Family Support Model
Development Plan

April 2024

Contents

1 Introduction

The Community Planning Partnership has committed to the continued development and delivery of a local model of Family Support in order to address the findings of the Independent Care Review (2020), (The Promise) to shift our focus to upstream activity and improve the short and long term outcomes of those we serve. This commitment is clearly articulated in the Children's Services Plan 2023-26.

Considerable progress has been made in shaping our local model of Family Support to date. This has included establishing a number of tests of change across all Sub Groups reporting to the Children's Services Board, giving further consideration to the data we collect, developing Version 2 of our Request for Assistance process, the establishment of two Edge of Care Pilots and work on a neurodevelopmental pathway to name a few examples. The Children's Services Board has been taking a test and learn approach in order to respond as flexibly as possible.

One of the greatest presenting challenges is how to ensure that the model can pivot at pace as needs change and in response to changing factors that can restrict fluid access to services (such as available finance and staffing resource). Thresholds and eligibility criteria ensure that those most in need of support access the targeted and specialist services available within the funding envelope available, however, this can also make taking an upstream approach more challenging. This lack of upstream approach is thought to be impacting on poorer outcomes for some communities in the city and there are indications that the approach will be unsustainable in the future

2 Context and Background

The Children's Services Board has reviewed the current context to identify areas for further consideration. Some of the areas for consideration will be used to directly shape our Model of Family Support, some to help inform further enquiry whilst others may help shape an associated evaluation framework.

How effective is our Partnership working?

Partnership working is well established in Aberdeen through the Community Planning Partnership at a City level and developing at a Locality and Neighbourhood level. The city wide Local Outcome Improvement Plan and North, South and Central Locality Plans identify high level priorities for improvement which Community Planning Aberdeen work together to achieve through its thematic Outcome Improvement Groups and community based North, South and Central Locality Empowerment Groups and Priority Neighbourhood Partnerships.
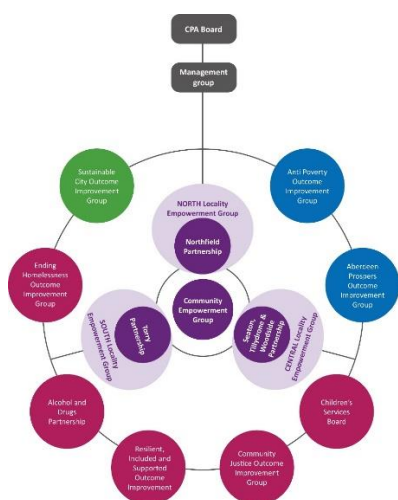
The Community Planning Partnership has experienced considerable success in enabling partnership working in a project environment and there is evidence of improvement across many outcome areas.

However, there is a need to build on the strong foundations in place in order to deepen partnership working at an operational level to deliver improved outcomes for all communities (of interest or smaller geographical area, e.g. street or tenement block), families and individuals.

A deliberate shift to regarding Locality Plans as the overarching plans for area based improvement would support greater joint working between public services at an operational level and with communities. A maturing of the current locality planning model would build relationships between practitioners, local people and community groups to strengthen our collective understanding of the needs of people and drive a more integrated response.

Underneath the current Community Planning Aberdeen formal structure, the landscape is cluttered with a number of different partnership groups who do not have aligned priorities and have different reporting and evaluation mechanisms. This results in confusion for everyone. See Appendix 1 for example of some of the different groups identified as part of the review of locality planning in 2020.

A more integrated approach to locality planning will help reduce the number of groups, the number of meetings attended and duplication of effort for community partners. Resources will be targeted to specific projects and outcomes will be routinely measured through regular evaluation.

How can we use the developing model of Family Support to improve the alignment of partnership working at community level?

How effectively is our partnership working improving outcomes?

Despite our collective focus on addressing poverty and poverty related outcomes, the recent Children's Services Board Annual Report concluded that improvement is not being experienced equally across all communities. The report outlined the need for a particular focus on improving outcomes for our most deprived communities (families living in SIMD 1). The Children's Services Board has concluded that the generic provision of city wide services is not effectively helping families address the very complex issues they are experiencing at the earliest stage.

There is considerable variation in outcomes across the three city localities, and considerable variation in what matters most to those living in the three localities. The distinct differences in experiences, outcomes and priorities has guided a review of Locality Planning arrangements to realise a greater focus on empowering residents within each Locality.

Outcomes at targeted community/ward level are even more variable, which could suggest that some of the city wide changes being put in place by Community Planning Partners are negatively impacting on outcomes for those most in need.

How can we improve our use of data to understand the impact of changes being made in real time at community level?

How effectively does our current system prevent risk from rising?

Families across the city continue to face a range of challenges, particularly those stemming from poor adult mental health and the needs associated with the cost of living crisis. There is a need to be more curious around how best to meet the needs of families, rather than taking a siloed approach to children only.

We know that all children, young people and families are different and also know that the events of the last few years have increased levels of need at family and community level. There is a range of data suggesting that needs are more multi-faceted now. Given the considerable variation in needs, it is exceptionally challenging to design a set of services that will meet the needs of all given the considerable variability in personality, motivation and need. Needs are often not predictable (or fully understood at the point of referral) meaning it can be hard to seamlessly match a person to an intervention (or seamlessly from intervention to intervention) in a way that feels bespoke to the individual and helps reduce levels of risk and vulnerability

There is evidence that some people engage with a very high number of services over a number of years. Sadly there is also evidence that some of those who access a high number of interventions and services over a number of years, experience minimal positive impact on their lives.

Case Study 1	**Child A** born to parents with enhanced vulnerability. Dad has involvement with Justice Social Work and mum has poor mental health. Child was discharged from hospital to parental care and their name was placed on Child Protection Register. Following an incident of domestic abuse the child was accommodated with foster carers. Despite efforts to support parents a return home was not achievable and a plan for adoption pursued. At the age of 27 months child was placed with adopters.	CSW Support (0-3mths) - £200 pw Foster Care (3 – 27mths) – £85k p.a. CSW support (3-27mths) £400 pw Adoption Placement - £55k Legal Cost - £15k Adoption Support (28 – 40mths) £75pw Adoption Allowance - £200pw **Total CSW (0 – 40mths) - £445k** Midwife - £46pw Perimental support - £23pw Health Visitor - £128pw Nursery Nurse - £15pw **Total Health cost** - £6,300 (approx)

Case Study 2	**Child B** was on and off the Child Protection Register for the first 6 years of his life. He was accommodated with foster carers. From aged 6 – 11 he experienced 6 different foster carers and was diagnosed with Autism Spectrum Disorder. Aged 12 his needs required him to be placed in a residential school where her remained until 18 years of age.	CSW Support (6 years) - £60k Foster Care (6 years) - £510k. Pupil Support AssistantSupport (6 years)- £55k CSW Support (6 years) – £120K Residential School (6 years) - £1.7m CSW support (6 years) - £60k Throughcare (6 years) - £40k **Total CSW - £2.55m** School Nurse - £72pw **Total Health Cost** - £2,880 (approx)

We know that the despite the cost, the provision of care is not a guarantee of positive outcomes. The Independent Care Review (ICR) in their complimentary report "Follow the Money" details the cost to the public purse of supporting individuals with care experience beyond their life in care. The ICR report highlights care experienced young people are more likely to:

- leave care with poorer school qualifications
- not end up in a positive destination
- experience unemployment
- be imprisoned
- experience poor mental health
- have their children removed from their care
- die prematurely.

Is our current approach building dependency?

Does the use of thresholds inadvertently compound the issues being faced by families?

Is there a better way of supporting individuals in keeping with their hopes, needs and priorities to let them live autonomous and better lives more quickly?

Our Fit Like Hubs, established during the pandemic, have ensured that families can access early and preventative support. There is clear evidence that engagement with services realises
- Parents feeling supported to manage their anxieties and worries
- Parents/carers and children and young people feeling listened to and heard
- Strengthened family relationships
- Improved child mental health and wellbeing.

Those accessing the service tell us that it feels like a bespoke service and that it is the first time support has 'felt right'. As a result we have the confidence in our ability to deliver high quality, rights based integrated services that adapt based on what children and families tell us they need. Ensuring a poverty first and trauma informed approach the Fit Like Hibs have enabled families to maximise their income claiming benefits they are entitled to and seek practical support at times of difficulty. This is evidenced by a growing number of families who self-refer to the Fit Like Hubs.

Our data and evaluation of the Fit Like Hubs has consistently demonstrated that support delivered in a non-stigmatising and trauma informed manner will often enable families to feel held and their needs de-escalated to Universal/community based supports mitigating an escalation into Children's Social Work or CAMHS. However, there is also more recent evidence of the Hubs restricting access to those deemed most in need. This recent introduction of a 'threshold' has the potential to lessen the impact of the Hubs. Do we need to embed the person centred approach taken by the Hubs across all staff working in our communities rather than commissioning an additional service?

Our Edge of Care pilots provide evidence that empowering staff to think creatively and consider the needs of families more holistically provides more positive outcomes for young people and families. Since the start of the pilots the number of children who have entered the care system within the target areas has reduced significantly. Staff work closely with Fit Like hub staff to ensure families receive the correct level of support from partner agencies.

In the first year of the pilot none of the children identified for the Edge of Care Pilots required to be accommodated out with their family. Staff were able to engage with young people who had disengaged from education supporting them to achieve academic qualifications boosting self-esteem and confidence. None of the young people or their parents "disengaged" from support and their evaluation reflected this type of support being offered was better suited to the needs of their children. The second year has built on this success but challenges around temporary funding impacted on staff retention and the span of activity. There is clear evidence that permanent resources require to be put in place.

Resources are finite, how can we do more with less?

With finite resources, Community Planning Partners tend to design services based on commonly recurring needs. Taking this approach has resulted in what could be best described as a menu of reasonably fixed interventions which are available only to those who demonstrate that they are most in need. People who are not deemed to have the highest level of need may feel that things have to get worse before they can access support. There is emerging evidence from case reviews of the very real risks evident in those who do not meet thresholds for intervention suggesting that we are inadvertently introducing risk.

The total cost of supporting one single person who routinely accesses specialist services is well in excess of £1m.

> *Is there a way of supporting people more flexibly at the point of need arising to prevent harm and reduce cost in the longer term?*
>
> **Can we afford to put in place additional person centred services, or do we need to overhaul our working practices at community level to maximise the impact of our contacts with families in order to build a more sustainable model?**

A review of data from across different data zones in the city, highlights the considerable difference in outcomes at community level. We can conclude that scrutinising city wide benchmarks are now of less value given the variation at community level.

> *How should we measure success?*
>
> *What does this mean for our use of resources?*

How effective is our relational working?

Given that the needs and wants of families are varied and complex, and that the menu of interventions available are not bespoke to individuals, a best fit approach tends to be applied with people accessing the range of different services/supports most likely to address their needs. This means multiple connections with multiple people and these connections generally take place over a long period of time. This can restrict the quality of relationships the person has with individual services and can lead to people having to experience frustrating long waits which can elevate risk further.

How could we organise ourselves better to help the person build a relationship with a key individual who would help them navigate supports in the longer term?

Would this improve the person's recovery and lead to better outcomes?

How effectively do we share information?

Families access a wide range of services from the Council and wider Partnership. An emerging need may present itself to one single service, but not be apparent to others. The impact of that need may manifest itself in other family members, for example children and young people.

The vast majority of learning reviews for children and adults identify the lack of effective information sharing as a barrier to improving outcomes for the individual. Some real risks have been identified for those who do not quite meet thresholds of intervention.

How could the use of a better flow of information help us intervene earlier?

A range of individuals who may already have contact (or touchpoints) with individuals was identified from across Council clusters and the Integrated Joint Board. Undertaking this process highlighted the very high number of contacts and relationships we expect those in need to establish and maintain.

Some who are vulnerable will find establishing a high number of relationships exceptionally challenging. Families tell us that they don't want to tell their story repeatedly, but our system guides the retelling.

How do we prevent families from having to repeatedly tell their story?

3. Literature Review

The considerations identified guided a review of a range of research and current best practice papers to see what could be learned to inform our next steps.

LITERATURE REVIEW - CELCIS

Scottish Government commissioned The Centre for Excellence for Children's Care and Protection (CELCIS) to undertake research to help inform decision making about how best to deliver children's services in Scotland in light of the proposed introduction of the National Care Service, and its commitment to Keep the Promise of the Independent Care Review (2020).

The commissioned research study aimed to answer the question, *"What is needed to ensure that children, young people and families get the help they need, when they need it?"* The CELCIS research presents a valuable opportunity to reflect on how best to provide an upstream response to children and families in order to ensure that they get the help they need, when they need it.

The research concluded that transformational reform programmes can help address risk based practice centred on crisis management and can help address shifts in funding towards early help and preventative services. Implementation, however, can be prolonged, complex and challenging. Cross-party political support for transformational reform programmes is important, thus enabling continuity of support should there be electoral change. There is a need for us to be bold in our ambition and ensure that we have widespread support for the changes being tested.

The Rapid Evidence Review highlighted the need to establish a clear theory of change and a carefully constructed evaluation framework in advance of testing the success of accelerated upstream approaches. A clear theory of change will require to be developed prior to testing.

Figure 1: Components model of integration

A range of components as outlined in figure 1 were identified as being critical, and these components should be considered as we develop our model of Family Support.

A shared culture with committed leadership at all levels was noted as a significant facilitator in the success. Leaders need to drive change and connect with those implementing change. Operationally, the workforce needs time to build new relationships across different professional peer groups and have the support from and confidence of leaders, including managers, to develop new shared ways of working which take years, not months.

Supporting and supportive relationships with children and families and across professionals are vital and take time. Holistic practice is critical. There is a need to look at the needs of children and families in the round.

The crucial level of service delivery was identified to be at the locality level. It is characterised by co-located, multi-agency staff working flexibly together to listen to and meet the needs of children, young people and families before they require more specialist and statutory support and that these localities ideally comprise 40,000-60,000 people. There is a need to accelerate our work to develop stronger locality working and think about how and who is best placed to directly establish trusting relationships with those in need to help them navigate the system.

The children's health and social care system and services alone cannot tackle wider economic and societal challenges. Other departments, such as housing and social security departments, need to listen to the circumstances that children and families are experiencing and actively consider how decisions can play their part in responding to their needs. The relationship between services, and those who support people in need to navigate them, requires to be carefully considered. CELCIS found that changes within 16 of the 25 outcome indicators were significantly associated with the level of deprivation within a local authority area, and changes within 9 of the indicators were associated with the population density of the authority area. Local data suggests a need to focus our testing of new approaches in SIMD 1 given the considerable gap in outcomes evident there.

Figure 3 lists the features that support integration.

The extensive and recently published research provides a clear steer to:

- Strengthen locality working and implement this approach over the long term
- Focus on relationships (with people who need our help and between professionals)
- Take a whole family approach in partnership with others
- Consider the components (figure 1) and features (figure 3) in our planning.

Figure 3: Features of Integrated Children's Health and Social Care Systems

The final summary CELCIS report concluded that any change to the structure and delivery of children's services must focus on creating the optimal conditions needed to enable success in improving the lives of the children, young people and families who need the support of services.

The CELCIS study identified a range of elements that contribute to developing these optimal conditions:

- Supportive, trusting and consistent relationships between children, young people and families, and the practitioners who support them.
- A focus on realising rights and improving the participation of children, young people and families in decisions which affect their lives.
- Local, high quality and long-term funded service provision that is non-stigmatising and responsive to the wide range of needs of children and young people, families and communities.
- A sufficient and skilled workforce who have manageable workloads and receive the support they need from leaders at all levels.
- Some functions being led at a national level, including development and implementation of national policy and guidance, workforce planning and data infrastructure to support local service delivery.
- Structures which actively enable the workforce to provide the help and support that children, young people and families need, and to work together in partnership seamlessly across service and system boundaries.
- Effective and wide-reaching measures to combat the poverty faced by many children and families.
- A simplified and aligned legislative and policy landscape.
- An approach to planning and implementing change that acknowledges the complexity of human relations and systems, makes the best use of existing evidence but also pays attention to emerging learning. The approach needs to use both technical strategies and innovation to overcome barriers and achieve sustainable outcomes, being supported by people skilled in complex change, sufficiently resourced and with a long-term commitment.

LITERATURE REVIEW - HUMAN LEARNING SYSTEMS

The "how to" guide to Human Learning Systems was written in response to the authors' feeling that there is something fundamentally wrong with how we currently plan and organise public services.

Scotland has been increasingly developing policy and legislation which puts choice and control in the hands of its citizens. There is a strong drive to change how people are empowered to take control.

The task of planning and organising public service is called "public management". The most common current way of doing public management is known for the 3Ms: "Markets, Managers and Metrics". Evidence strongly suggests that if public service wants to help people create good outcomes in their lives – then using the Markets, Managers and Metrics approach of New Public Management makes this much harder (and more expensive) than it should be. Human Learning Systems (HLS) introduces the idea of using "Learning as Management Strategy", as the best alternative.

Learning as Management Strategy comes from one simple truth – real outcomes in people's lives aren't "delivered" by organisations (or by projects, partnerships or programmes, etc). Outcomes are created by the hundreds of different factors in the unique complex system that is each person's life. We can see this clearly in the systems map of the outcome of obesity, created by the UK Government Office for Science in 2007.

Figure 1. Systems map of the outcome of obesity
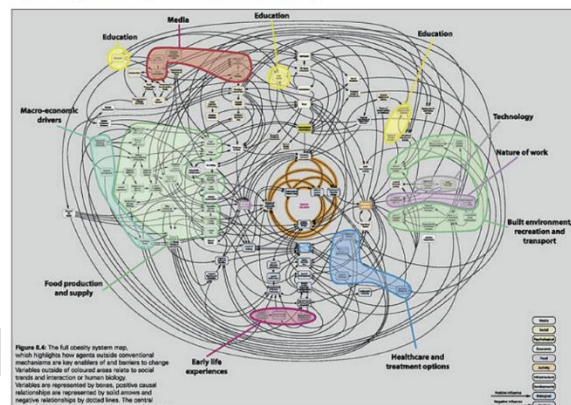
Because each person's life is a unique, unpredictable and ever-changing complex system that creates outcomes (both good and bad), the work required to create outcomes is a continuous learning process and relies on the person having a clear voice in how they are empowered to overcome presenting challenges.

This involves public-facing workers creating a learning relationship with each person being served, a relationship in which everyone develops an understanding of the elements of that person's unique life, which currently creates a particular outcome.

Figure 2. The management of complexity

Image credit: Virpi Oinonen www.businessillustrator.com

Taking a Human Learning approach sees everyone explore and experiment with how that life, embedded as it is within a whole set of social relationships, might produce different outcomes through exploration and experimentation, learn together with those people what will make a positive difference to them by essentially stepping away from how we have previously allocated support.

This guide illustrates that our services are set up to 'receive' referrals from people who all behave in the same way (and respond positively to support from a pre-set

menu of interventions) and that this approach is not going to realise improved outcomes given the complexity of people's lives.

Human Learning Systems guides us to be far more person centric in order to understand their complex lives and be guided by them on what will make the greatest difference. This would see taking a test and learn approach being rolled out at individual level and be quite different from approaches currently being utilised.

LITERATURE REVIEW - THE LIBERATED METHOD

There is a clear evidence base that approaches taken to public services over the last 80 years have not worked. People with a lot of problems need a lot of services and needs are increasing. The author cites that the recovery community have transformed themselves from destitute and destructive to thriving citizens contributing to their communities by being provided with enabling support rather than having to navigate services. This more person centric approach is described as the transformation required to public services.

The paper outlines the transformational journey that Gateshead has undertaken in taking a person centred approach to improving outcomes for individuals. Gateshead has successfully moved from thinking about efficiency to efficacy and can demonstrate that taking this approach has both realised significant savings and most critically improved outcomes for people.

The paper explores the rationale for person centred approaches by looking at how a focus on service efficiency results in poorer services that are more detached from what people actually need and want. The author strongly argues that moving from 'buttoning down' (where access to services is restricted by raised thresholds and eligibility criteria) to 'freeing up' (where we encourage the creativity and connection of caseworkers with individuals) realises positive change.

Gateshead established case workers who were deployed, with a carefully managed case load, to work alongside those in need to help build the agency they required to take control of their own lives, essentially people were, and continue to be helped to make the changes they feel compelled to make intrinsically. It is argued that Services should be bespoke by default, enabling, not intervening, so that the person is supported to generate the conditions they need to make and maintain the changes they feel motivated to make.

This would see people in need of help being asked, '**what matters to you?**' rather than, '**what's the matter with you?** A considerable cultural shift in approach. This would present a significant shift in approach as outlined below.
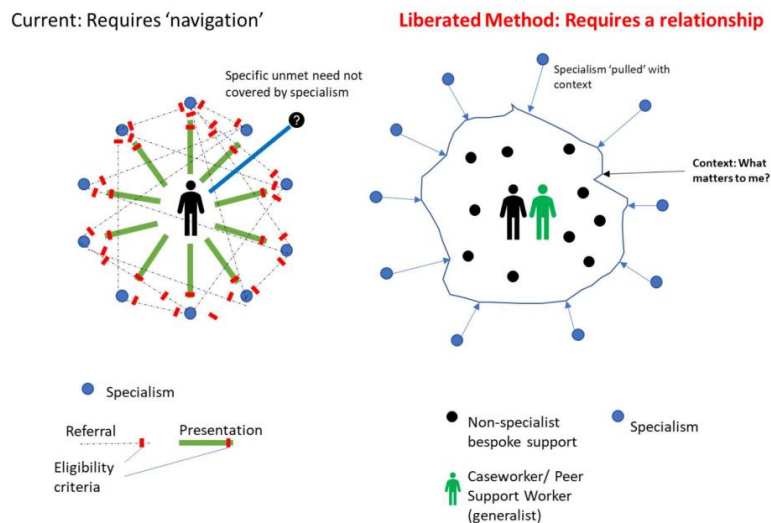
There is a strong and compelling evidence base through case studies that this person centred approach more effectively supports people to take control and lead better lives. The paper provides a potential blueprint for a test of change that has the potential to transform ways of working.

LITERATURE REVIEW - Wider determinates of health

Wider determinants are a diverse range of social, economic and environmental factors which impact on people's health and long term outcomes. They're also known as social determinants.

These factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to:
- identify and achieve goals
- meet their needs
- deal with changes to their circumstances

The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Social inequalities are widely considered as the 'causes of the causes'. For example, as long as social inequalities persist, health inequalities are likely to persist through changes in disease patterns and behavioural risks.

Addressing the wider determinants of health has a key role to play in reducing health inequalities. Several studies have concluded that wider determinants have a greater influence on health than health care, behaviours or genetics. It's therefore an important aspect of public health in terms of informing preventative action and reducing inequality. Alongside the Marmot review, the Dame Carol Black review also highlighted the huge economic costs of failing to act on the wider determinants of health.

There are considerable opportunities to be realised as a result of the new Aberdeen City Council Organisational Structure being aligned to the wider determinates of health.

Summary of learning from the literature review

Both Human Learning Systems and the Liberated Method guide more flexible and person centric approach, with the Liberated Method presenting evidence of how case workers have supported those in need to be liberated from the system and in charge of their own destinies.

The case worker has a clear role, they establish a relationship and help people navigate the system, and the system needs to have permission to flex in response to what matters to individuals, rather than simply offering support from services with a pre-set menu. This model has the person in need of support being in control, and those who provide services relinquishing power. The CELCIS research and learning from the Independent Care Review both advocate the need to take a person centred approach.

> **We conclude that we need to not think about designing services, but establish relationships and make the services flex around needs.**

Human Learning Systems references that taking a Public Management approach is more expensive than taking a person centred approach. The Liberated Method provides strong compelling evidence that this is the case. The CELCIS research and learning from the Independent Care Review both advocate the need to take a person centred approach. The Promise, 'Follow the Money' report, concludes that taking a person centred approach will cost less than maintaining the reactive system we have.

> **We conclude that we need a relational person centred approach to release resource.**

The Liberated Method provides a strong evidence base on how to establish strong relational workers through the establishment of case workers, Gatehead cited that confidence in caseworkers grew with quick wins such as the immediate fixing of a cooker or purchase of winter boots.   The CELCIS research strongly advocates taking the time to build relationships with families, and across professionals.

We conclude that we need to find a way to free up budget to enable a timely response by Case Workers and consider who our case workers are?

The CELCIS research provides a clear steer on how to design and implement changes to genuinely improve outcomes. The three visuals below will be used to support more detailed planning.

Figure 1: Components model of integration

3. Family Support Model

Our working vision

The family support model is based on a vision of empowering residents within each locality, building trusting and consistent relationships with them, and providing flexible, responsive and more aligned and connected multi-agency support that meets their needs.
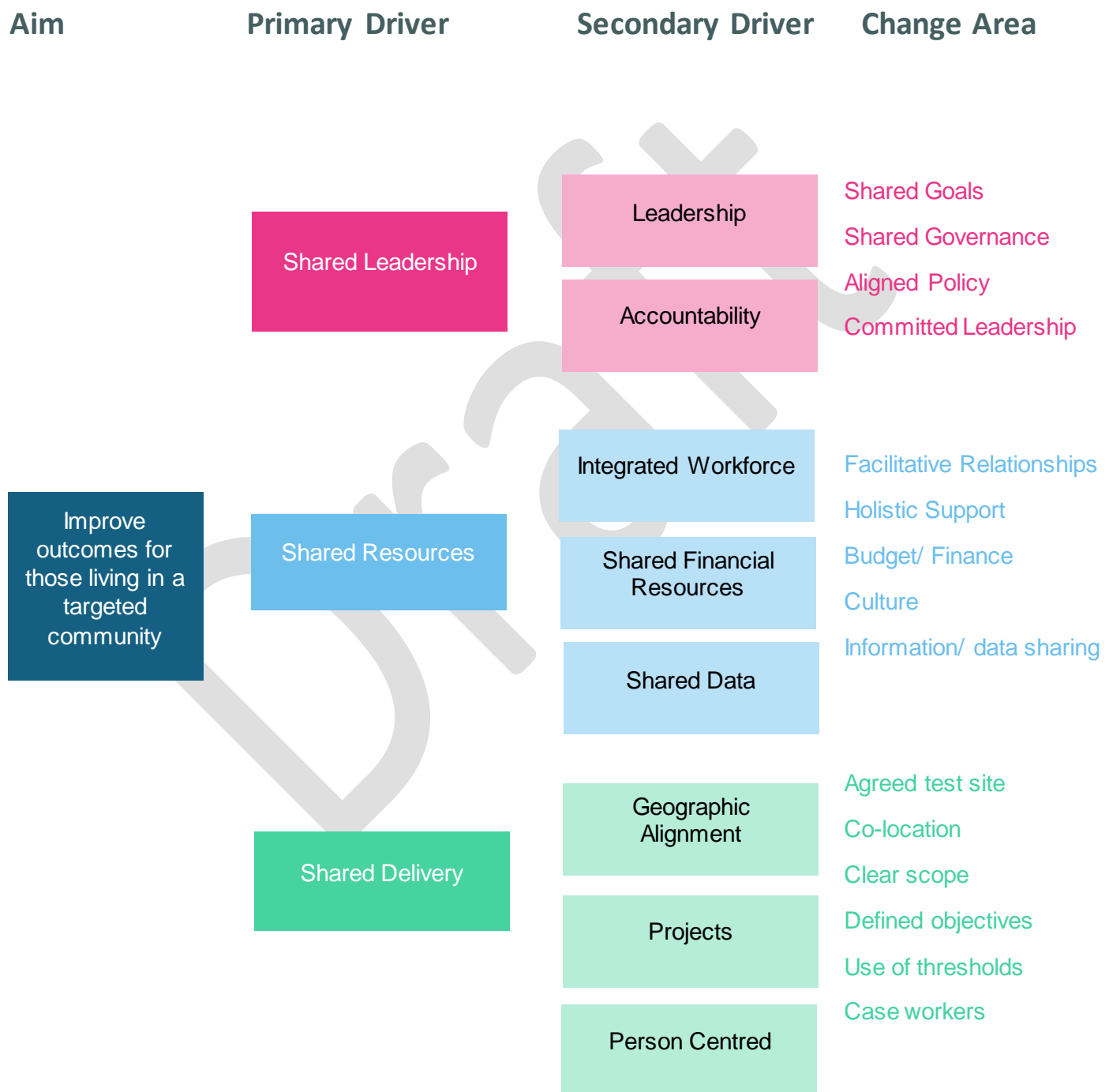
The Principles of Family Support from the Independent Care Review will be used to further shape and test this working vision.

4 Theory of Change

The CELCIS research outlines the need for a clear theory of change.   This high level theory of change will guide the setting up of the project with more detailed planning undertaken through a co-design stage when the project is initiated.

Aim	Primary Driver	Secondary Driver	Change Area
		Leadership	Shared Goals
			Shared Governance
	Shared Leadership	**Accountability**	Aligned Policy
			Committed Leadership
Improve outcomes for those living in a targeted community		**Integrated Workforce**	Facilitative Relationships
			Holistic Support
	Shared Resources	**Shared Financial Resources**	Budget/ Finance
			Culture
		Shared Data	Information/ data sharing
		Geographic Alignment	Agreed test site
			Co-location
	Shared Delivery		Clear scope
		Projects	Defined objectives
			Use of thresholds
		Person Centred	Case workers

5   Development Plan

Primary Driver	Secondary Driver	Change Area	Key Actions	Responsibility	Timescales	Success measure
Shared Leadership	Leadership	Shared Goals	Family Support Model Development Plan and funding bid	Eleanor Sheppard	April 2024	Funding in place
			Agreed working vision statement		May 2024	Working vision in place
			Agreed evaluation framework		August 2024	Evaluation framework in place
		Committed Leadership	Schedule of engagement with Scottish Government	Project team	June 2025	Calendar of engagement in place
			Visits (virtual) with best practice local authorities.	Project team	July/August 2024	Learning taken into account and informs the project.
	Accountability	Shared Governance	Establishment of new Oversight Board	Eleanor Sheppard	June 2024	Governance arrangements in place.
		Aligned Policy	Review of relevant policies and of Locality Plan priorities	Project team	July/August 2024	Current legislative and policy context fully embedded
			Communications Plan	Project team	August 2024	Agreed Communications Plan in place

| Primary Driver	Secondary Driver	Change Area	Key Actions	Responsibility	Timescales	Success measure
Shared Resources	Integrated Workforce	Facilitative Relationships	Recruitment to key posts	Eleanor Sheppard and Project team	July 2024	Project Lead and supporting roles recruited to
			Workforce development programme for test staff cohort	Project team	August/September 2024	Programme in place
		Holistic Support	Scope of project to be agreed	Project team	September/October 2024	Scope in place which aligns with the evaluation framework.
		Culture	Team building sessions for test staff cohort	Project Lead	August/September 2024	Calendar of events in place.
	Shared Financial Resources	Budget/ Finance	Identification of resources to support delivery	Children's Services Board	July 2024	Quantified commitment from the Children's Services Board in place.
			Identification of key personnel to join the new Oversight Board	Children's Services Board	July 2024	
	Shared Information and Data	Information/ data sharing	Data sharing arrangements in place	Project Lead	September 2024	All required agreements in place.
Shared Delivery	Geographic Alignment	Agreed test site	Agree test site based on analysis of data	Children's Services Board	May 2024	Northfield identified as test site.
		Co-location	Identify location to support co-location	Children's Services Board	July 2024	Co-location sites identified
	Projects	Clear scope	Use Scottish Service Design principles to support the Co-Design of	Project Lead and Project team	By October 2024	Calendar of co-design opportunities in

Primary Driver	Secondary Driver	Change Area	Key Actions	Responsibility	Timescales	Success measure
			the scope with community, ward members and professionals			place and well attended. Sharpened scope in place
		Defined objectives	Use Scottish Service Design principles to support the Co-Design of defined objectives with community, ward members and professionals	Project Lead and Project team	By November 2024	Defined objectives in place. Refined evaluation framework in place.

APPENDIX 1 Mapping of Locality Planning Groups and wider partnership forums, community groups and community councils

Carried out as part of Phase 1 Review of Locality Planning - June to November 2020
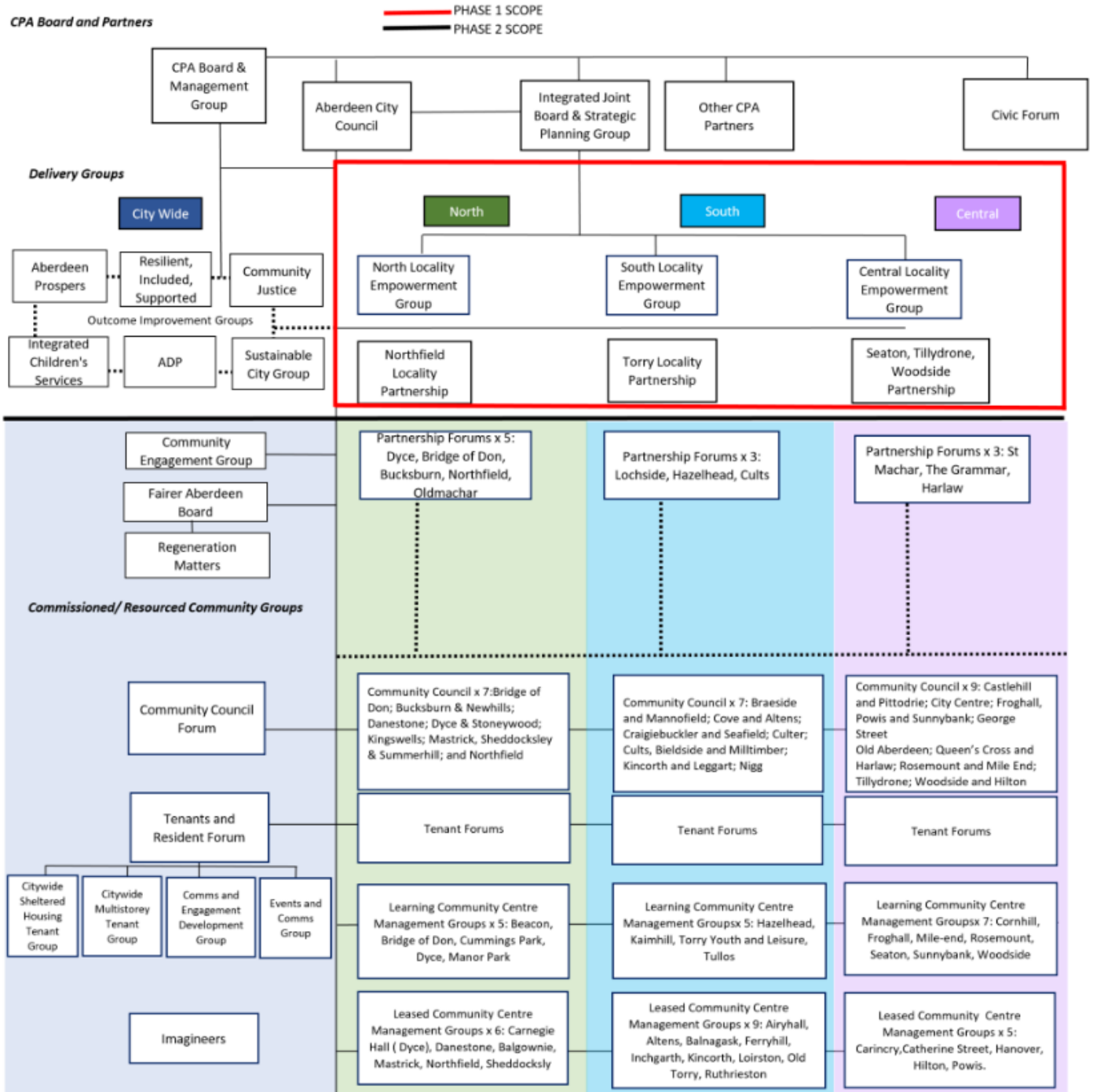
Note that Education and Children's Services currently use different localities from North, South and Central.

Don	Dee	West
Dyce	Lochside	Northfield
Bridge of Don	Grammar	Hazelhead
Old Machar	Harlaw	Bucksburn
St Machar	Cults	