphasis on redistribution and more on community development and poverty reduction.¹² For example, the change in employment dynamics within parts of the country has left a plethora of unused buildings with available space. This potential space needs to be released to those with the skills, desire and revenue to turn them into community assets. This approach has been illustrated by the 'Senses of Place' project, which considered distributing learning across whole towns, rather than restricting it to school buildings.¹³

We recognise within this document the interrelating parts of places and the need for vision and actions that simultaneously exert a positive influence on not just physical environment but on culture and outlooks and individual choices. None of these can be dealt with in isolation but it is a whole, rounded package of measures that need to be achieved to deliver the change we wish to see.

In order to achieve success and to make a difference to the lives of children in Scotland we need to take both a top down and bottom up approach to achieving change. This report will set out the priority issues and activities that are needed to create health nurturing places and will indicate the fundamental aspects of place that need to exist. It is then important to weave into this what communities need and like.

We would encourage all professions and interested parties involved in 'placemaking', health, children's services and community work to share our vision and use our recommendations along with their own ideas to deliver healthier places for the children of Scotland to grow up in. It is only in people taking true ownership of a shared vision that we can achieve the change we need to see in Scotland.

6.0 A SCOTTISH NEIGHBOURHOOD QUALITY STANDARD

The urgent need to take action forms the basis for the first recommendation of this report which is a proposed means to deliver improvements in neighbourhoods.

In the quest to provide better places for children it is imperative to give local neighbourhoods themselves, as well as public sector and third sector organisations working at a local level, the tools to create better places for health.

A few years ago the Chartered Institute of Housing called for a Community Environment Standard for Scotland.¹⁴ At that time there was a lot of work ongoing around a Housing Quality Standard and the appetite for another standard was low. However, this topic is now worth revisiting. We would recommend a “Scottish Neighbourhood Quality Standard” as a means of enabling the implementation of neighbourhood asset development.

A national standard would set out the fundamental attributes of neighbourhood quality that support healthy children, as identified in this report. This would enable communities, local authorities or third sector organisations to identify opportunities to improve the assets available within particular neighbourhoods. The national standard would encompass all the important aspects of neighbourhood quality that are included within this report whilst incorporating enough flexibility to include local issues. There are different ways of operationalising such an idea ranging from a mandatory standard, through a rating system and monitoring, to guidance and best practice.

Recommendation

We wish to see a Scotland where a **Scottish Neighbourhood Quality Standard is used as a standard for neighbourhood asset development.**

The standard would be developed nationally with relevant partners and then used in a number of localities during an initial test period prior to finalisation and national availability. The content of the standard should be regularly updated to reflect current evidence in this area:

The standard would encompass the recommendations within this report and cover the following issues:

- housing
- greenspace provision and quality
- outdoor space for play
- opportunities for contact with nature
- presence of children outdoors
- local amenities
- community safety
- social capital within a community
- quality, maintenance and cleanliness of streets and public spaces
- community facilities
- transport

7.0 NEIGHBOURHOODS¹⁵

The neighbourhoods where children live are likely to offer the earliest outdoor interactions children will have with the physical and social environment of the wider world. It is important that neighbourhoods provide opportunities for children and their parents to interact with the world around them in a positive way. We would urge action to ensure children spend much more of their daily lives outside. In seeking to shift the balance of time children spend indoors and outdoors, to enable a significant increase in time outdoors, it will be imperative to ensure that neighbourhoods are welcoming, suitable and provide opportunity to be outdoors. We must also enable a culture change to ensure adults support and welcome the presence of children outdoors.

A healthy, sustainable place will not deliver in terms of the four childhood health outcomes unless it embodies the following characteristics⁷:

- access to appealing places to play and be active and be socially interactive
- access to places that challenge children, build resilience and allow risk taking
- has good air, soil and water quality
- consistent with the development and maintenance of a healthy diet
- safe and easy access (by walking and cycling) to local amenities including schools, nurseries, play areas, greenspace, shops and leisure facilities

7.1 SAFE, HEALTHY NEIGHBOURHOODS

The perception of safety is a very personal issue that can be influenced by an individual's own experience, the history and culture of an area and its physical attributes. However this perception of safety can have a major influence on how people use their local area to exercise, to travel through and whether they allow their children to play outside.

More greenery and less litter is associated with lower levels of obesity and feeling satisfied with the area but disadvantaged areas tend to have more litter, fly tipping and, being of higher density, any available facilities are used more frequently and thus are likely to require more attention.^{9, 16}

Action needs to be taken to tackle neighbourhood safety to create neighbourhoods that are both safe and perceived to be safe.⁹

There is evidence to suggest that home zones in London have increased children's outdoor play, because they have changed parents' perceptions of safety and "their views about what is acceptable parenting behaviour – in other words the local cultural norms about letting children out to play".¹⁷ Evidence from Scotland presents a rather mixed picture of home zones with only limited evidence that the schemes have resulted in increased community use of outdoor space.¹⁸

There has been recent identification (and criticism) of the current excessive protection of children from perceived risks, including the risks from strangers and risks in playgrounds.^{19, 20} These issues need to be tackled and a more balanced approach to risk taken by families and professionals.

Neighbourhoods could also play a part in influencing our dietary choices if we were able to increase access to healthy food, limit access to unhealthy food, maximise opportunity for food production and increase community links to food. Opportunities to encourage and support breast feeding within neighbourhood settings must also be sought.

Recommendation

We wish to see a Scotland where neighbourhoods are **safe, appealing, support a healthy diet and have outdoor spaces that are well used, valued and respected.**

Activities consistent with this vision would be:

- national and local support and encouragement for activities that use the local outdoor environment
- neighbourhoods are walkable and design, maintenance and regeneration prioritises pedestrians and cyclists
- connected neighbourhoods where people are able to access facilities and amenities by walking and cycling
- the promotion, support and implementation of the measures and principles within “Designing Streets” in existing and new neighbourhoods
- greater use of Health Impact Assessment in decision making that shapes or influences neighbourhoods
- measures to improve the rate of redevelopment of derelict land
- the creation and promotion of opportunities for temporary use of stalled spaces, where it is of benefit to communities, for uses such as community gardens and community growing schemes
- investment in enforcement and education around issues of incivilities such as litter, dog fouling, vandalism and graffiti
- the provision of spaces suitable for all age groups, including teenagers
- providing further support to the concept of Home Zones to identify ways of using them to increase children’s outdoor play
- communities empowered in the management and use of outdoor areas
- promotion of breastfeeding through the provision of improved facilities
- limit access to calorie dense snacks through the removal of vending machines from public buildings
- identification of mechanisms to limit the number of fast food outlets in neighbourhoods
- encourage and support food co-operatives, allotments and community gardens

7.2 WELL MAINTAINED AND MANAGED PUBLIC SPACES

Public spaces within neighbourhoods are important to the development of social connections within a community. However there is currently too much focus on capital investment rather than ongoing maintenance for such areas. This means that a lot of these spaces fall into disrepair or become run down, thus impacting on the perception of community safety and how people feel about the places where they live.

Upkeep in disadvantaged areas is often lower than elsewhere. Children are more likely to be residents of these areas and they have been found to be some of the neighbourhood's 'fiercest critics' of lack of upkeep.⁹

Recommendation

We wish to see a Scotland where **public spaces are well maintained and managed.**

Activities consistent with this vision would be

- Scottish Government, Local Authorities and Community Planning Partnerships working together to identify mechanisms to support the on going maintenance costs of public areas including civic open spaces, greenspaces, playing fields, streets, shopping and leisure areas.

7.3 INCREASED OUTDOOR PLAY AND ACCESS TO THE NATURAL WORLD

There is now strong evidence to demonstrate that access to green, natural or semi-natural outdoor spaces is a significant dimension of good health. This is because it is associated with increased levels of physical activity as well as stress relief and enhanced mental wellbeing.²¹

Green spaces can be therapeutic for children and can help them deal with mental health issues.^{9, 22, 23, 24} They are also good for children's physical activity levels^{21, 25} and development of social and interpersonal skills such as listening, negotiation, problem solving and self esteem.⁹

The evidence indicates that children who play in natural and greenspaces develop a life long association with nature that continues into adulthood and creates a virtuous cycle. To enable this association to develop it is important that greenspaces are close to the home, within a range of 300 metres and that young children spend more time in them.^{15, 26, 27, 28, 29}

It is therefore imperative that we create the right physical and cultural conditions to increase children's access to nature and natural outdoor spaces, and provide the potential for children to have access to greenspace in their everyday lives. This is a crucial component to our wish to see a substantial increase in the amount of time children spend outdoors in their everyday lives.

Recommendation

We wish to see a Scotland with **neighbourhoods which support and encourage children's access to the natural world in their everyday lives.**

Activities consistent with this vision would include:

Ensuring the provision, quality and use of greenspace, natural play areas, woodlands and other natural settings with the following criteria:

Qualities

- multifunctional spaces which allow for intergenerational mixing
- natural spaces which offer children contact with nature
- appealing to explore and encourage imaginative play and a place to “escape” and think (“secret places”)
- encouraging of physical exercise through trails, play areas for younger children and free spaces for older children
- designed in a way which enables adults to perceive them as safe so that adults will allow children to play. This can be achieved through providing places where children can interact directly with adults but also places where adults can watch discreetly and allow children to develop their own agenda

Level of Provision

- increasing provision and improving accessibility to ensure children have access to natural greenspaces for play within 300 metres, or less, of their home
- supporting and promoting the development of natural playgrounds within school grounds

Supporting Use

- supporting activities within greenspace, woodland, and other natural settings to encourage use and provide a child-friendly focus
- providing family support and education to ensure parents are aware of the benefits and can enable free play in natural spaces for children
- providing outdoor play and learning opportunities for all the family
- using these outdoor spaces as part of formal early years and primary school delivery of the Curriculum for Excellence
- actively supporting and promoting the development of outdoor nurseries
- continued support for the Central Scotland Green Network and encourage this approach throughout Scotland

7.4 SUPPORTING SOCIAL CAPITAL WITHIN COMMUNITIES

So far we have discussed the neighbourhood in terms of its physical assets. However as outlined in the introduction, the social cohesion and social networks of a neighbourhood significantly impact on how a neighbourhood is used and looked after and how people feel living within it.³

We know that social support is diminished in communities with transient populations – such neighbourhoods have weak social ties and more drug dealing, graffiti and gangs regardless of ethnic diversity or socioeconomic status.⁹ Being able to call on neighbours provides a sense of security. Some areas in Glasgow, particularly where there are a high proportion of children, have less support available because they have a low proportion of older people who can influence social control.⁹

We can also document a growing intolerance towards children^{9, 30, 31} and exclusion of young people from public places.²¹ This prevailing social climate of intolerance towards children has reduced their freedom,³² trust, confidence and agency in walking to school, the town centre and the local neighbourhood, leading them to feel abandoned.⁹

Children and young people are perceived as a threat^{9, 33} and it has been argued that the creation of Anti-Social Behaviour Orders (ASBOs) legitimised this view.^{9, 34} The answer to the perceived threat posed by youngsters hanging around can be to provide structured activities, and this has been found to reduce anti-social behaviour. At a younger age children need to discover and be allowed to play in an unconstrained way. Therefore opportunities need to be created for both types of activities.

Young people like to use greenspaces to create their own spaces and territory, however this can prevent other potential users feeling comfortable in the space.²¹ To prevent this, other users may attempt to restrict access to young people.^{9, 21} But, by removing children or seeing them as a problems, space is no longer public and is perceived as reserved for adults only.³⁰ Paradoxically, when children and young people feel they are being threatened or excluded, they often respond by congregating in large groups⁹ and such groups are perceived as menacing by those wishing to exclude them in the first place.

These issues of security, outdoor space and children are evidently not straightforward. The extent to which children are threatened or themselves pose a threat is ambiguous.⁹ Improving the social environment, in particular social ties between different population groups and intergenerational groups, is likely to increase understanding and empathy and reduce feelings of threat both from and towards young people.

Part of the issue is the separation of children from the majority of adults in British society – younger children need to experience the social and natural environment with adults to teach them behaviour that is acceptable.³⁵ Older children need places where it is acceptable for them to congregate and to socialise with each other, as well as places where they can interact with other generations. All children need places for boisterous and energetic play as well as for quiet play. We therefore feel that there are aspects of physical environment that can be improved to contribute to the creation of a better social environment for inter-generational mixing, and vice versa.

Recommendation

We wish to see a Scotland where **all neighbourhoods have a real sense of community and that the presence of children is welcomed.**

Activities consistent with this vision would ensure neighbourhoods are equipped to maximise the chances of social bonds forming. This could be through:

- ensuring neighbourhoods have focal points and meeting places such as a community centre
- creating and maintaining spaces for all: for young children to play and older children to be able to ‘hang around’
- availability of low density housing for families with young children
- providing community activities
- planning housing in a way that supports communities of mixed ages
- empowering local people, including children, to have a genuine influence over decisions that will effect their neighbourhood
- reversing the “no ball games” culture

8.0 HOMEPLACE³⁶

Currently, infants and toddlers spend up to 80-90%, pre-schoolers 70-80% and school aged children up to 50-70% of their time in the home.²

Our vision is of a Scotland where children spend much more time outdoors and that this balance of outdoor/indoor time is shifted substantially. However, the home environment currently has and will continue to have a significant impact on health⁶ both directly and indirectly by influencing wellbeing and the day-to-day choices individuals and families make.



8.1 WARM, DRY HOMES FOR ALL

The provision of warm and dry homes for all is a key issue in tackling childhood health and wellbeing. This means homes which have all three of the following key characteristics: appropriately ventilated, well insulated and affordably heated. The provision of warm and dry housing will positively impact all four childhood health outcomes. A warm, dry house is free from the damp and mould which is associated with asthma and poor mental health and wellbeing. It optimises the use of space and amenities within the house, therefore providing space to play and study and allows separation of children from burn and scalding risk.^{2, 3, 4, 5}

The need to improve the energy efficiency of housing will be a key driver in delivering the reduction in carbon emissions that will be needed for the housing sector to contribute to national reduction targets. The delivery of warm, dry housing for health is consistent with such targets. It will be important to ensure that the quality of indoor air quality through adequate ventilation is retained as we improve energy efficiency of housing.



Recommendation

We wish to see a Scotland where **everyone lives in warm, dry, appropriately ventilated homes and fuel poverty is eliminated.**

Activities consistent with this vision would include:

- review the energy efficiency criteria of the Tolerable Standard and Scottish Housing Quality Standard (SHQS) with a view to ensuring they are an effective means of enabling energy efficiency improvements. Consideration should be given to applying stricter energy efficiency criteria within these standards
- streamlining and simplifying the grants system for energy efficiency improvements
- improving the method and means by which Registered Social Landlords take action to address the energy efficiency criterion of the SHQS
- creating a level playing field by applying the Scottish Housing Quality Standard to private rented sector and privately owned housing
- identifying methods to improve the uptake rate of home insulation grants through potential incentives such as a Council Tax discount for those homes achieving an improvement in energy efficiency
- recognising further opportunities to use the point of sale or exchange of lease or the construction of extensions as a trigger-point to require the communication and/or upgrading of the building's energy rating
- ensuring Home Reports include the practical details of how and where to get grant funding for energy efficiency improvements

8.2 GENEROUSLY PROPORTIONED, FLEXIBLE AND FUNCTIONAL HOMES

Homes and gardens should be flexible in their use of space, and offer families the opportunity for positive social interaction.

True flexibility within homes would have multiple benefits for children and their parents. Homes which are designed to have space for the changing work and play needs of families and with adequate storage space, avoid families having to move house too often and potentially having to move outside their local area. This could assist in improving community stability and provide opportunities for community connections to be strengthened. Moving house can have a detrimental impact on a child's mental health and wellbeing.²

A lack of space within homes and gardens restricts the space available for children to play. This is associated with increased likelihood of unintentional injury and decreased mental health and wellbeing.^{2,3} Space for play both indoors and outdoors can positively impact on healthy weight through physical activity and on mental health and wellbeing and asthma. Larger gardens may also provide greater opportunity for home grown food. Small kitchens and limited dining space are associated with over-reliance on processed or fast food, and so contribute to obesity through poor nutrition. The importance of dining together in creating family bonds and social skills is well documented. When designing homes and streets the needs of children to have space to play indoors and also outdoors in gardens, shared private space and streets, should be provided for.^{2,3,4,5}

Noise can have a negative impact on health, especially in children. Research has demonstrated that annoyance from neighbour noise can reduce quality of life, while traffic noise can impair the development of children's reading skills and aircraft noise can cause psychological distress in children.³⁷ Adverse psychological stress reactions in young children exposed to chronic noise in their neighbourhoods have also been demonstrated although some researchers believe it only occurs in children with pre-existing biological risk.³⁷

Recommendation

We wish to see a Scotland where **homes are flexible and generous in their use of space, offer opportunities for positive social interaction for families and neighbours and protect against noise nuisance and injuries.**

Activities consistent with this vision would be the development and adaptation of housing (across all types and tenure) that:

- incorporates space to accommodate growing and changing family needs, working from home and domestic play space for children (indoors and outdoors through private and shared gardens)
- incorporates space for families to dine together and adequate kitchen space for food preparation
- has adequate indoor and outdoor storage space
- facilitate ease of movement between indoors and outdoors and design that enables passive surveillance of children's play in garden and street
- ensures standards relating to environmental noise and the transmission of airborne and impact noise within homes are rigorously applied and enforced
- promotes the use and maintenance of thermostatic mixing valves in reducing water temperatures in baths, bidets and taps

We acknowledge a potential tension between homes that are spacious, with ease of movement and our earlier recommendation around warm homes and fuel poverty. However, we are confident that good design can take account of both needs and find a solution to this issue.

8.3 HOMES WITHIN LIFETIME COMMUNITIES

In order to create strong, resilient, socially connected communities everyone must be able to access the housing they need within their community. Where they choose to do so, people should be able to remain within their community and retain their social networks even as their housing needs change. In order to reduce population churn and improve community stability we need to provide a range of housing types, sizes and tenures within communities. It will also be important to ensure that the social housing allocation policies are adequately flexible to ensure people are able to stay within their home community.

Recommendation

We wish to see a Scotland where **communities have a mix of housing types, sizes and tenures**.

Activities consistent with this vision include:

- a flexible social housing allocation policy that allows for the changing needs of tenants whilst enabling them to retain community connections
- enabling and supporting mixed housing sizes within communities
- housing provision within public and private sector that meets the needs of the wider community

9.0 TRANSPORT

Travelling within and beyond our neighbourhoods can have a significant impact on our children's health. We place reliance on different modes of transport including walking, cycling, cars, public transport and freight distribution to live our daily lives and to access the goods and services we require as well as for recreational purposes. Transport can also have a significant impact on how children play and how they interact with their neighbourhood. In seeking to increase the amount of time children spend outdoors it will be imperative to manage transport systems and networks in a child, pedestrian and cyclist friendly way.

A healthy, sustainable place will not deliver in terms of the four childhood health outcomes unless it embodies the following characteristics:⁸

- safe and attractive streets, paths and off road routes which allow children to cycle or walk to school, nursery or other amenities and allow them to play outdoors
- a better way of managing traffic that prioritises the child pedestrian, e.g. less traffic travelling at slower speeds
- traffic levels and behaviour which ensure that air pollution is kept within tolerable limits, particularly in areas near housing, schools and nurseries
- allows access (by active or affordable public transport) to amenities which are promoting of health and healthy behaviours
- provides amenities and facilities that are cyclist and pedestrian friendly

9.1 CHILD FRIENDLY ACTIVE TRAVEL AND PUBLIC TRANSPORT

There are two main ways that children can undertake physical activity within a neighbourhood: firstly through commuting by walking or cycling from one place to another and, secondly, through outdoor play and sport. Both of these are more likely to occur when streets are seen to be safe and pedestrians and cyclists have priority.

There is evidence that “learned behaviours” track throughout life into adulthood, especially in the case of low levels of physical activity. The importance of forming good habits from early in childhood is important as these learned behaviours are maintained strongly when cultural and personal habit forming has taken place during early childhood.³⁸ It is therefore imperative that good habits for active travel are formed early.

There are numerous national policy documents (National Transport Policy, Scottish Planning Policy, Designing Streets) which reflect the Scottish Government’s position on transport hierarchy and which place active travel in the form of walking and cycling at the top of that hierarchy. However the experience of experts and practitioners is that the means to deliver this needs to be more effective. The challenge is to recalibrate the value of the transport network to serve people and the needs of the community which includes the health of children.



Recommendation

We wish to see a Scotland where **street systems enable children to make positive, safe travel choices and support children's needs.**

Activities consistent with this vision would include:

- greater financial investment, starting with a minimum of 10% of transport budgets being invested in sustainable and active travel
- measuring, monitoring and reporting the progress being made in implementing sustainable and active travel
- supporting the concept of neighbourhood active travel plans which facilitate changes in the transport network
- Single Outcome Agreements including better indicators on walking and cycling
- introducing innovative ways to manage the conflicts between street users to make streets safer for pedestrians and cyclists
- more investment and action on better physical street networks which enable walking and cycling to school to be the norm
- creating routes and facilities for cyclists that encourage family cycling and accommodate innovative cycle design that are family and child friendly
- better cycle storage facilities within towns including at shops and leisure centres
- local development, regeneration and access investment that places greater priority on walking and cycling networks within neighbourhoods and beyond
- the needs of children and families being considered in the design and management of transport systems including child friendly public transport
- every child in Scotland should receive good quality cycle training
- adults should have greater access to cycle training
- removal of health and safety barriers preventing young children cycling to school
- increased consideration of health issues in transport planning by applying Health Impact Assessment to transport strategies and transport decisions
- investment to create a sustainable, child friendly, well used public transport system

9.2 SAFE STREETS

The presence of children as pedestrians near roads is a factor in road traffic incidents and is an issue which is known to influence parents' perception of the safety of neighbourhoods. If we wish to increase the amount of time children spend outdoors we must ensure that the streets that they play on or use to access other places are safe and suitable for them. We must manage streets as streets with multiple users rather than as roads.

Evidence has shown that there are often a number of contributing factors when children are injured in a road traffic incident as either a pedestrian or cyclist and it is often difficult to ascertain what the primary cause was.³ Contributing factors are likely to be traffic speed, traffic levels, road design, vehicle design, driver behaviour and pedestrian/cyclist behaviour.

The speed at which a car is driven affects the severity of pedestrian injuries (20mph leads to 5% deaths; 30mph - 45%; 40 mph - 85%).

Historical policy and design has enabled motorists to view streets like motorways and not take responsibility for the other mobile elements within it. We must revisit the fundamental rules for streets to ensure that the pedestrian and cyclist have priority and motorists take greater responsibility. There is evidence that interventions such as speed cameras, traffic calming, reducing speed limits and shared street initiatives reduce the number of injuries and may be cost-effective. A reduction of injury rates could be achieved through these types of interventions. Data on where incidents are occurring will be needed to ensure the interventions are aimed at the correct locations for maximum gains.³

Establishing reduced speeds can be done through zones or limits. A 20mph 'limit' is based on signs alone whereas a 20mph 'zone' uses traffic calming measures such as speed humps or chicanes. Evidence shows that 20mph zones are effective at reducing speed and injury rates. However, they are more expensive than 20mph limits. There is less evidence behind 20mph limits, which may not be effective at reducing speed and injury rates.³ Limits are unlikely to be effective as the signs give a message which is contradicted by a wide, open

road telling the driver that speed is acceptable. Zones are therefore the most appropriate means to take forward our desire to achieve 20mph in urban areas.

There is evidence that reducing the alcohol limit reduces the number of incidents, with zero tolerance showing the greatest reduction. Improving visibility of pedestrians through improved street lighting, less road clutter and use of high visibility clothing is also beneficial.³

Recommendation

We wish to see a Scotland where **urban areas are safe for pedestrians and cyclists, and their needs are prioritised over the needs of the driver.**

Activities consistent with this vision would include:

- road design and infrastructure which prioritises the needs of the pedestrian at network, street and junction scales
- whole place management systems which rethink how to reprioritise space and movements for people through special, management and behavioural interventions
- 20mph becoming the default speed limit in all urban areas including housing, schools and shops
- the continued investment in, and roll out of, 20mph zones
- introducing a zero alcohol limit for driving

10.0 CONCLUSIONS

Solving the intractable health problems that Scotland faces requires a package of measures of which environment and place are a key component. Although the recommendations within this report cannot in isolation solve children's health issues, they are a crucial part of a wider preventative strategy. Getting things right on place is central to optimising health for Scotland's children.

The places where Scotland's people live are often shaped by the decisions and policies of Local Authorities and Community Planning Partnerships across a spectrum of professions and functions. The need to view placemaking through the lens of children's health is crucial to the successful implementation of change.

We would urge Scottish Government, local government, public bodies, community councils, third sector organisations and communities to identify ways to work together to achieve the vision and implement the recommendations set out within this report and create places which will nurture the health of Scotland's children.

It is acknowledged that this will be a challenge but there are significant opportunities to improve the way we work and the priority we give to preventative work which could be delivered through the creation of good places for better health.

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APS Group Scotland
DPPAS12395 (12/11)

Strategic Partnership Highlight & Exception Report

argyll and bute

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Strategic Partnership (Name of Partnership you are reporting on)	Argyll and Bute Adult Protection Committee
CPP Thematic Group (i.e Economy, Environment or Social Affairs)	Social Affairs
CPP Outcome (please select – you can select more than one outcome) Please refer to attached table for more detail on each CPP Outcome.	<input type="checkbox"/> CPP/CP01 – competitive and successful businesses <input type="checkbox"/> CPP/CP02 – sustainable economic assets <input type="checkbox"/> CPP/CP03 – vibrant towns that are centres of economic growth <input type="checkbox"/> CPP/CP04 – promoting our cultural, social and natural heritage <input type="checkbox"/> CPP/CP05 – Utilising our environment to create employment and prosperity <input type="checkbox"/> CPP/CP06 – Protecting our unique area <input type="checkbox"/> CPP/CP07 – services are planned and delivered based on local need <input type="checkbox"/> CPP/CP08 – overall health, wellbeing, independence and social inclusion are improved <input checked="" type="checkbox"/> CPP/CP09 – people feel safe and secure <input type="checkbox"/> CPP/CP10 – our diverse culture is celebrated

Activity Summary in Period (please state period you are reporting on)	2nd quarter 2011 – 2012. Adult Protection Multi Agency Self evaluation event set for November 9 th 2011. This event will review the current APC Action Plan with a particular focus on taking forward the development of local practice partnerships to take forward the AP agenda in local areas.
Key Challenges & Actions to Address	Key Actions for local areas to be addressed under the following priorities:- <ul style="list-style-type: none"> - Providing information and advice to public, independent and 3rd sector bodies - To co-ordinate training and development activity - Evaluation of impact on service users and communities - All of the above in order to improve co-operation between public bodies and communities
Name	Ronnie McIlquham
Date	October 2011

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Strategic Partnership Highlight & Exception Report

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Strategic Partnership (Name of Partnership you are reporting on)	Argyll & Bute Health & Care Strategic Partnership
CPP Thematic Group (i.e Economy, Environment or Social Affairs)	Social Affairs
CPP Outcome (please select – you can select more than one outcome) Please refer to attached table for more detail on each CPP Outcome.	<input type="checkbox"/> CPP/CP01 – competitive and successful businesses <input type="checkbox"/> CPP/CP02 – sustainable economic assets <input type="checkbox"/> CPP/CP03 – vibrant towns that are centres of economic growth <input type="checkbox"/> CPP/CP04 – promoting our cultural, social and natural heritage <input type="checkbox"/> CPP/CP05 – Utilising our environment to create employment and prosperity <input type="checkbox"/> CPP/CP06 – Protecting our unique area <input type="checkbox"/> CPP/CP07 – services are planned and delivered based on local need <input checked="" type="checkbox"/> CPP/CP08 – overall health, wellbeing, independence and social inclusion are improved <input checked="" type="checkbox"/> CPP/CP09 – people feel safe and secure <input type="checkbox"/> CPP/CP10 – our diverse culture is celebrated

<p>Activity Summary in Period (please state period you are reporting on)</p>	<p>3rd quarter 2011/12</p>
<p>Key Challenges & Actions to Address</p>	<ol style="list-style-type: none"> 1. Strategic Planning for Re-shaping Older People's services / Change Fund Initial draft has been accepted on high level information, however the detailed action plan still to be signed off that confirms disinvestment plan on the CHP side. Proposal is that Council will reduce the commissioning care home budget by £0.5 m over three years. An equivalent proposal is required from CHP prior to investment plan being signed off. £1.7 million (limited to 3 years) revenue is available and in order to facilitate the re-design of social care, housing third sector and CHP services. Action Plan is ready for implementation from 1st April 2012 and meets the Government requirements for developing services in partnership with the 3rd sector and services specifically to support carers. 2. E-Care agenda.NHS system being implemented in Bute. Timescale for the system to be used across the area and linking into Council's Care First system to be determined. No progress on the development of a single, integrated system is being made on this matter either locally or nationally. 3. Mental Health redesigns (CHP). Confirmation from Scottish Government is available to confirm that a revenue option for funding the new facility is now accessible. Timescale for new hospital building is the summer of 2014. 4. Older Persons' re-design (Council). Project Board of 27th confirmed that Day services would go to tender; outcome will be reported to Project Board on 23rd February 2012. The Home Care service will proceed to tender on 1st February 2012 and return to a Project Board by the end of April As previously reported, the sustainability of the Care Homes will be re-visited. 5. Learning Disability re-design (Council).The Pre Qualifying Questionnaire being progressed was be presented to the Project Board on 7th December 2011.It was agreed that there should be further consultation with staff in order that a

	<p>decision on whether to proceed to tender or retain the service in house can be made on 23rd February 2012.</p> <p>6. Community model of care for older people's services being phased in on Bute. The Head of Adult Care and general Manager of the CHP have been leading the implementation of this model via a number of presentations to staff throughout the council area during January 2012 concluding in Campbeltown on 2nd February 2012.</p> <p>7. Integration of CHP and Adult Care Services (Council). Discussion paper has been approved by the Council and NHS Highland Board. Further detailed work plan to be agreed by Chief Executives of Council & NHS Highland. There has been no progress on this matter due to lack of participation from NHS Highland. Indications are that once the new integrated model is implemented in north Highland with Highland Council on 1st April, NHS Highland will then have capacity to proceed on negotiations with Argyll & Bute. A Ministerial announcement prior to Christmas confirmed a move away from the proposal of a single care agency managed within the NHS towards an integrated model based on a partnership approach across health and social care which would be accountable to the Chief Executives of each partner. This will be endorsed by new legislation and it is expected that formal consultation by the Scottish Government will proceed during May/June 2012.</p> <p>8. Performance Issues:</p> <ul style="list-style-type: none"> • Balance of Care for Older People. Target has been increased to 70% at home. Evidence indicates that present practice is achieving 73.6% (Dec 2011) for the current year 2011/12 while the overall figure is at 67% due to significant number of historical admissions who would no longer meet the criteria for admission. • Delayed Discharge. Partnership has consistently achieved the national 0/0 target with the exception of one month during 2010/11. Priority has moved to reducing the overall number and reducing the number of unplanned admissions to hospital by implementing a new community model of care which will reduce admissions and cut of the delayed discharges at source. The proposal is highly dependent upon GP's using the alternative services as opposed to admission to hospital. The total number of Delayed Discharges remains low (9 for January 2012) and the number of bed days lost continues to fall. Detailed information on the reason for admission/re-
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	<p>admission continues to be absent from the CHP and will require some negotiation with the national statistical service, ISD, in order that the appropriate information is recorded and reported.</p> <ul style="list-style-type: none"> • Waiting list for Free Personal Care at home and residential care placements. There have been no waiting issues relating to finance during 2010/11. Any delays in relation to service delivery have been due to availability of staff and beds.
Name	James Robb, Head of Adult Care
Date	1 st February 2012

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Strategic Partnership Highlight & Exception Report



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<p>Activity Summary in Period (please state period you are reporting on)</p>	<p>1st quarter 2011/12</p>
<p>Key Challenges & Actions to Address</p>	<ol style="list-style-type: none"> 1. Strategic Planning for Re-shaping Older People's services / Change Fund Initial draft has been accepted on high level information, however the detailed action plan still to be signed off that confirms disinvestment plan on the CHP side. Proposal is that Council will reduce the commissioning care home budget by £0.5 m over three years. An equivalent proposal is required from CHP prior to investment plan being signed off. £1.7 million (limited to 3 years) revenue is available and in order to facilitate the re-design of social care, housing third sector and CHP services. 2. E-Care agenda.NHS system being implemented in Bute. Timescale for the system to be used across the area and linking into Council's Care First system to be determined. 3. Mental Health redesigns (CHP). Confirmation from Scottish Government is available to confirm that a revenue option for funding the new facility is now accessible. 4. Older Persons' re-design (Council). Project Board of June 27th confirmed that Day services will go to tender immediately. The Home Care service has been delayed in order that staff are briefed on the options of TUPE and Voluntary Redundancy (timescale: 28th October 2011). Given there was only one organisation interested, there will be no tender process for the Care Homes. Issues around the sustainability of the Care Homes will be re-visited. 5. Learning Disability re-design (Council).On target with work relating to the Pre Qualifying Questionnaire being progressed which will be presented to the Project Board on 30th November inform the decision whether to tender or not. 6. Community model of care for older people's services being phased in on Bute. Confirmation re timescale for implementation throughout the council area to be confirmed. This will be determined at Joint Managers meeting on 2nd November 2011

	<p>7. Integration of CHP and Adult Care Services (Council). Discussion paper has been approved by the Council and NHS Highland Board. Further detailed work plan to be agreed by Chief Executives of Council & NHS Highland.</p> <p>8. Performance Issues:</p> <ul style="list-style-type: none"> • Balance of Care for Older People. Target has been increased to 70% at home. Evidence indicates that present practice is achieving 81.2% (September 2011) for the current year while the overall figure is at 67% due to significant number of historical admissions who would no longer meet the criteria for admission. • Delayed Discharge. Partnership has consistently achieved the national 0/0 target with the exception of one month during 2010/11. Priority has moved to reducing the overall number by implementing a new community model of care which will reduce admissions and cut of the delayed discharges at source. The proposal is highly dependent upon GP's using the alternative services as opposed to admission to hospital. The total number of Delayed Discharges remains low (12 for September 2011) and the number of bed days lost continues to fall. Detailed information on the reason for admission/re-admission continues to be absent from the CHP and will require some negotiation with the national statistical service, ISD, in order that the appropriate information is recorded and reported. • Waiting list for Free Personal Care at home and residential care placements. There have been no waiting issues relating to finance during 2010/11. Any delays in relation to service delivery have been due to availability of staff and beds.
Name	James Robb, Head of Adult Care
Date	13 th October 2011

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Strategic Partnership Highlight & Exception Report

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<p>Activity Summary in Period (please state period you are reporting on)</p>	<p>F/Q 3</p> <p>Area based Anti Social Behaviour Problem Solving Partnerships, with membership comprising Council Services, Police, Registered Social Landlords and Third Sector, met to address recurring anti social behaviour in Dunoon, Rothesay, Oban and Campbeltown. In F/Q3 input and action was taken by services in relation to 27 cases assessed as priority cases. 67% of cases resolved (against target of 50%).</p> <p>Mobile cctv cameras deployed in Helensburgh and Dunoon in response to anti social behaviour 'hotspots'. Camera deployment is part of the problem solving process and decisions are taken by partners via area community safety partnerships and multi agency Anti Social Behaviour problem solving groups.</p> <p>Cash back for Communities initiative (proceeds of crime): Small grant awarded to youth work projects providing diversionary and personal development opportunities for young people including where there is risk of involvement in anti social behaviour. Administered by Youth Link Scotland with applications assessed by Argyll and Bute assessment panel. Applicants successful in obtaining an award - Bute Youth Project, Mid Argyll Youth Forum, Sk8 Park Bute, Stramash, Argyll and Bute Youth Forum. Awards totalling £21,181.</p> <p>Council and partners review of area community safety partnerships, outlined in the previous Highlight and Exception report, have been completed for Campbeltown, Bute and Cowal area community safety partnerships. Purpose was to measure external processes (including understanding of community concerns and level of engagement re community safety matters) and partnership management (e.g. partnership involves key agencies, evidence based strategy exists, partnership meets regularly, partnership reviews its effectiveness and its work).</p> <p>New combined Community Plan and Single Outcome Agreement 2012 -13. Partner data and information on proposed success measures have been submitted for consideration by the Community Planning Partnership</p>
<p>Key Challenges & Actions to Address</p>	<p>Proposed reform of Police Service and Fire and Rescue Service are key challenges for partners which will require balancing reform work with existing priorities. It is acknowledged that transition arrangements will be developed in the near future which will involve national and local government and services.</p>

Name	Robert Cowper
Date	30 th January 2012

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Activity Summary in Period

(please state period you are reporting on)

F/Q 2

Cash back for Communities initiative (proceeds of crime):

- Small grant applications by youth work projects in Argyll and Bute have been assessed by the Argyll and Bute cash back assessment panel. Successful applicants to be notified by YouthLink Scotland early November 2011.
- Initial planning has taken place to deliver Racketball as a diversionary activity for young people at risk of involvement in anti social behaviour. Delivery body is 'Scottish Squash and Racketball' in partnership with Argyll and Bute partner agencies. Funded by Cashback for Communities with funding made directly to national sporting bodies.

An application has been made to the COSLA Excellence Awards 2012 (Strong and Sustainable Communities category) on work of the locality based Argyll and Bute Anti Social Behaviour Problem Solving Partnerships. These partnerships are sub groups of area community safety partnerships and this application has been made in recognition of their innovative work in tackling anti social behaviour.

The role of the partnerships is to take action to resolve complaints of anti social behaviour made by individuals and also prevent anti social behaviour by targeting identified hotspots areas. Measures are designed to address underlying causes. The partnerships have a strong operational focus and complaints are dealt with using a person centred multi agency case conference approach. The key stakeholders are Strathclyde Police (Chair), Argyll Community Housing Association, West Highland Housing Association, Fyne Homes, HELP (Argyll and Bute) Ltd, Argyll and Bute Council (Children and Families Social Work, Criminal Justice Social Work, Homeless Service, Regulatory Services, Governance and Law).

Our practice, which is fully in keeping with the 'Promoting Positive Outcomes' framework developed by COSLA and Scottish Government to tackle the causes of anti social behaviour, has been successful in achieving a smarter approach to anti social behaviour cases. The partnerships are a valuable source of information and data on the nature and extent of anti social behaviour within their area and this contributes to the Argyll and Bute Strategic Assessment which is the evidence base for determining Community Safety Strategy priorities and performance monitoring.

	Community Perception Surveys undertaken since the adoption of this approach have indicated an improving trend, with the most recent figures showing over 80% of residents surveyed across Argyll and Bute feeling that their neighbourhoods are safe places to stay.
Key Challenges & Actions to Address	<p>A council and partners review of area community safety partnerships has begun in this quarter with aim to:</p> <ul style="list-style-type: none"> • Incorporate Local Area Community Planning Group priorities for community safety within area Community Safety Partnership action plans • Improve data collection and reporting on progress towards achievement of area community safety outcomes and contribution to outcomes within the wider Argyll and Bute Community Plan • Align monitoring and reporting function with the new area scorecards currently being developed <p>Reviews have started with Mid Argyll, Kintyre and the Islands, Cowal and Bute Community Safety Partnerships and will also include Helensburgh and Lomond and Oban, Lorne and the Isles partnerships.</p>
Name	Robert Cowper
Date	20 th October 2011

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<p>Activity Summary in Period (please state period you are reporting on)</p>	<p>During November to 30th January Argyll & Bute's Children continues to develop and implement the Integrated Children's Service Plan and support the GIRFEC principles.</p> <p>GIRFEC was fully launched on 9th January 2012, lead professional & named person training has taken place across the authority and assessment tools and planning procedures introduced which will be consistently applied.</p>
<p>Key Challenges & Actions to Address</p>	<p>The launch of GIRFEC requires continued strategic commitment from all agencies.</p> <ul style="list-style-type: none"> • Educational attainment of Looked After children is being monitored and reviewed by the new Getting it Right for Looked After Children Group,. • The Getting it Right for Children Affected by Disability Group remains on target with 81% of children receiving community based packages of support. • There is a continuous challenge to reduce the percentage of looked after and accommodated children in a residential setting.
<p>Name</p>	<p>Liz Strang</p>
<p>Date</p>	<p>30th January, 2012</p>

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<p>Activity Summary in Period (please state period you are reporting on)</p>	<p>Argyll & Bute's Children continues to have the lead role in the rollout of GIRFEC and the development of the Integrated Children's Service Plan. It also coordinates interagency reviews in respect of children affected by disability; early years; vulnerable young people.</p>
<p>Key Challenges & Actions to Address</p>	<p>The rollout of GIRFEC will require strategic commitment from all of the agencies.</p> <p>The implementation of the service reviews are continuing with a resource group for element of the vulnerable young people review.</p> <p>There are 3 specific success measures within The Community Plan.</p> <p>ABC04d – Educational attainment of looked after children. This indicator is no longer collated at a national level. The local data will not be available until later in the autumn but meaningful trend data is difficult to obtain given the small numbers of children involved and the consequent significant fluctuations.</p> <p>ABC05a – Community based support for children affected by disability – This continues to be on target with 81% of children with disability who are often cases to social work receiving arranged packages of support.</p> <p>ABC05a – Proportion of looked after and</p>

	accommodated children in a residential setting – This has shown a steady decrease with the current figure standing at 23%.
Name	Dougie Dunlop
Date	26/10/11

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Strategic Partnership Highlight & Exception Report

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Strategic Partnership (Name of Partnership you are reporting on)	Argyll & Bute Child Protection Committee
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Activity Summary in Period (please state period you are reporting on)	During the period November 2011 to 30 th January 2012 the CPC has established a Child Protection Improvement Group to agree and implement the core improvement priorities up to and including April 2012. The CAPCOG has agreed the appointment of an Independent Chair of the CPC to take forward the improvement agenda prior to the follow through inspection.
Key Challenges & Actions to Address	The key task of the CPC will be to fully implement the core priorities identified in the integrated business and improvement plan for 2012.
Name	Liz Strang
Date	30 th January 2012.

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Activity Summary in Period (please state period you are reporting on)	The CPC continues in its oversight of interagency child protection activity with the focus during this period on the improvement actions from the SCSWIS inspection.
Key Challenges & Actions to Address	The key task of the CPC will be to take forward the action plan arising from the inspection. No child protection indicators contained within Community Plan review.
Name	Dougie Dunlop
Date	26/10/11

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<p>Activity Summary in Period (please state period you are reporting on)</p>	<p>(October - December 2011)</p> <p>The Early Years partnership group known as Getting it Right in the Early Years (GIREY) met on the 27th of October.</p> <p>Integrated Children's Service Plan which was distributed to all members. The group established their role as a thematic group of Argyll and Bute's Children related to Early years and the implementation of the Early years Framework</p> <p>The GIREY structure and terms of reference are attached.</p>
<p>Key Challenges & Actions to Address</p>	<ul style="list-style-type: none"> • Rights of Children & Young People Bill • Children's Services Policy (Early Years and GIRFEC) • Children's Services Bill (Aspirations and Options) <p>The above documents were discussed and responded to by the groups.</p> <p>An Early Years Change Fund is to be established over the next 4 years which will allow local partnerships to develop early years intervention preventative spend model of service delivery.</p> <p>There has been no clear guidance or agreement of what this will look like in real terms and the detail needs to be established with Scottish Government.</p> <p>The allocation and use of the resources has not been clearly laid out although there is indication that a</p>

	<p>new group will be formed to oversee the change fun (the early years task force). The GIREY group will be a very effective and useful group for taking forward in Argyll and Bute the local challenges for the Early years Challenge Fund.</p> <p>Initial work looking at early intervention and parenting strategy are being taken forward by the GIREY group.</p>
Name	Anne Paterson
Date	30/1/12

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GETTING IT RIGHT IN THE EARLY YEARS

Planning Strategy Group

Getting it Right in the Early Years (GIREY)

Vision

This group is a thematic group of Argyll and Bute's Children to build and strengthen partnership working to deliver services for children, young people and their families.

Governance of the group is through Argyll and Bute's Children and should report timeously to the group.

The vision above for Argyll and Bute's Children is the vision of the GIREY group.

"We are committed to working with our communities to develop and improve the quality of life and opportunity for all our children, young people and their families"

In order to achieve our vision, GIREY will strive to ensure that:

- All partner agencies work collaboratively and inclusively to benefit Argyll and Bute's children and their families/carers
- Children and their families/carers receive high quality services when required.

Objectives

In order to achieve this vision the GIREY group will strive to ensure that the following objectives are carried out:

All developments and work streams should ensure adherence to national policy drivers and guidance related to Early Years.

All work streams and programmes should deliver on the vision of Argyll and Bute's Children and the national policy drivers

All work streams and programmes should be commissioned to deliver on key priorities from the GIREY plan and should affect improvements for our children, their families and carers.

Functions

The key functions of the GIREY are:

To build on and strengthen partnership working to deliver integrated services for children, young people and their families.

To implement key policy drivers eg The Early Years Framework; Curriculum for Excellence; GIRFEC, Equally Well and Achieving Our Potential and ensure appropriate guidance is formulated to assist integrated delivery and accountability.

To agree an integrated annual GIREY Strategy Plan which will identify the priorities from national policy which will be the focus for action and development across Argyll and Bute.

To commission integrated Early Years network groups to deliver on key priorities from the GIREY plan.

To be responsible to reporting to Argyll and Bute's children and the locality groups in progress related to GIREY.

To champion and promote integrated delivery in Early Years.

Membership

Further Education	1
Health Services	3
Education and Social Work	3
Voluntary Sector	3
Private Sector	2
Co opted members	2
Elected Member	1
Workforce Development	1
Women's Aid	2
Parent Representatives	2

The chair of the group will be selected by the group at the first meeting. Other personnel may be co-opted on to the group at any point to assist in the achieving of the goals of the group. Heads of Service Children and Families and Education will have the right to attend any meeting and will be informed of progress of the group.

The group will meet at least four times each year, with one of the meetings selected to agree the implementation plan.

Core members can delegate a representative who may attend a meeting on their behalf; this should be notified prior to a meeting.

Tasks

To create an implementation plan for the Group related to key national priorities within the local setting of Argyll and Bute which will address the following:

- the identified needs of children and families seeking early years services
- support the needs of vulnerable families through integrated working in the early years
- develop the ability of parents and carers within our communities to meet their children's needs
- improve the availability and accessibility of provision that meets the needs of families and communities by building on the strength of universal* services
- enhance the care, play and learning experiences of all early years children in Argyll and Bute
- participate in addressing wider issues of poverty and disadvantage
- develop and sustain an extensive information service which meets the needs of children, parents and carers and professionals

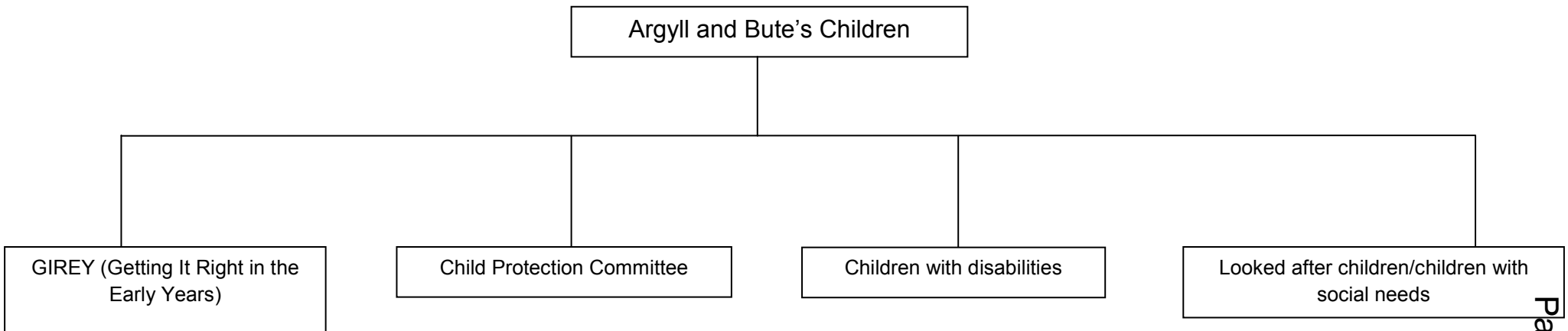
* *universal = all services*

Document agreed by core group on 27th October 2011

Elaine Robertson, Anne Paterson, Alison MacKenzie, Alison Attwood, Rena MacDonald, Liz MacColl, Jay Stewart, Virginia Sumsion, Ella Wilson, Linda Morrison, Aileen Binner, Anne Jenkins, Patricia Renfrew, Jean McPhee

Review date October 2013

Children's Services Planning Structure



Strategic Partnership Highlight & Exception Report

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<p>Activity Summary in Period (please state period you are reporting on)</p>	<p>(August – October 2011)</p> <p>The Early Years partnership group known as Getting it Right in the Early Years (GIREY) is due to meet on the 27th of October. This group will be in a position through the aims of the group to meet the challenges of addressing the new Early years Challenge Fund. The Early Years Challenge Fund is currently being discussed with Scottish government and clearer guidance is required to ensure the implementation will allow local flexibility, allocation, use of resources , governance of the fund and measures of success.</p> <p>Aims of Group</p> <p>To build on and strengthen partnership working to deliver integrated services for children, young people and their families.</p> <p>To implement key policy drivers eg The Early Years Framework; Curriculum for Excellence; GIRFEC, Equally Well and Achieving Our Potential and ensure appropriate guidance is formulated to assist integrated delivery and accountability.</p> <p>To agree and integrated annual GIREY Strategy Plan which will identify the priorities from national policy which will be the focus for action and development across Argyll and Bute.</p> <p>To commission integrated Early Years network groups to deliver on key priorities from the GIREY plan</p> <p>To be responsible to reporting to Argyll and Bute’s</p>
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	<p>children and the locality groups in progress related to GIREY</p> <p>To champion and promote integrated delivery in Early Years</p>
<p>Key Challenges & Actions to Address</p>	<p>An Early Years Change Fund is to be established over the next 4 years which will allow local partnerships to develop early years intervention preventative spend model of service delivery. There has been no clear guidance or agreement of what this will look like in real terms and the detail needs to be established with Scottish Government. The allocation and use of the resources has not been clearly laid out although there is indication that a new group will be formed to oversee the change fund (the early years task force). There is discussion on make up of this group and the membership and role of COSLA within this group. If the Early Years Change Fund is to make a difference then it has to have a measure of success. It also requires to be sustainable for the future. The GIREY group will be a very effective and useful group for taking forward in Argyll and Bute the local challenges for the Early years Challenge Fund.</p>
<p>Name</p>	<p>Anne Paterson</p>
<p>Date</p>	<p>17/10/11</p>

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Strategic Partnership Highlight & Exception Report

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Strategic Partnership (Name of Partnership you are reporting on)	ARGYLL & BUTE STRATEGIC HOUSING & COMMUNITIES FORUM
CPP Thematic Group (i.e Economy, Environment or Social Affairs)	SOCIAL AFFAIRS
CPP Outcome (please select – you can select more than one outcome) Please refer to attached table for more detail on each CPP Outcome.	<input type="checkbox"/> CPP/CP01 – competitive and successful businesses <input checked="" type="checkbox"/> CPP/CP02 – sustainable economic assets <input checked="" type="checkbox"/> CPP/CP03 – vibrant towns that are centres of economic growth <input type="checkbox"/> CPP/CP04 – promoting our cultural, social and natural heritage <input type="checkbox"/> CPP/CP05 – Utilising our environment to create employment and prosperity <input type="checkbox"/> CPP/CP06 – Protecting our unique area <input checked="" type="checkbox"/> CPP/CP07 – services are planned and delivered based on local need <input checked="" type="checkbox"/> CPP/CP08 – overall health, wellbeing, independence and social inclusion are improved <input checked="" type="checkbox"/> CPP/CP09 – people feel safe and secure <input type="checkbox"/> CPP/CP010 – our diverse culture is celebrated

<p>Activity Summary in Period (please state period you are reporting on)</p>	<p>October 2011- December 2011</p> <p>The Forum meeting arranged for November 2011 was rescheduled for 19th January 2012, however, in the interim the Council's Executive convened an additional meeting to deal with a range of Housing issues on 24th November 2011 at which the following recommendations were agreed:</p> <ul style="list-style-type: none"> • The final version of the Local Housing Strategy 2011-2016 was approved for submission to the Scottish Government. The revised draft includes new affordable housing supply target of 550 homes by 2016 (or 110 annually). • Applications to the Strategic Housing Fund were approved, including disposal of the Hermitage Academy site, £510,000 grant and £800,000 loan to Dunbritton Housing Association for the provision of 51 affordable homes; £500,000 grant to West Highland Housing Association to support 50 affordable homes at Dunbeg; £97,000 grant to ACHA to support 8 affordable homes at Dalmally; and £1.9m loan to Fyne Homes in respect of shared equity properties in Rothesay. • The creation of a ring-fenced Rural Housing Development Fund of £750,000 to stimulate rural regeneration and address housing need in specified areas was agreed. Bids for suitable projects by RSLs or local community trust are now invited. • Progress on the Homelessness 2012 targets – from 1st April 2012 all unintentionally homeless people will be determined as being in priority need and consequently will be entitled to settled accommodation. • The Designation of Pressured Areas across Argyll & Bute was approved in accordance with the Council's new powers under the Housing (Scotland) Act 2010. From 31st April 2012, certain RSL tenants within the designated areas will have their Right To Buy suspended for a period of 10 years. <p>In terms of the key performance indicators for Housing within the Community Plan/SOA:</p> <ul style="list-style-type: none"> • Affordable homes completions- there were 14 new shared equity units & 3 for social rent in this quarter with Fyne Homes' development in Lochgilphead coming on stream in October 2011. • Repeat homelessness within 12 months of case being completed decreased between quarters 2 & 3, from 5% (the current target and Scottish average) to 3.9% (however, it should be noted that this relates to only 4 cases).
<p>Key Challenges & Actions to Address</p>	<p>Uncertainty over future funding and the strategic investment framework for housing development continues to present the key challenge, with the Scottish Government now indicating that the competitive process introduced last year via the Investment & Innovation Fund will not continue in future years.</p>

	<p>While 3 year resource planning assumptions are promised, there is as yet no clarity on the mechanisms to be introduced or likely funding to be made available to local authorities. The additional impact of rural development costs also continue to present significant challenges for the partnership.</p> <p>As ever, the impact of current economic trends and national policy drivers such as welfare reform, the 2012 homeless target, the 2015 SHQS target, and the 2016 Fuel Poverty target all present major challenges.</p>
Name	Moira MacVicar
Date	23 rd January 2012

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Strategic Partnership Highlight

& Exception Report



Strategic Partnership	ARGYLL & BUTE STRATEGIC HOUSING & COMMUNITIES FORUM
CPP Thematic Group	SOCIAL AFFAIRS
CPP Outcome	<p><input type="checkbox"/> CPP/CP01 – competitive and successful businesses</p> <p><input checked="" type="checkbox"/> CPP/CP02 – sustainable economic assets</p> <p><input checked="" type="checkbox"/> CPP/CP03 – vibrant towns that are centres of economic growth</p> <p><input type="checkbox"/> CPP/CP04 – promoting our cultural, social and natural heritage</p> <p><input type="checkbox"/> CPP/CP05 – Utilising our environment to create employment and prosperity</p> <p><input type="checkbox"/> CPP/CP06 – Protecting our unique area</p> <p><input checked="" type="checkbox"/> CPP/CP07 – services are planned and delivered based on local need</p> <p><input checked="" type="checkbox"/> CPP/CP08 – overall health, wellbeing, independence and social inclusion are improved</p> <p><input checked="" type="checkbox"/> CPP/CP09 – people feel safe and secure</p> <p><input type="checkbox"/> CPP/CP10 – our diverse culture is celebrated</p>

Activity Summary in Period	<p>August 2011 – October 2011</p> <p>The Forum met on 9th September 2011 & considered following:</p> <ul style="list-style-type: none"> • Feedback on the consultative draft Local Housing Strategy and its annexes was assessed as mainly positive and minor amendments were approved. A further review of housing supply targets will be undertaken prior to submission of the final LHS to Council’s Executive and Scottish Government by end of year. • It was agreed not to participate in the Scottish Government’s National Housing Trust initiative at the current time but the Forum recommended further consideration of the Local Authority Mortgage Scheme to assist first time buyers into permanent home ownership. • It was noted that the Scottish Government is due to issue revised SHIP guidance and that the timetable for submission of next SHIP will be February 2012. • Argyll & Bute achieved significant success in the first round of the IIF with a total of 7 projects being approved over 2 tranches. 137 new or refurbished homes will be delivered by RSLs and local community partnerships in Dunbeg, Helensburgh, Lochgilphead, Dalmally, Ormsary, Gigha and Ulva on Mull. Argyll & Bute has secured £2,951,648 to deliver 77 units via the RSL Investment fund & £2,172,586 to enable 60 units via the Innovation Fund. • Forum members also attended a workshop on the Future of Older People’s Services and the implications for Housing, with a particular focus on models of extra care accommodation. • 18 new RSL completions were scheduled in this quarter with developments in Lochgilphead and Kilmelford coming on stream in October 2011. • Repeat homelessness within 12 months of case being completed has actually risen this quarter to around 5% (this is a proportionate increase rather than an actual numerical increase, due to overall reduction in homeless applications while repeat cases remained static).
Key Challenges & Actions to Address	<p>Uncertainty over future funding and the strategic investment framework for housing development remains a key challenge although it is likely that the competitive bidding process introduced via the Investment & Innovation Fund will continue in future years.</p> <p>The impact of current economic trends and national policy drivers such as welfare reform, the 2012 homeless target, the 2015 SHQS target, and the 2016 Fuel Poverty target all present major challenges.</p>
Name	Moira MacVicar
Date	11 th October 2011

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Strategic Partnership Highlight & Exception Report

Strategic Partnership (Name of Partnership you are reporting on)	Third Sector Partnership
CPP Thematic Group (i.e Economy, Environment or Social Affairs)	Social Affairs
CPP Outcome (please select – you can select more than one outcome)	<input checked="" type="checkbox"/> CPP/CP01 – competitive and successful businesses <input type="checkbox"/> CPP/CP02 – sustainable economic assets <input type="checkbox"/> CPP/CP03 – vibrant towns that are centres of economic growth <input checked="" type="checkbox"/> CPP/CP04 – promoting our cultural, social and natural heritage <input type="checkbox"/> CPP/CP05 – Utilising our environment to create employment and prosperity <input type="checkbox"/> CPP/CP06 – Protecting our unique area <input checked="" type="checkbox"/> CPP/CP07 – services are planned and delivered based on local need <input checked="" type="checkbox"/> CPP/CP08 – overall health, wellbeing, independence and social inclusion are improved <input type="checkbox"/> CPP/CP09 – people feel safe and secure <input type="checkbox"/> CPP/CP010 – our diverse culture is celebrated

Activity Summary in Period

(please state period you are reporting on)

Argyll Voluntary Action – period 1st April 2011 – 30th September, dealt with 7,000 enquiries and offered 1:1 support to 1,240. Volunteer placements and matches numbered 1,772. September is start of young people MV awards and thus far we have 345 young people registered as young volunteers. Scottish Government and Voluntary Action Scotland (our umbrella body) are changing the system for young people next March to one which is more complex; we are hoping this will not deter the numbers of young people across who take up volunteering each year. It will also require additional staff time – something of a challenge!

The Partnership has referred many organisations to the newly launched Just Enterprise support programme and ABSEN are supporting 4 with bids to the Enterprise Growth Fund.

289 organisations have gained training over the last six months. IJCVS now have a monthly surgery on Jura to improve accessibility and continue to explore options which will support a third sector forum for Islay and is acceptable to intended participants – much effort is devoted to this support.

Income leveraged in by the TSP over the half year is a minimum of £967,504 – although some organisations do not share this information. In addition, protected current funds stands at £470,000.

ABSEN held a very successful conference in early October and has just completed the recruitment of a graduate to develop capacity in information and communications and improve communications with members. ABSEN also continues to work with Argyll & Bute Council, following on from the children & Families event.

AVA has assisted 34 new groups to start up and a third interim community engagement report has been published; final report due before end of this year. This work has reached over 900 people on a small groups basis and much greater numbers during events. We are now embarking on assisting with the budget consultation.

IJCVS – is currently consulting with its community over plans for an island bakery as social enterprise and working with the High School to raise social enterprise awareness.

IJCVS have been instrumental in developing South Islay Development – funded through HIE. A key achievement was the Festival of the Sea, a major 3 day event bringing all elements of community together and increased visitor numbers, increased income and funds to assist South Islay Development sustainability.

AVA has supported 2 staff to attend 4 day social enterprise training and is undertaking SROI training to better demonstrate added value of third sector.

	<p>ABSEN – continued support to social enterprises through regional fora, e-bulletins website and training to 10 organisations.</p> <p>We continue to work in partnership and to bring organisations and agencies together wherever possible. A new opportunity has opened with a further stage of community engagement – AVA working closely with public sector partners with a project ‘From Involving to Devolving’ – which is probably as ambitious as it sounds.</p> <p>There is no information relating to Bute Community Links which has not been within the TSP since 4th August and did not complete any reporting prior to that date. However, ABSEN and AVA have supported organisations and volunteers on the island. We have leveraged income since August and AVA has completed mapping of all 92 organisations on the island to establish a robust database.</p>
Key Challenges & Actions to Address	<p>Increased demand and an uncertain funding situation continues to be problematic for all third sector, including TSP members. Inevitably some services will have to be reviewed and delivery in other ways considered.</p> <p>Changes brought about by Voluntary Action Scotland have impacted on Argyll & Bute voice at national level as this TSP is now part of a ‘college’ sharing votes with 3 Ayrshires; we are unable to ascertain why that decision as it further complicates co-terminosity and reduces this area to one quarter vote. As this affects funding to support our entire sector we see this as detriment. In addition, the rationale is based on population – a criterion which never serves the unique interests and challenges of this area. This TSP continues to pursue this issue and if this groups wishes to support that we would welcome a minute being taken to which we could refer.</p>
Name	Glenn Heritage
Date	25 th October 2011

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Strategic Partnership Highlight & Exception Report

Strategic Partnership (Name of Partnership you are reporting on)	Health Improvement Planning and Performance Action Group (HIPAG)
CPP Thematic Group (i.e. Economy, Environment or Social Affairs)	Social Affairs
CPP Outcome (please select – you can select more than one outcome) Please refer to attached table for more detail on each CPP Outcome.	<input type="checkbox"/> CPP/CP08 – overall health, wellbeing, independence and social inclusion are improved
Activity Summary in Period (please state period you are reporting on) April – June 2011	<p>The ongoing review into health improvement in Argyll and Bute has now finished and a final report is due in early November 2011. A joint planning session will be held on 30 November 2011 in Lochgilphead to develop an action plan from the recommendations.</p> <p>HIPAG administers the Health Improvement Fund (HIF) and till end Oct 2011, £36,098.76 had been awarded to 28 initiatives throughout the area, from a total fund of £71,000.</p> <p>A new application and scoring procedure has been implemented since April 2011.</p>
Key Challenges & Actions to Address	<p>The administration of the HIF has been challenging as there is a requirement to balance appropriate accounting arrangements with autonomy and decision making ability at a local level. This is being achieved by having local assessment panels review local applications, alongside having a clearly</p>

	defined protocol and scoring process for passing bids.
Name	Alison McGrory
Date	7 November 2011

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Strategic Partnership Highlight & Exception Report

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Strategic Partnership (Name of Partnership you are reporting on)	Youth Focus/ Argyll and Bute Youth Forum and Dialogue Youth.
CPP Thematic Group (i.e Economy, Environment or Social Affairs)	Social Affairs
CPP Outcome (please select – you can select more than one outcome) Please refer to attached table for more detail on each CPP Outcome.	<input type="checkbox"/> CPP/CP01 – competitive and successful businesses <input type="checkbox"/> CPP/CP02 – sustainable economic assets <input type="checkbox"/> CPP/CP03 – vibrant towns that are centres of economic growth <input checked="" type="checkbox"/> CPP/CP04 – promoting our cultural, social and natural heritage <input type="checkbox"/> CPP/CP05 – Utilising our environment to create employment and prosperity <input type="checkbox"/> CPP/CP06 – Protecting our unique area <input checked="" type="checkbox"/> CPP/CP07 – services are planned and delivered based on local need <input checked="" type="checkbox"/> CPP/CP08 – overall health, wellbeing, independence and social inclusion are improved <input type="checkbox"/> CPP/CP09 – people feel safe and secure <input checked="" type="checkbox"/> CPP/CP10 – our diverse culture is celebrated

<p>Activity Summary in Period (please state period you are reporting on)</p>	<p>There has been no meeting of Youth Focus; however we are looking into how we can re-establish the project, building on the model already developed.</p> <p>Argyll and Bute Youth Forum has met on several occasions. They have agreed on two projects to take forward, setting up of YouthBanks across the area and running a Youth Festival. 15 young people were trained in an Introduction to Grant Making in December 2011 with more training scheduled to take place in early 2012.</p> <p>North Argyll Youth Forum has been involved in a youth democracy project involving an exchange to Poland with a group from Glasgow.</p> <p>Argyll and Bute's Members of the Scottish Youth Parliament attended a Scottish Youth Parliament Sitting in Ayrshire on 29th and 30th October. Following the resignation of our Helensburgh and Lomond MSYP, a by election was held in December 2011 and a new MSYP elected.</p> <p>The two young people involved in the Local Licensing Forum meetings have continued work on the making of a short film on alcohol along with members of North Argyll Youth Forum.</p> <p>Dialogue Youth supported Lochgilphead Climate Change Group to promote their film and their climate change message to schools and the Environment Thematic Community Planning Group.</p> <p>From July to November, Dialogue Youth were</p>
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	<p>involved in a project looking at re-designing support for care leavers.</p> <p>Dialogue Youth on behalf of Campbeltown Community Development Trust carried out a consultation on the Town Hall development project with 25% of young people living in the Kintyre area.</p>
Key Challenges & Actions to Address	<ul style="list-style-type: none"> • Report of last SYP sitting to be added to Young Scot website. • Further YouthBank training before April 2012 • Hold a Youth Festival in Summer 2012
Name	Roanna Clark
Date	24.01.12

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