



Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care
Partnership

Thursday, 13 June 2024 at 10:00

**Council Chambers, Cunninghame House, Irvine /
Hybrid via Microsoft Teams**

Meeting Arrangements

This meeting will be held on a predominantly physical basis but with provision, by prior notification, for remote attendance by Elected Members in accordance with the provisions of the Local Government (Scotland) Act 2003. Where possible, the meeting will be live-streamed and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>.

1 Apologies

2 Declarations of Interest

Members are requested to give notice of any declarations of interest in respect of items of business on the Agenda.

3 Minute/Action Note

The accuracy of the Minutes of the meeting held on 9 May will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

4 Director's Report

Submit report by Caroline Cameron, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

5 Armed Forces Covenant Duty

Submit report by Caroline Cameron, Director (NAHSCP) on the new Armed Forces Covenant Duty 2021 (copy enclosed).

6 Justice Services

Submit report by Caroline Cameron, Director (NAHSCP) on the work of North Ayrshire and pan Ayrshire Justice Services (copy enclosed).

7 North Ayrshire ADP Annual Reporting Survey 2023/2024

Submit report by Michael McLennan, Alcohol and Drug Partnership on the Annual Reporting Survey for submission to the Scottish Government (copy enclosed).

8 Children's Services Plan Performance Update 2023-24

Submit report by Caroline Cameron, Director (NAHSCP) on the Children's Services Plan Performance 2023-24 (copy enclosed).

9 2023-24: Month 12 Financial Performance

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) providing an overview of the IJB's financial performance as at Month 12 (copy to follow).

10 Whistleblowing Report – Quarter 4, January to 31 March 2024

Submit report for information in relation to whistleblowing concerns raised in Quarter 4 (January – 31 March 2024) (copy enclosed).

11 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting

Please note: this meeting may be filmed/recorded/live-streamed to the Council's internet site and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being filmed/recorded/live-streamed.

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Voting Members

Margaret Johnson (Chair) North Ayrshire Council
Joyce White (Vice-Chair) NHS Ayrshire & Arran

Cllr Timothy Billing North Ayrshire Council
Cllr Anthea Dickson North Ayrshire Council
Cllr Nairn McDonald North Ayrshire Council
Jean Ford NHS Ayrshire & Arran
Tom Hopkins NHS Ayrshire & Arran
Marc Mazzucco NHS Ayrshire & Arran

Professional Advisors

Caroline Cameron Director
Paul Doak Head of Service/Section 95 Officer
Aileen Craig IJB Monitoring Officer
Iain Jamieson Clinical Director
Scott Hunter Chief Social Work Officer – North Ayrshire
Thelma Bowers Mental Health Adviser
Darren Fullarton Associate Nurse Director/
Lead Nurse
Dr Victor Chong Acute Services Representative
Dr Louise Wilson GP Representative
Sharon Hackney Lead Allied Health Professional
Elaine Young Public Health Representative
Wendy Van Riet Director of Psychological Services

Stakeholder Representatives

Terri Collins Staff Rep - NHS Ayrshire and Arran
Vacancy Staff Rep
Vacancy Carers Representative
Clive Shephard Service User Representative
Vacancy Independent Sector Representative
Vicki Yuill Third Sector Rep/Chair Arran Locality Forum
Vacancy IJB Kilwinning Locality Forum (Chair)
Vacancy IJB Three Towns Locality Forum (Chair)
Vacancy IJB Garnock Valley Locality Forum (Chair)
Vacancy IJB Irvine Locality Forum (Chair)



North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 9 May 2024 at 10.00 a.m.
involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.

Present (Physical Participation)

Voting Members

Councillor Margaret Johnson, North Ayrshire Council (Chair)
Joyce White, NHS Ayrshire and Arran (Vice-Chair)
Councillor Anthea Dickson, North Ayrshire Council

Professional Advisers

Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Head of Service (HSCP Finance and Transformation)/Section 95 Officer
Scott Hunter, Chief Social Work Officer
Thelma Bowers, Mental Health Adviser
Darren Fullarton, Associate Nurse Director/Lead Nurse
Iain Jamieson, Clinical Director
Sharon Hackney, Lead Allied Health Professional

Stakeholder Representatives

Scott Wally, Staff Representative

Present (Remote Participation)

Voting Members

Councillor Timothy Billings, North Ayrshire Council
Jean Ford, NHS Ayrshire and Arran
Tom Hopkins, NHS Ayrshire and Arran

Professional Advisers

Wendy Van Riet, Director of Psychological Services

Stakeholders Representative

Vicki Yuill, Third Sector Rep/Chair Arran Locality Forum

In Attendance (Physical Participation)

Elizabeth Stewart, Head of Service (Children, Families and Justice)
Kerry Logan, Head of Service (Health and Community Care)
Lee Ballantyne, Senior Manager (Strategic Planning and Transformation)
Eleanor Currie, Principal Manager, (Finance)
Kimberley Mroz, SDS Policy Review Manager
Arthur Coutts, Team Manager (Child, Families & Justice)
Vicki Campbell, Head of Primary and Urgent Care Services
Claire McCamon, Senior Manager Primary Care Services

Dalene Steel, Associate Nurse Director
Julie Mitchell, Senior Officer (ASP) (Health & Community Care)
Linda Taylor, Team Manager, Litigation (Legal Services)
Fraser Bedwell, Chief Executive - Unity
Karen Andrews, Team Manager (Governance)
Shannon Wilson, Committee Services Officer
Hayley Clancy, Committee Services Officer

In Attendance (Remote Participation)

Michelle Sutherland, Partnership Facilitator, HSCP

Apologies

Councillor Nairn McDonald
Elaine Young
Marc Mazzucco

1. Apologies for Absence

Apologies for Absence were noted.

2. Declarations of Interest

There were no declarations of interest in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.

3. Minutes

The accuracy of the Minutes of the meeting held on 14 March 2024 were confirmed and the Minutes signed in accordance with Paragraph 7(10) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising from the Action Note

Updates in terms of the Action Note were detailed as follows:

- **Community Mental Health Fund** – Scheduled for May 2024.
- **Audit Scotland report** - Scheduled for later in the year.
- **Chief Social Work Officer Annual Report: Justice Services Update** – Scheduled for June 2024.

4. Community Nursing Transformation Update

Submitted report and received presentation by Darlene Steel, Associate Nurse Director (NHS) and Kerry Logan, Head of Service (Health and Community Care HSCP) on the progress of the outputs from the Community Nursing Review. The consultation for the Community Nursing review was set out at Appendix 1 to the report.

Members asked questions and were provided with further information in relation to:

- improvement information feeding back and next stage measurements;
- public perception and the measures in place to help inform the public;

- prioritising risks associated with the way Community Nurses record care; and
- current IT system not being fit for purpose.

Noted.

5. Primary Care General Medical Services Update

Submitted report by Vicki Campbell, Head of Primary and Urgent Care Services on the provision of General Medical Services (GMS) across Ayrshire and Arran.

Members asked questions and were provided with further information in relation to:

- General Medical Services fragility and associated risks escalated to Board and Director level;
- the successful bid for an additional £3.5m to further implement the contractual elements of the GMS contract; and
- communication channels used to convey the outcomes of the work.

Noted.

6. Primary Urgent Care Update

Submitted report by Vicki Campbell, Head of Primary and Urgent Care Services on the provision of primary urgent care services delivered through the Ayrshire Urgent Care Service.

Members asked questions and were provided with further information in relation to:

- financial implications and next steps to further support success; and
- Urgent Care Services workforce

Noted.

7. Dental Services Update

Submitted report by Vicki Campbell, Head of Primary and Urgent Care Services on the actions and measures that have been taken forward in the last six months to further sustain service delivery as well as the current status with the ongoing review for the vision of dentistry across Ayrshire and Arran.

Members asked questions and were provided with further information in relation to:

- the oral health support programme for prisoners;
- health needs assessment; and
- sedation service patient increase and plans to address this increase.

Noted.

8. Brighter Pathways: Re-Modelling Care Options

Submitted report by Elizabeth Stewart, Head of Service (Children, Families and Justice) on the programme of work and current pressures on placement availability and alternative care for any child and young person in the looked after system.

Members asked questions and were provided with further information in relation to:

- Brighter Pathways programme of work providing regular updates to IJB;
- current pressures on placements; and
- housing representative on the programme board.

Noted.

9. Director's Report

Submitted report by Caroline Cameron, Director (NAHSCP) on the developments within the North Ayrshire Health and Social Care Partnership.

Noted.

10. Communities Mental Health & Wellbeing Fund Update

Submitted report by Vicki Yuill, Arran Community & Voluntary Service on Communities Mental Health & Wellbeing Fund year 1 report and interim year 2 data.

Members asked a question and were provided with further information in relation to the positive value the work had in terms of the Community Link Workers.

Noted.

11. Equality Mainstreaming and Outcomes Report 2022- 2024

Submitted report by Caroline Cameron, Director (NAHSCP) on the Equality Mainstreaming and Outcomes Report, set out at Appendix 1 to the report.

Members asked a question and were provided with further information in relation to the ambitious goals for equality outcomes.

The Board agreed to approve the Equality Mainstreaming and Outcomes Report for publication.

12. Unpaid Carers Service Developments in North Ayrshire

Submitted report by Scott Hunter, Chief Social Work Officer (NAHSCP) on the developments to expand and improve support for unpaid carers in North Ayrshire

The Board agreed to (a) note the advancement and impact for improved carer information and support services; and (b) annual progress updates brought to future IJB meetings.

13. Strategic Inspection of Adult Support and Protection in North Ayrshire

Submitted report by Scott Hunter, Chief Social Work Officer (NAHSCP) on the outcomes of the strategic inspection of adult support and protection completed by the Care Inspectorate, Health Improvement Scotland and His Majesties Inspectorate of Constabularies

Noted.

14. Community Alarm and Telecare Service transition from Analogue to Digital Update

Submitted report by Kerry Logan, Head of Service (Health and Community Care) on the Community Alarm and Telecare Service transition from Analogue to Digital Service.

Members asked questions and were provided with further information in relation to similar challenges across Scotland.

Noted.

15. Whistleblowing Report Quarter 3, October – 31 December 2023

Submitted report by Karen Callaghan, Corporate Governance Co-ordinator, in relation to whistleblowing concerns raised in Quarter 3 (October – 31 December 2023).

Noted.

The meeting ended at 1:00pm

DRAFT

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 9 May 2024

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Director's Report	12/10/23	Audit Scotland report for the Auditor General of Scotland and the Accounts Commission on Access to Mental Health Services - a report would be brought to a future meeting to consider the recommendations	Report will go to a future meeting	Caroline Cameron/ Thelma Bowers
2.	Chief Social Work Officer Annual Report 2022/2023	12/10/23	Justice Services update report to be brought to a future meeting.	Scheduled for June 24	Elizabeth Stewart

Integration Joint Board 13 June 2024

Subject : **Director's Report**

Purpose : This report is for **awareness** to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)

Recommendation : IJB members are asked to note progress made to date.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership

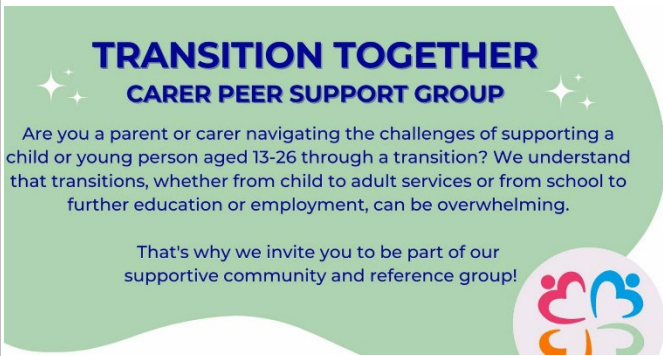
1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
2.	BACKGROUND
2.1	This report provides IJB with up to date information on recent activity across the HSCP since the last IJB. The report will also provide COVID related information by exception.
3.	CURRENT POSITION
	<u>National Developments</u>
3.1	<u>SSSC Codes of Practice – Update for HSCP staff</u>
	HSCP staff have been reminded of the importance of ensuring they are up to date with the codes of practice set out by the Scottish Social Services Council (SSSC).

	<p>A revised set of codes came into effect on May 1, 2024, and all employees have a responsibility to read the updated codes and understand what these changes could mean to you - even where their role does not require them to be registered with the SSSC.</p> <p>To read or download the codes of practice online, visit www.sssc.uk.com/codes You can also watch a short video on the NAHSCP YouTube channel.</p>
3.2	<p><u>Working Together to Prevent Terrorism</u></p>
	<p>Prevent is a strand of the UK Government’s Counter-Terrorist Strategy that aims to reduce the threat to the UK by stopping people from becoming terrorists or supporting terrorism. It is about preventative action and is focused on the early stages where a crime has not yet been committed.</p> <p>NAHSCP staff, should know what to do if there are concerns that someone could be at risk of being drawn into terrorism, whether that be a colleague, a service user or someone else they know.</p> <p>Information on Prevent has been published on both the staff Connects and Athena websites.</p>
3.3	<p><u>Local Government Promise Annual Report</u></p>
	<p>The third annual report, Local Government and The Promise has been published by COSLA and the Improvement Service. This year’s report is framed around ‘Local Progress and Success’, ‘The Challenges’ and ‘What is needed to succeed’. Whilst the purpose of the report is to demonstrate some of the work taking place across Scotland, it has also taken the opportunity to be very clear that progress is hindered by external factors and if these are not addressed, the ambition to keep The Promise by 2030 may not be met.</p>
3.4	<p><u>Review of Social Work Governance and Assurance across Scotland</u></p>
	<p>The Care Inspectorate have issued a letter of intent to all Scottish Local Authorities advising of their intention to undertake a thematic review of the effectiveness of the Public Services Reform (Scotland) Act 2010. This will commence in July 2024 and conclude in December 2024.</p>
	<p>The aim of the review is to provide a national overview of local government’s approach to ensuring governance and assurance arrangements are in place to provide confidence that social work duties are being appropriately discharged. The review will explore how key staff are supported to carry out their roles and broach any concerns.</p>

	<p>The review will also consider the extent to which social work leaders ensure that they can meaningfully influence decision making and have strategic oversight of significant areas of risk relating to key areas of legislative responsibility. This will span all areas of social work, including adults, children and justice social work. The approach will involve a national staff survey, review of some core documents, structured interviews and focus groups. The approach taken will be proportionate, minimising the impact on partnership areas. A single national report will be published on conclusion of the work.</p>
	<p>A key point of contact will be identified for the review who will co-ordinate the local response to a national survey and assist in the setting up of structured interviews and focus groups.</p> <p>Feedback from the review will be shared with IJB members once the national report has been published.</p>
3.5	<p><u>Self Directed Support Framework of Standards – Updated May 2024</u></p>
	<p>In 2021, a framework of standards to support the implementation of Self-directed Support was developed to ensure social workers are empowered to practice in creative, and innovative ways which allow people to have greater choice and control in their own lives. The SDS Standards support social workers to explore ‘what matters’ to a person, not ‘what’s the matter’, and together find the right way forward.</p> <p>In 2023-2024, Social Work Scotland was funded by the Scottish Government under the Self-directed support: improvement plan 2023 to 2027 to review and update the framework of standards. The review of the Framework took place over a six-month period and adopted equalities and island communities impact approaches including extensive consultation with the range of stakeholders delivering and receiving services.</p> <p>The revisions were overseen by a core working group of national stakeholders, local authority and HSCP partners, and relevant experts and have been approved by COSLA and the Scottish Government. The key revisions made to the Framework were:</p> <ul style="list-style-type: none"> • Clarifying the meaning and simplifying the language of each standard including the practice statement and core components • Reducing the number of core components • Developing a new explanatory ‘how to’ section for each core component • Adding a glossary of terms used <p>The updated Framework of Standards can be found here .</p>

3.6	<p><u>Alzheimer Scotland's Commission on the Future of Long Term Care in Scotland</u></p>
	<p>During Scotland's Dementia Awareness week Alzheimer's Scotland published their report on the Future of Long Term Care In Scotland.</p>
	<p>There are 16 key recommendations within the report and highlights fundamental issues such as there being no meaningful long term care strategy for people with dementia; that residential care is the main limited option; and that this has been developed through an open market approach with little or no strategic commissioning of alternative approaches to long term care services that reflect the hopes and desires of people living with dementia.</p> <p>The report also highlights previous findings in the Fair Dementia Care Commission that for many people with advanced dementia their care needs are unequivocally health care needs, indistinguishable from the needs of people with other forms of terminal illness, yet unlike these other conditions, many people with advanced forms of dementia are faced with having to pay huge sums each week for this care, which should be free.</p>
	<p><u>Ayrshire Wide Developments</u></p>
3.7	<p><u>Mentoring Newly Qualified Social Workers Training</u></p>
	<p>North and South Ayrshire Health and Social Care Partnerships have teamed up with the Scottish Mentoring network to deliver mentoring training to align with mentors supporting Newly Qualified Social Workers during their supported year.</p> <p>Mentoring inputs, specifically for workers who can mentor NQSWs, will be over two inputs of 1.5 hours each on Teams and will include the opportunity to undertake a short accredited online course in mentoring.</p>
3.8	<p><u>Ayrshire Innovation Network Event</u></p>
	<p>A pan-Ayrshire showcase event, sharing examples of innovation in health and social care from across Scotland and beyond, was held on Tuesday 11 June.</p> <p>Focusing on two perspectives on innovation from the Scottish health and social care sector, the attendees heard from :-</p> <ul style="list-style-type: none"> • Nate Brown, Innovation Programme Lead, East Ayrshire HSCP, • Brendan Clarke, Digital Learning Lead, NES, • Alexia Pellowe from East Ayrshire HSCP talked about the Holly Health App; • Laura Gordon from Inverclyde HSCP showcased their newly-launched Health Visiting App; and • Nigel Gallear from Simon Community also shared feedback on their Get Connected App.

3.9	<u>Learning Disability Health Check Plans Update</u>
	<p>In 2022, the Scottish Government tasked all NHS boards and HSCPs with ensuring that a comprehensive annual health check is offered to the following persons within the board's area:</p>
	<ul style="list-style-type: none"> ● those aged 16 and over who are known to have a learning disability ● those aged 16 and over who identify themselves as having a learning disability, whether or not that learning disability has been formally diagnosed <p>The three Ayrshire HSCPs and NHS A&A recognised that there was no capacity to undertake this work within general practice or within community learning disability services in Ayrshire, therefore a short-life working group was established in order to find a way forward. A small amount of non-recurring funding has been provided to progress this work.</p> <p>The group was tasked with developing a proposal around how these health checks would be carried out, as well as identifying young people with a learning disability to ensure that they experience a successful transition into the adult annual health check programme.</p> <p>In terms of progress, project support and project management staff are now in place, with nursing staff from the NHS nursing bank having been recruited specifically to undertake these annual checks.</p> <p>The process of collecting Learning Disability Registers from GP practices is currently under way, with the group also working alongside practices as we seek to identify suitable venues across Ayrshire in which these health checks can take place.</p> <p>Pilots have been undertaken across a number of sites in order to help the group determine how the health checks work in practice and how we might share the outcomes with GPs. It is hoped that the learning from this early implementation will help to shape future plans as the project progresses.</p> <p>If you have any questions, or would like some additional information, please contact Steve Wright, Senior Nurse, Learning Disabilities, by emailing Steve.wright2@aapct.scot.nhs.uk</p>

<u>North Ayrshire Developments</u>	
3.10	<u>New Transitions Support Group</u>
	<div data-bbox="220 465 885 819" data-label="Complex-Block">  <p>TRANSITION TOGETHER CARER PEER SUPPORT GROUP</p> <p>Are you a parent or carer navigating the challenges of supporting a child or young person aged 13-26 through a transition? We understand that transitions, whether from child to adult services or from school to further education or employment, can be overwhelming.</p> <p>That's why we invite you to be part of our supportive community and reference group!</p> </div> <p>A new North Ayrshire support group led by parents or carers who support a child or young person aged 13 to 26 through a transition was held on 29th May 2024 at the William Love Memorial Hall, Kilwinning. The group is supported by NAHSCP, NHS Ayrshire and Arran and Unity Carers Gateway.</p>
	<p>Parents and Carers can discuss the challenges around the transition from children to adults session. The group allows the opportunity of :-</p> <ul style="list-style-type: none"> • Peer support – connect with follow parents and carers who understand the challenges and share experiences, insights and strategies; • Visiting Expert Guidance – expert advice and resources; • Interactive workshops – informative and interactive workshops tailored to address specific concerns related to transitioning; • Empowerment and Resilience – build a strong support network, fostering resilience and empowerment.
3.11	<u>Fostering Friendly Employer</u>
	<p>North Ayrshire Council has been recognised as a Fostering Friendly Employer.</p> <p>The council has updated its Special Leave Scheme to give greater flexibility to staff for exploring fostering opportunities.</p> <p>Employees who are foster carers (or who are interested in becoming foster carers), as well as kinship carers, can now benefit from the time off detailed below:</p> <ul style="list-style-type: none"> • Assessment and initial training prior to approval as a foster carer - maximum three days • Attendance at panel for approval - maximum one day • Child review meetings, annual foster carer review meeting and training - up to five days
	<p>NAHSCP is currently seeking foster carers, with a range of options available including short break care, supported care, interim fostering and longer-term fostering for young people. If you'd like some more information, please email the team at adfos-enquiry@northayrshire.gov.uk or call 01294 310300 (option 4 then option 1). You can also find out more on our website.</p>

3.12 Anam Cara Re-Opening Event

Support for people with dementia in North Ayrshire received a boost after the Anam Cara respite centre in Kilbirnie was officially reopened on 4th June 2024, with a ribbon-cutting ceremony following an extensive refurbishment project.

The specialist dementia respite centre accommodates up to 9 guests aged 60 years or over, offering critical respite services within single room, en suite accommodation.



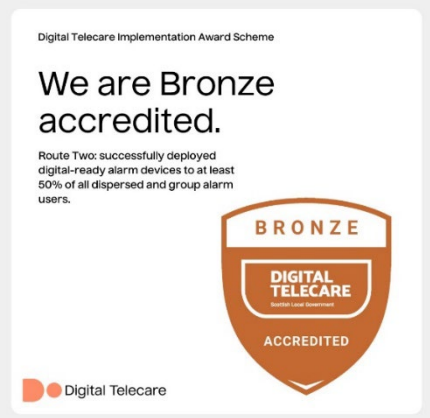
The refurbishment project included a complete transformation of the main garden area, including new garden furniture, with a ramp installed from the conservatory to allow better access for guests to enjoy the outdoors. An additional, smaller garden area adjacent to the dining area has also had some landscaping improvements made. A full revamp of the internal areas of the building has also been carried out, with works including wet wall installation in several of the bathrooms,

replacement light fittings with energy-efficient LED bulbs and a full upgrade to the reception area. An archway has been created within the dining area to improve the space, allow better access to the outdoors and create an improved flow for staff moving around the area, and a new boiler and generator have been installed.

This is an important service for those living with dementia and brings huge benefits to their families and carers, who can take a break from their caring responsibilities to look after their own wellbeing, knowing that their loved one is safe and being well looked after by the facility's specially-trained staff.

3.13 Bronze Digital Telecare Implementation Award

North Ayrshire Health and Social Care Partnership has been awarded the Bronze Digital Telecare Implementation Award in recognition of the progress they have made on their analogue to digital telecare transition project.

	<p>Bronze status is achieved when a Telecare Service provider has successfully deployed digital-ready alarm devices to at least 50% of all dispersed and group alarm users. This is the first major milestone in the transition to digital telecare and sets the foundations for the remainder of the digital telecare transition.</p> <p>North Ayrshire HSCP will now move forward to the first phase of testing with alarms and peripheral to achieve the Silver Implementation Award.</p>	 <p>Digital Telecare Implementation Award Scheme</p> <p>We are Bronze accredited.</p> <p>Route Two: successfully deployed digital-ready alarm devices to at least 50% of all dispersed and group alarm users.</p> <p>BRONZE</p> <p>DIGITAL TELECARE</p> <p>ACCREDITED</p> <p>Digital Telecare</p>
3.14	<u>Ayrshire Achieves Awards</u>	
	<p>The North Ayrshire Community Mental Health Team has been nominated for the Chairperson Award. This award is chosen by the Chair of Ayrshire and Arran NHS Board and Chief Executive, with the winner being announced at the Awards Ceremony on 6th June, the team's nomination is a special recognition for the work that they do.</p>	
3.15	<u>School Welfare Rights Officers</u>	
	<p>North Ayrshire Council is working with staff in secondary schools to ensure parents are accessing welfare benefits they are entitled to.</p> <p>Over the past two years, a Welfare Rights Officer (WRO) has been offering parents and carers free, impartial, and confidential benefits advice and she has helped to put more than £1million into families' bank accounts during this time.</p> <p>The WRO is part of North Ayrshire Health and Social Care Partnership's Money Matters team, which helps ensure people across North Ayrshire get the correct state benefits by:</p> <ul style="list-style-type: none"> • Carrying out a full benefits check for you and your household • Confirming which benefits you are entitled to • Helping you make a claim • Advising you if you dispute a benefit decision or sanctions • Providing representation at an appeal and • Completing referrals to partner agencies for debt, budgeting and household bills advice. <p>The demand for the teams' services has spiked during the Cost-of-Living Crisis and this additional capacity to reach into schools will provide invaluable support to more families in North Ayrshire.</p>	
	<u>COVID Update</u>	
3.16	<u>COVID-19 testing guidance – important update from NHS A&A</u>	

	<p>The Scottish Government has advised that Health Boards should end routine asymptomatic COVID-19 testing before discharge from hospital to care homes and hospices. This change took place with effect from Monday 3 June.</p> <p>This guidance reflects the continuing success of the COVID-19 vaccination programme, the reduction in severity of illness and number of hospitalisations, and is in line with the approach being taken by the rest of the UK.</p> <p>Testing protocol for COVID-19 will revert to testing as appropriate to support clinical diagnosis and care and for outbreak management (as per the National Infection Prevention and Control Manual), or on the advice of NHS Ayrshire & Arran’s Infection Prevention and Control or Health Protection Teams. Testing for those who are eligible for COVID-19 treatments will also continue to be available.</p> <p>All staff should remain vigilant for the signs and symptoms of COVID-19 infection and isolate and test any symptomatic patients / residents as per current guidance.</p> <p>Testing will continue where there is a clinical need and patients are symptomatic. In these circumstances, patients will be managed as per current guidelines for symptomatic COVID-19 testing guidance.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None

4.7	<u>Key Priorities</u> None
5.	CONSULTATION
	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of Consultation.

Caroline Cameron, Director
[Carolinecameron@north-ayrshire.gov.uk/01294 317723]

Appendices
Nil

Integration Joint Board
13th June 2024

Subject :	Armed Forces Covenant Duty
Purpose :	To advise Members of the new Armed Forces Covenant Duty 2021 with Statutory Guidance published in November 2022 and the ways in which this informs the development of future policy and decisions, highlighting the range of supports which the HSCP currently provides to the serving and veteran community.
Recommendation :	IJB is invited to: <ul style="list-style-type: none"> (a) Note the new Armed Forces Covenant Duty and the Statutory guidance in respect of the new Act and; (b) Note how the HSCP supports these obligations under the new Act and guidance with the current support provided to the Armed Forces and Veterans.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
V1P	Veterans 1 st Point
NAHR	North Ayrshire Housing Register
NAHAP	North Ayrshire Housing Allocation Policy

1.	EXECUTIVE SUMMARY
1.1	A motion passed by North Ayrshire Council at its meeting on 22 June 2022 reiterated the commitment in North Ayrshire to the Armed Forces Covenant; recognised the contribution and sacrifice made by members of the Armed Forces and their families; and asked officers to examine what more might be done to support the serving and veteran community, and to prepare for a new duty under the Armed Forces Act 2021 to give due regard to the Covenant in policy development and decision making. NHS Scotland and all Scottish Health Boards have also signed the covenant, requiring healthcare services to pay due regard to the principles of the Covenant.
1.2	The new duty under the Armed Forces Act 2021 and associated guidance published in November 2022 have now come into effect. The statutory guidance can be found here . The Armed Forces Covenant is a promise by the nation that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most.

1.3	<p>There are a range of supports in North Ayrshire to the serving and veteran community of the Armed Forces and, in June 2020, the Council, and the HSCP formally renewed its commitment to the Armed Forces Community Covenant. The Council has also appointed a Veterans Champion, Councillor Jim Montgomerie. This report details how services will ensure the obligations in terms of the Act and the Statutory Guidance are met.</p>
2.	<p>BACKGROUND</p>
2.1	<p>At its meeting on 22 June 2022, the Council considered and unanimously approved the following motion by Councillor Todd Ferguson, seconded by Councillor Inglis: “That this Council:</p>
	<ol style="list-style-type: none"> 1. renews its commitment to the Armed Forces Covenant, which is based on the premise that those who serve or have served, and their families deserve respect, support and fair treatment. It states that: “Those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.” 2. is proud to be Armed Forces friendly and recognises the enormous contribution and sacrifices that members of the Armed Forces and their families make every day for the safety and security of our country. 3. values the service of all British Armed Forces personnel, past and present, including those from Commonwealth Nations. 4. requests production of a report examining what more North Ayrshire Council can do to support our serving and veteran community across the full range of services we provide and strengthen partnerships with the Armed Forces Community. 5. prepares for the new duty to give due regard to the Armed Forces Covenant in policy development and decision making.”
	<p><u>Current Supports</u></p>
2.2	<p>Within North Ayrshire there is a range of support provided to veterans and members of the armed forces. This report provides a summary of the range of key supports currently in place across North Ayrshire. It demonstrates the ways in which services consider and take account of the circumstances of the armed forces and veterans’ community within North Ayrshire and demonstrates the partnership’s obligations under the new Duty and Statutory Guidance.</p>

	<u>Armed Forces Covenant</u>
2.3	The three Ayrshire Councils, NHS Ayrshire and Arran and other stakeholders have been voluntary signatories of the Armed Forces Community Covenant since it was first introduced in 2012. In June 2020, the Council renewed its commitment to the Covenant and the refreshed Covenant was formally signed on 23 September 2021. The Covenant is attached at Appendix 1.
	<u>Veterans Champion</u>
2.4	At its first meeting of the new Administration, North Ayrshire Councils Cabinet also recognised Veterans as one of the key communities with special interests across North Ayrshire, appointing Councillor Jim Montgomerie to the role of ‘Veterans Champion’, to work with veterans and the Armed Forces to understand their needs and to advocate on their behalf in relation to how services are delivered.
2.5	In addition, Councillor Montgomerie is the Council’s appointed representative on the Scottish Government’s Cross-Party Group on Armed Forces and Veterans Community.
	<u>The New Armed Forces Covenant Duty</u>
2.6	All councils including North Ayrshire have already signed the Armed Forces Covenant on a voluntary basis. The Armed Forces Act 2021 further enshrines the Covenant into law, with the primary purpose of helping to prevent service personnel and veterans being disadvantaged when accessing public services. It does not mandate what organisations must do, only that they must consider the Armed Forces community alongside other legal requirements. This means that decisions about the development and delivery of certain services must be made with conscious consideration of the needs of the Armed Forces community.
2.7	Specifically, the new Covenant duty, which came into effect in 2022 after the Statutory Guidance supporting it was approved, requires organisations delivering local services to pay ‘due regard’ to the Covenant principles when exercising functions in the areas of housing, education and healthcare. ‘Due regard’ means that organisations in the scope of the Duty, such as the partnership, will need to consciously consider. <ul style="list-style-type: none"> (a) the unique obligations of, and sacrifices made by, the armed forces. (b) the principle that it is desirable to remove disadvantages arising for service personnel from membership, or former membership, of the armed forces; and (c) the principle that special provision for service personnel may be justified by the effects on such people of membership, or former membership, of the armed forces.
2.8	The Duty does not mean that the Armed Forces community will be placed at the ‘front of the queue’, but it does mean that their circumstances should receive a fair assessment when their cases are considered. The purpose of the Guidance is to assist the specified bodies to comply with their legal obligations, by providing information about the Duty and those people within the Armed Forces Community who

	<p>are beneficiaries of the Duty. The Guidance highlights the issues that people can face because of Service life, and illustrate good practice in the areas of healthcare, education and housing.</p> <p>In particular, the following Local Authority and Health and Social Care Partnership service areas are covered by the Act and in scope of the Covenant duty:</p>
	<p><u>Health and Social Care :</u></p>
2.9	<p>Veterans First Point (V1P) provides signposting and provision of tailored services in alignment with the new Duty and Statutory Guidance. V1P services are available in six health areas in Scotland including Ayrshire and Arran. The service in Ayrshire is match funded by the three Integration Joint Boards in North, South and East Ayrshire and led by North Ayrshire as the Lead HSCP for Mental Health Services. The service offers a ‘one stop shop’ for help and assistance to veterans and their families, no matter what that need might be, not just for physical or mental health issues, but for housing, socialising, education, employment, and other issues. All GP practices in North Ayrshire have the ability to identify and code veterans on their patient management system and,</p> <p>GP Practices have the ability to refer individuals to V1P to support with any health and wellbeing issues identified.</p>
2.10	<p>V1P demonstrates a robust approach to integrated health and social care delivery to the veterans of Ayrshire and Arran by effective signposting and tailoring of local provision to the needs of veterans. The service also provides an opportunity for learning and sharing good practice between health and social care professionals which has led to unique initiatives such as provision of support to prison and justice services as well as housing. The service provides a seamless approach to access to a range of health and social care services and therefore improves easy and timely access to the right support at the right time avoiding the risk of delay in receiving treatment.</p>
2.11	<p>V1P can ensure this approach by providing support to all veterans and Reservists of any age (16 – 65+) across Ayrshire. Veterans are supported with a whole range of difficulties from welfare, housing, employment, training, and social support as well as support for mental health issues. The service can be accessed by self-referral or veterans can be referred by any health care professional, council staff, third sector agencies. The service is staffed by both NHS clinicians and Veteran Peer Support workers. Veteran Peer support workers can quickly establish a rapport with any veterans approaching the service and can offer peer support and signposting.</p>
2.12	<p>Veterans seeking support for mental health issues are seen by the in-house clinical team who can provide Psychological and/or Psychiatric assessment and treatment or will facilitate access for veterans to mainstream services such as the Community Mental Health teams. There are also close links with Housing departments within Ayrshire. Currently, North Ayrshire Council run a “housing clinic” within V1P where veterans are supported in housing applications and can access advice on housing. In addition, V1P has close links with Riverside Scotland Housing Association and have successfully completed a project whereby veterans facing homelessness were</p>

	nominated for housing on 2 new housing developments. Nominations were made by V1P and 20 veterans facing homelessness were offered new accommodation.
2.13	It has been identified within Ayrshire & Arran, that veterans who have been involved in the criminal justice system and/or Prison System could significantly benefit from the support V1P has to offer following release from incarceration. V1P works closely with the Scottish Prison Service and criminal justice service. V1P offers veterans due for liberation from prison, support with reintegration back into society and thus reducing the likelihood of reoffending. Prison staff identify any veteran prisoners who are due for release, so that the peer support workers can arrange to see them, allowing the opportunity to establish a support network based in the community following release.
2.14	<p>The Scottish Government recognises the need to provide high-quality mental health and wellbeing services to support veterans in Scotland. In December 2021 the Scottish Veterans Care Network published the Veterans Mental Health and Wellbeing Action Plan. This was endorsed by the then Cabinet Secretary for Justice and Veterans and Minister for Mental Wellbeing and Social Care at a Parliamentary debate on 1 March 2022. The overall mission is to create a new national pathway providing visible, consistent, and timely mental health and wellbeing services of high quality to support veterans in Scotland, combining equity of access with a rapid response to evidenced need. The aim of the Mental Health and Wellbeing Action Plan is to ensure that all veterans in Scotland can lead a healthy, positive life and reach their full potential.</p> <p>Supporting people to keep well in the community is the Mental Health and Wellbeing Action Plan's top priority. A significant number of veterans stay well through strong community networks and access to wellbeing services. For a smaller number of veterans, access to high quality mental health services, tailored to meet their bespoke needs, is important for their mental health and wellbeing. Support for the wider veterans' community, particularly close family members, is also crucial to ensure that they are appropriately equipped to assist veterans.</p>
2.15	A National Advisory Group has been established to provide oversight to the Veterans Mental Health and Wellbeing pathway to enable consistent and equitable action plan implementation by offering expert advice and guidance on strategic direction and proposed model of delivery for the approval of Scottish Ministers. The Advisory Group will primarily focus on the priority commitments within the Veterans Mental Health and Wellbeing Action Plan and the sustainable governance arrangements required to operate an effective Veterans Mental Health & Wellbeing pathway in Scotland providing Scottish Ministers with comprehensive progress updates and recommendations on next steps.

2.16	Ayrshire and Arran V1P are actively involved in delivering the recommendations of the Mental Health and Wellbeing Action Plan published by the Scottish Government and there is senior leadership representation from North Ayrshire HSCP as lead Partnership in Ayrshire and Arran for Mental Health in addition to the clinical lead for Ayrshire and Arran V1P service on the membership of the national advisory group.
	<u>Education</u>
2.17	In Education settings the relevant functions for consideration are: admissions; educational attainment and curriculum; child wellbeing; transport; attendance; additional needs support.
2.18	North Ayrshire Council Education Service has been closely following the guidance from the Association of Directors of Education in Scotland (ADES) guidance to ensure that they fulfil the statutory duties regarding Armed Forces families and have an Education Lead and an Operational Lead for Armed Forces children and young people.
2.19	There is a system in place to identify and record Armed Forces children and families, of which there are currently 256 in North Ayrshire, 1.46% of our school population. This information is used in schools to ensure consideration is duly given to meeting those young persons need given the challenges they may face.
2.20	In Education settings they are working to improve the understanding of staff regarding the challenges faced by Armed Forces young people in moving to a new area and a new school. In North Ayrshire there is a clear admissions policy which includes the procedures for dealing with requests for places both from parents who live within the school catchment area and those from other areas. The admissions policy provides details of any priority arrangements which may be required. It is also recognised that potential disadvantages around educational attainment can be mitigated if children can be placed in a school that uses a similar curriculum to their previous school. When enrolling a child in a North Ayrshire school every effort will be made to ensure that service family's needs are given consideration and are they are not unduly disadvantaged. We are currently creating a "Welcome to North Ayrshire" guide for service families to help with the admissions process and help them understand the Scottish education system.
2.21	In terms of educational attainment and curriculum, we continue to raise awareness among our staff of the potential challenges service children may face. While the educational attainment of Service children as a group is largely on a par with that of non-Service children, their educational attainment may be affected if they are placed in a school that uses a different curriculum or different exam boards, or if they experience multiple moves at important stages in their education. They might experience gaps in learning or repeat topics already covered in previous schools. The number of moves a Service child might have to make could lead to a greater cumulative effect on their education than would typically be experienced by a non-Service child. Due to the unique obligation and sacrifice of separation, Service children might have to spend weeks or months, or the working week, away from their serving parent. We therefore encourage staff to ensure that there is a full assessment of Service children's needs and gaps in learning identified with appropriate supports

	<p>offered. Where possible past learning and attainment is recognised. Caring roles and responsibilities, when identified, are supported through our established Young Carers supports.</p>
2.22	<p>It is recognised that a Service child’s mental health and wellbeing can be affected if the requirement to re-locate results in the child losing access to support structures such as friends and teachers. In Scotland, the GIRFEC (Getting it right for every child) approach has been used since 2010. It is child-centred and based on an understanding of the child’s current situation, including wider influences on them when thinking about their wellbeing. This includes consideration of the impact of transitions, mobility and deployments which affect Service families and children. In North Ayrshire we are improving how we support service children to ensure joined-up working, so services supporting children work in a co-ordinated way to meet their specific needs and improve their wellbeing. We are doing this through staff professional learning and working with partners across the local authority to create a welcome pack to make the transition smoother for service families. We have a wide range of universal and specialist supports within North Ayrshire to get it right for all our young people.</p>
2.23	<p>The Education (Additional Support for Learning) (Scotland) Act 2004 places a duty on local authorities to identify, assess and provide for the additional support needs of all children for whose education they are responsible. Additional support needs are broadly defined, including those which might impact on children from Armed Forces families, such as transitions, interrupted learning and dealing with separation and loss. These support needs can occur at any time during a child’s education and may be temporary or longer term. The nature of the support will vary based on the individual child’s needs and could include pastoral support as part of the universal support offered by teachers or other professionals. Our commitment in North Ayrshire is to ensure that any barriers to learning are minimised in order that all children and young people get the support they need to reach their full potential.</p>
2.24	<p>In keeping with “Included, Engaged Involved Part 1,” absence from school, whatever the cause, disrupts learning. It is important that parents encourage their children and young people to attend school and that parents arrange family holidays during the holiday period. Family holidays should not be recorded as authorised absence, other than in exceptional circumstances, where a parent’s employment is of a nature where school-holiday leave cannot be accommodated. <i>Such employment may include armed services</i>, emergency services, professions where parents are required to work away from the family for prolonged periods of time. It is for education authorities and schools to determine their own context and assess when these circumstances apply and authorise absence accordingly and therefore due consideration is being given in North Ayrshire to Armed Forces families to ensure they are treated fairly and not unduly disadvantaged in this regard.</p>
2.25	<p>Within North Ayrshire we are committed to ensuring that children and young people of Armed Forces families receive the support they need to address barriers to participation, learning and achievement; promote positive mental health and wellbeing; benefit from the development of high-quality education which is sustained; and achieve their full potential. As a result of the Covenant, Education Services have developed an action plan that will be implemented in session 2023/24 to improve and monitor the quality of service available to this group.</p>

	<u>Housing</u>
2.26	The Council and social landlords operating the North Ayrshire Housing Register (NAHR) give enhanced priority for housing to service personnel and their families. Where an applicant advises that they are a member of the armed forces or a service leaver, the NAHR landlords will signpost the household to the Veterans 1st Point Ayrshire and Arran service.
2.27	A monthly 'Armed Forces Housing Surgery' is held within the Veterans 1st Point office, where Veterans can discuss their housing options, and access an Occupational Therapist, ensuring that where they are leaving the forces because of injury or disability, they are allocated housing suited to their needs. Where a family is leaving armed forces accommodation in exceptional circumstances, for example where the service member has been killed in action, the NAHR partners award the same priority to the Veterans family as they would have, had the veteran still been part of the household.
2.28	In response to the Armed Forces Act 2021, the NAHR application will be amended to ensure all household members who meet the criterion are defined collectively as service people who are beneficiaries of the principles of the Armed Forces Covenant. Housing staff employed by the NAHR landlords have been trained to deliver housing options advice specific to the need of Armed Forces personnel. The North Ayrshire Council commitment to the Armed Forces Covenant was included within the training programme to ensure frontline housing staff understood the principles of the Covenant and the Council's policy on housing support for the armed forces community.
2.29	The North Ayrshire Housing Allocation Policy (NAHAP) is currently under review and further consideration will be given as to the needs of Veterans during the review process. Consultation has taken place with key stakeholders to gather thoughts and views on where the current policy is adequate and reflects the requirements of the Armed Forces Act 2021.
2.30	North Ayrshire Council Housing and Public Protection services are currently in the process of designing a tailored webpage for Armed Forces Personnel, Veterans and Reservists. This will feature information on a range of topics including Access to Housing, Homelessness, the Accessible Housing Assessment, Housing Options and prospects advice, adaptations including minor aids/equipment and Veterans 1st Point Ayrshire and Arran.
2.31	The Common Housing Register Manager is an Armed Forces Champion and is the main point of contact for all enquiries relating to NAHR applications, accessible housing assessments, housing options and general advice for armed forces, veterans, and service leavers. This ensures consistency of service delivery across all landlords and that all housing staff are supported and have appropriate training to meet the housing and support needs of the armed forces community and their families.
2.32	Housing Benefit and Council Tax Reduction regulations allow for an element of disregard for payments from the Armed Forces where the pension paid is attributable to illness or injury received during service. North Ayrshire Council disregard 100% of

	any compensation, pension or payment deemed to be 'service attributable'. The Council also now apply the same disregards to income calculations when assessing Community Care Grants.
2.33	Housing Benefit and Council Tax Reduction regulations allow for an element of disregard for payments from the Armed Forces where the pension paid is attributable to illness or injury received during service. North Ayrshire Council disregard 100% of any compensation, pension or payment deemed to be 'service attributable'. The Council also now apply the same disregards to income calculations when assessing Community Care Grants.
	<u>Connected Communities</u>
2.34	Community Learning and Development staff provide development support to the informal Veterans group which meets locally, including linking them in to developments such as the community transport pilot and inviting them to participate in the Older People's Conference and help shape the Older People's Voice Participation Strategy.
2.35	Information and Culture were successful in their application to The Covenant Fund to establish Ground Force - a project aimed at veterans and serving personnel - based on horticultural therapy. Although the funding has finished the group are now an integral part of the work delivered at Eglinton Community Gardens. The group continue to meet monthly and are supported by the Countryside Rangers. In March 2024, the regular participants joined the Lord Lieutenant to assist her in planting a memorial tree to mark the Coronation of King Charles.
2.36	Remembering those we have lost in active service is a somber and valued aspect of life within the Veterans Community and service personnel. This is mainly through the local branches of the Royal British Legion. Information and Culture support the members of these groups with the regular Remembrance Parades as well as numerous events held recently in relation to significant anniversaries of the War Memorials and the groups themselves with many turning 100.
3.	PROPOSALS
	IJB are asked to agree :
3.1	(a) to note the new Armed Forces Covenant Duty which comes into effect because of the Armed Forces Act 2021 and Statutory Guidance (November 2022). (b) Note how the HSCP supports these obligations under the new Act and guidance with the current support provided to the Armed Forces and Veterans.
4.	IMPLICATIONS
4.1	<u>Financial</u> None.
4.2	<u>Human Resources</u> None.
4.3	<u>Legal</u>

	Clause 8 of the Armed Forces Act 2021 sets out duties with regard to the Armed Forces Covenant. Further information on the implications of the new Duty is provided at Section 2.
4.4	<u>Equality/Socio-Economic</u> There are no additional equality/socio-economic implications arising from the recommendations in this report.
4.5	<u>Risk</u> None.
4.6	<u>Community Wealth Building</u> None.
4.7	<u>Key Priorities</u>
	The Armed Forces Covenant duty has implications for health and social care delivery and is therefore embedded within Council Plan priorities for Wellbeing and building resilient communities, HSCP Strategic plans, including delivery of priorities in alignment with the Ayrshire Mental Health conversation and the National Mental Health and Wellbeing Strategy, <i>Creating Hope Together</i> national suicide prevention strategy and Alcohol and Drug Partnership Strategic priorities.
5.	CONSULTATION
	Consultation has taken place with services across the HSCP, Council and with the Council Veterans Champion.

Caroline Cameron, Director
[carolinecameron@north-ayrshire.gov.uk]

Appendices

- Appendix 1, Statutory guidance on the Armed Forces Covenant Duty



Ministry
of Defence



Statutory Guidance on the Armed Forces Covenant Duty

Covering the United Kingdom

Issued under section 343AE(1) of the Armed Forces Act 2006

November 2022

GUIDANCE

This Guidance has been produced by the UK Government, in consultation with the Devolved Administrations of Northern Ireland, Scotland and Wales, local authorities across the United Kingdom, schools, colleges, the NHS, NHS Trusts and health boards, agencies and commissioning groups, Service charities and Families' Federations, subject matter experts, and members of the Armed Forces Community.

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About

Context for this Guidance

0.1. The Armed Forces Act 2021 amended the Armed Forces Act 2006 ('the Act') by inserting sections 343AA to 343AF. These place a legal duty (the 'Covenant Duty') on specified public persons and bodies ('specified bodies'), to have due regard to the principles of the Armed Forces Covenant when exercising certain statutory functions in the fields of healthcare, education and housing ('relevant functions'). The specified bodies and relevant functions are listed in sections 343AA to 343AD of the Act. The Covenant Duty came into effect on 22 November 2022.

0.2. This Guidance is issued under section 343AE of the Act, which states that the specified bodies must have regard to this Guidance when exercising a relevant function.

Purpose of this Guidance

0.3. The purpose of this Guidance is to assist the specified bodies comply with their legal obligations, by providing information about the Duty and those people within the Armed Forces Community who are beneficiaries of the Duty. It highlights the issues these people can face as a result of Service life, and illustrates good practice in the areas of healthcare, education and housing. If specified bodies have any questions about this Guidance or the Duty, they should seek legal advice and/or contact the Ministry of Defence's Armed Forces Covenant Team (see [Appendix 3](#) for contact details).

0.4. This Guidance is specifically about the statutory Covenant Duty. Information about the wider Covenant is available from the sources listed in [Appendix 3](#).

Intended audience

0.5. The primary audience for this Guidance is the specified bodies across the UK that are subject to the Duty. This Guidance will be of interest to staff throughout these bodies, but particularly those involved in policymaking, business planning, procurement, delivery, and governance. This Guidance is also aimed at other organisations delivering any of the relevant functions on behalf of the specified bodies. This Guidance will also be of interest to members of the Armed Forces Community, and other organisations that work with them, such as charities.

Contents of this Guidance

0.6. [Chapter 1](#) provides an overview of the Covenant Duty, including what it is and to whom and when it applies. It describes in detail some of the unique obligations and sacrifices of Service life, and introduces the concepts of disadvantage and special

provision. The remaining chapters describe in detail some of the disadvantages that can be experienced by members of the Armed Forces Community in the areas of healthcare ([chapter 2](#)), education ([chapter 3](#)), and housing ([chapter 4](#)). Case studies are provided throughout to illustrate ways that the Armed Forces Covenant principles may be considered and applied.

0.7. The appendices provide a list of the specified bodies that are subject to the Duty and the relevant functions to which the Duty applies ([Appendix 1](#)), information about how to become more aware of Armed Forces issues ([Appendices 2 and 3](#)), and information about how to resolve disputes ([Appendix 4](#)).

Publication information

0.8. This is the only Statutory Guidance on the Covenant Duty to be published by His Majesty's Government. Further advice and support on the Armed Forces Covenant and the Covenant Duty is available from the Armed Forces Covenant Team in the Ministry of Defence.

0.9. This Guidance is also available in Welsh. If there is a need for this Guidance to be provided in an alternative format and/or language, please contact the Armed Forces Covenant Team to discuss the requirement. This is the first edition of this Guidance, published in November 2022. This document remains subject to future updates. Any suggestions for content in future versions can be sent to the Armed Forces Covenant Team.

Foreword by the Secretary of State for Defence

Service in the Armed Forces can be profoundly rewarding for those who sign up. It can offer a life of challenge and adventure; an opportunity to gain new skills and develop a resilient approach to life; and the chance to travel the world, while protecting and serving one's country.

But it is not an easy career. Members of the Armed Forces fulfil many obligations and make many sacrifices in order to do their duty and keep us all safe. The stresses and pressures of the job can be immense, and their impact can stay with a person long after they have left the Armed Forces and returned to civilian life.

Because of this, members of the Armed Forces, and their families, rarely lead what might be called 'normal' lives. This means they will often have different experiences when accessing and using day-to-day public and private services in the UK, compared to the general population. Whether it is through unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.

That is why we have the Armed Forces Covenant. The Armed Forces Covenant is a promise by the nation that those who serve or have served in the Armed Forces, along with their families, should be treated fairly. It is a promise that they should not be disadvantaged because of their service. And it is a recognition of the sacrifices they make on our behalf and the responsibilities we owe them in return.

We are grateful to the thousands of organisations across the UK that have demonstrated their support to the Armed Forces and their families, by pledging to honour the Covenant, by removing disadvantages our Armed Forces Community would otherwise face as a result of their service, and, in some cases, by creating bespoke services to recognise the sacrifices of those who have given the most.

But there is further to go. Members of the Armed Forces Community continue to face disadvantage due to service life. That is why we set out our manifesto commitment to further strengthen the Covenant in law. We have created a new legal obligation on certain local public organisations, to require them to pay due regard to the Covenant and its principles, focussing on the key areas of healthcare, education and housing, which provide the basis of successful lives. I am confident this will raise awareness of the Covenant, improve understanding of the experiences of the Armed Forces and their families, and lead to better outcomes for our people. Placing the Covenant in statute in this way also ensures it lasts into the future and becomes an enduring part of British life.

This Statutory Guidance is a key tool in helping these public organisations understand the legal obligations placed upon them, the issues facing our Armed Forces and their families, and showcases many examples of good practice, demonstrating what successful Covenant delivery looks like. I would encourage you to provide my department with further examples of good practice in your area, to help further the successful delivery of the Covenant.



A handwritten signature in black ink that reads "Ben Wallace". The signature is written in a cursive style with a long horizontal stroke at the end.

The Rt Hon Ben Wallace MP
– Secretary of State for Defence

November 2022

Executive Summary

The Armed Forces Covenant

0.10. The Armed Forces Covenant is a promise by the nation that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most. The Covenant was established in its current form in 2011 and since then, thousands of different organisations – including businesses, local authorities, universities, and charities – have chosen to sign a pledge to honour the Covenant and support their Armed Forces Community. As a result of this, there have been many examples around the UK of good practice to remove, mitigate, or prevent incidents of disadvantage from occurring.

The Armed Forces Covenant Duty

0.11. Building on this good progress, the Armed Forces Act 2021 amended the Armed Forces Act 2006 to create the following legal obligation on specified bodies in all four home nations of the UK. This is the Armed Forces Covenant Duty.

When a specified body exercises a relevant function, it must have due regard to: (a) the unique obligations of, and sacrifices made by, the Armed Forces; (b) the principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces, and (c) the principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the Armed Forces.

This legal obligation applies to specified bodies whether or not they have signed the Covenant pledge. It is explained further below.

Specified bodies subject to the Covenant Duty

0.12. The specified bodies that are subject to the Covenant Duty are the bodies listed in sections 343AA(3), 343AB(3), 343AC(3) and 343AD(3) of the Act. They are bodies responsible for providing local services in the areas of healthcare, education and housing, such as local authorities, governing bodies of schools, and NHS bodies. (See [section 1C](#))

Relevant functions in scope of the Covenant Duty

0.13. The relevant functions in scope of the Duty are functions under or by virtue of the legislative provisions listed in sections 343AA(4)-(6), 343AB(4)-(6), 343AC(4)-(6) and 343AD(4)-(6) of the Act, summarised in sub-paragraphs (a) – (c) below. (See [section 1D](#))

- a. In the settings of NHS Primary Care, NHS Secondary Care, and local authority-delivered healthcare services, the following functions: provision of services; planning and funding; and co-operation between bodies and professionals.
- b. In compulsory education settings, the following functions: admissions; educational attainment and curriculum; child wellbeing; transport; attendance; additional needs support; and, for England only, use of Service Pupil Premium funding.
- c. The following housing functions: allocations policy for social housing; tenancy strategies (England only); homelessness; and disabled facilities grants.

Due regard

0.14. The Duty is about informed decision-making, and means that specified bodies should think about and place an appropriate amount of weight on the principles of the Armed Forces Covenant when they consider all the factors relevant to how they carry out relevant functions. It is not prescriptive about the actions specified bodies should take in order to comply with their legal obligations, and it does not mandate specific public service delivery outcomes. Bodies might wish to draw on their experience and practice in complying with similar due regard duties. (See [section 1F](#))

Unique obligations and sacrifices

0.15. These include: danger; geographical mobility; separation; Service law and rights; unfamiliarity with civilian life; hours of work; and stress. (See [section 1G](#))

Removing disadvantages

0.16. A disadvantage is when the level of access a member of the Armed Forces Community has to goods and services, or the support they receive, is comparatively lower than that of someone in a similar position who is not a member of the Armed Forces Community, and this difference arises from one (or more) of the unique obligations and sacrifices of Service life. (See [section 1H](#))

0.17. In healthcare, veterans and Service families might experience more challenges in accessing healthcare, or more delays in receiving treatment, compared to non-Service patients. (See [chapter 2](#))

0.18. In education, Service children might experience an interrupted education, a disrupted social experience, reduced mental wellbeing, a longer journey to school, or not being able to take holidays during normal school holiday periods. Service children with additional needs might suffer delays relating to assessments and plans. (See [chapter 3](#))

0.19. In housing, veterans, Service personnel leaving Service, and Service families might lack knowledge about housing services, not have built up sufficient 'local connection', not be prioritised to receive social housing, experience a lack of available social housing, find it more difficult to communicate with housing bodies, be reluctant to seek early help, or require adaptations to be made to their home when they re-locate. (See [chapter 4](#))

Special provision

0.20. Special provision is the taking of actions that go beyond the support provided to reduce or remove disadvantage. Special provision may be justified by the effects of the unique obligations and sacrifices of Service life, especially for those that have sacrificed the most, such as the bereaved and the injured (whether that injury is physical or mental). (See [section 1I](#))

Service people

0.21. The people who benefit from the Duty are defined collectively as 'Service people' in section 343B(1) of the Act, comprising: currently serving members of the UK regular and reserve forces; currently serving members of British Overseas Territories' Armed Forces who are subject to UK Service law; former members of the UK regular and reserve forces and British Overseas Territory Forces, who are ordinarily resident in the UK ('veterans'); and the 'relevant family members' of people in these groups. (See [section 1J](#))

1. The Armed Forces Covenant Duty

1A. What is the Armed Forces Covenant?

1.1. The [Armed Forces Covenant](#) is a promise by the nation, founded on the unique obligations and sacrifices of those who serve, or have served, in the Armed Forces, that they and their families should be treated fairly. This was designed to ensure that the sacrifices made by the Armed Forces Community in the national interest should not come at significant cost when accessing goods and services in the UK.

1.2. The Covenant has existed in its current form since 2011, and each year since then, the UK Government has been statutorily required to present to Parliament a Covenant Annual Report, covering all four home nations of the UK. Thousands of organisations from the public, private and charity sectors have committed their support to the Armed Forces Community by signing a pledge to honour the Covenant,¹ or making other commitments. National and local governments have collaborated with these bodies to improve the lives of members of the Armed Forces Community. This has been done by improving access to existing goods and services, and, in some cases, by creating new bespoke services or pathways as part of special provision. A [collection of resources](#) has been published to help local bodies deliver the Covenant in their area. These cover a range of policy areas, including healthcare, education, housing, and areas that are outside the scope of the Covenant Duty, including employment, remembrance and recognition, for example.

1.3. The Government recognises the valuable contributions of organisations across the UK in support of the Armed Forces Covenant – and service provision to the Armed Forces Community has significantly improved as a result. However, in certain areas of public service provision, delivery of the Covenant remains inconsistent, and some members of the Armed Forces Community can still find themselves disadvantaged as a result. From cases brought to the attention of the Ministry of Defence, Service charities, and ombudsmen, it appears a lack of awareness of issues affecting the Armed Forces Community can be a major factor in some incidents of disadvantage. This led to the creation of the Armed Forces Covenant Duty in 2021. This was achieved by using the Armed Forces Act 2021 to insert the Duty into the Armed Forces Act 2006. Therefore, references throughout this Guidance to the legislation underpinning the Duty are references to the Armed Forces Act 2006 ('the Act').

¹ [Who has signed the covenant?](#)

1B. What is the Armed Forces Covenant Duty?

1.4. The Armed Forces Covenant Duty is the following legal obligation. When a specified body exercises a relevant function, it must have due regard to:²

- a. *the unique obligations of, and sacrifices made by, the armed forces;*
- b. *the principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the armed forces; and,*
- c. *the principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the armed forces.*

1.5. Sub-paragraphs (a) to (c) are a summary of the Armed Forces Covenant. The Duty builds on – but is distinct from – the pre-existing voluntary Covenant pledge. **This legal obligation applies to all specified bodies, when exercising relevant functions, whether or not that body has signed the Covenant pledge.**

1.6. The Covenant Duty is designed to raise awareness of the principles of the Covenant, the reasons for it, and in turn improve decision-making in respect of the Armed Forces Community. It requires that decisions about the development and delivery of specific services are made with conscious thought to the needs of those members of the Armed Forces Community within scope.

1.7. The Covenant Duty applies across the whole of the UK. However, specified bodies within the different home nations of the UK are subject to different legal frameworks and administrative procedures underpinning the relevant functions in scope of the Duty. The Duty works in accordance with the legal system where the body operates. This is reflected in the list of bodies and functions in scope in each home nation of the UK, set out later in chapter 1, at [sections 1C](#) and [1D](#). The Secretary of State's power to add to these bodies and functions is described in [section 1E](#).

1.8. This is followed by explanations of the key terms in the Duty: 'due regard' in [section 1F](#); 'unique obligations and sacrifices' in [section 1G](#); 'removing disadvantages' in [section 1H](#); 'special provision' in [section 1I](#); and 'Service people' in [section 1J](#). [Section 1K](#) describes what is not in scope of the Duty.

1C. Specified Bodies subject to the Covenant Duty

1.9. The specified bodies subject to the Covenant Duty are listed in the Act³ and [Appendix 1](#) of this Guidance, and summarised in Table 1 below. Many of the illustrative case studies in chapters 2-4 involved collaborative working between different bodies.

² The Armed Forces Act 2021 inserted the due regard Duty into the Armed Forces Act 2006 section 343AA(1) in relation to England, section 343AB(1) in relation to Wales, section 343AC(1) in relation to Scotland, and section 343AD(1) in relation to Northern Ireland.

³ The Armed Forces Act 2021 inserted these bodies into the Armed Forces Act 2006 section 343AA(3) in relation to England, section 343AB(3) in relation to Wales, section 343AC(3) in relation to Scotland, and section 343AD(3) in relation to Northern Ireland.

1.10. The private and third sectors are not in scope (though some bodies in scope, such as academies, might have charitable status). However, when relevant functions have been contracted out to private companies or third sector organisations, the specified public body responsible for that function needs to ensure that any third parties exercising functions on their behalf are required to comply with the Covenant Duty and do so in practice. Therefore, the responsible public body might wish to reflect the Duty in the contracts it has with contractors exercising relevant functions on its behalf. This Guidance will therefore be of interest to some private and third sector bodies, particularly if they deliver any of the relevant functions on behalf of a public body.

England	<ul style="list-style-type: none"> • Local authorities • Governing bodies of maintained schools and further education institutions • Proprietors of Academies • Non-maintained special schools and special post-16 institutions • NHS England, integrated care boards, NHS Trusts and NHS Foundation Trusts
Wales	<ul style="list-style-type: none"> • Local authorities • Governing bodies of maintained schools • Local Health Boards, Special Health Authorities, and NHS Trusts
Scotland	<ul style="list-style-type: none"> • Local authorities and local authority landlords • Integration authorities, Health Boards, Special Health Boards, and the Common Services Agency for the Scottish Health Service • Persons or bodies whose help is requested under section 23 of the Education (Additional Support for Learning) (Scotland) Act 2004
Northern Ireland	<ul style="list-style-type: none"> • The Northern Ireland Housing Executive • The Education Authority and the Board of Governors of a grant-aided school • The Department of Health (Northern Ireland), but only when exercising the relevant healthcare functions in scope of the Duty that were exercised by the former Regional Health and Social Care Board prior to its dissolution⁴ • Local Commissioning Groups, and Health and Social Care Trusts

Table 1. Summary of Specified Bodies subject to the Covenant Duty

⁴ The Act makes reference to Northern Ireland's Regional Health and Social Care Board in the list of bodies specified in section 343AD(3) who are subject to the Duty. This Board was dissolved by the Health and Social Care Act (Northern Ireland) 2022, with effect from 1 April 2022, with its functions transferring to the Department of Health (Northern Ireland). Under the 2022 Act's transitional provisions, the Duty will continue to apply to the relevant functions formerly exercised by the Board as now exercised by the Department for Health (Northern Ireland).

1D. Relevant Functions in Scope of the Covenant Duty

1.11. The relevant functions in scope of the Covenant Duty are functions under or by virtue of the legislative provisions listed in the Act⁵ and [Appendix 1](#) of this Guidance. They are summarised in Table 2 below. The Duty must be complied with when a specified body makes a decision relating to the matters in Table 2, such as when it develops, implements and/or reviews a relevant policy, or makes decisions on its delivery of relevant services.

1.12. Relevant functions in scope of the Duty are the listed functions within the fields of healthcare, education, and housing services. These are key areas where disadvantages to members of the Armed Forces Community have commonly arisen. The focus of the legislation is on local – and, as appropriate, regional – provision of these services.

Healthcare	<ul style="list-style-type: none"> • Provision of services • Planning and funding • Co-operation between bodies and professionals <p>These healthcare functions are within scope of the Duty in the following settings:</p> <ul style="list-style-type: none"> • NHS Primary Care services, including general practice, community pharmacies, NHS dental, NHS optometry services and public health screening services. • NHS Secondary Care services, including urgent and emergency care, hospital and community services, specialist care, mental health services, and additional needs services (as applicable). • Local authority-delivered healthcare services, including sexual health services and drug and alcohol misuse services.
Education	<ul style="list-style-type: none"> • Admissions • Educational attainment and curriculum • Child wellbeing • Transport • Attendance • Additional needs support • Use of Service Pupil Premium funding (England only) <p>These education functions are within scope of the Duty in compulsory education settings, that is, primary, secondary, and, for England only, compulsory further education. The Duty does not cover nursery (early years education), higher education, or other voluntary adult education settings.</p>
Housing	<ul style="list-style-type: none"> • Allocations policy for social housing • Tenancy strategies (England only) • Homelessness • Disabled Facilities Grants

Table 2. Summary of Relevant Functions in Scope of the Covenant Duty

⁵ The Armed Forces Act 2021 inserted these legislative provisions into the Armed Forces Act 2006 section 343AA(4-6) in relation to England, section 343AB(4-6) in relation to Wales, section 343AC(4-6) in relation to Scotland, and section 343AD(4-6) in relation to Northern Ireland.

1E. Reviewing the Operation of the Duty and Extending its Scope

1.13. The Act gives the Secretary of State the power to extend, by regulations, the scope of the Duty to include additional bodies and functions.⁶ This is so that the Duty can be adapted to meet the changing needs of the Armed Forces Community. The Secretary of State is required to consult the Devolved Administrations and other appropriate stakeholders before making regulations under this power.⁷ The Ministry of Defence will keep the operation of the Duty under review and continue to work closely with its Covenant stakeholders.

1F. Due Regard

1.14. The Act does not state what a body must do in order to have due regard. How a body meets the Covenant Duty, and how the Duty is reflected in relevant policies or procedures, are therefore matters for the body in question. It is about informed decision-making, and means that specified bodies should think about and place an appropriate amount of weight on the principles of the Armed Forces Covenant when they consider all the factors relevant to how they carry out relevant functions. Therefore, specified bodies should ensure that mechanisms are in place that prompt decision-makers to assess how their decision might impact on service users from the Armed Forces Community in scope of the Duty. Bodies might wish to draw on their experience and practice in complying with other similar due regard duties.

1.15. Keeping written records of how key policies and decisions have been made, and documenting the factors that were taken into account in each decision, will help bodies demonstrate that they have had due regard to the principles of the Covenant, if challenged.

1G. Unique Obligations and Sacrifices

Due regard to the unique obligations of, and sacrifices made by, the armed forces.

1.16. Being part of the Armed Forces offers both challenge and adventure, providing those who serve with much in terms of skills and experience, as well as the opportunity to protect and serve their country. The majority of people leaving the Armed Forces do so empowered with skills, a strong team work ethic, and a resilient approach to life. However, to effectively meet the demands upon them, the Armed Forces Community faces unique obligations and sacrifices. Some of these are described below.

1.17. Members of the Armed Forces Community experience these obligations and sacrifices to different degrees and at different times throughout, and in some cases after, their Service career, as personal circumstances vary.

⁶ The Armed Forces Act 2021 inserted this power into the Armed Forces Act 2006 at section 343AF(1).

⁷ The Armed Forces Act 2021 inserted this requirement into the Armed Forces Act 2006 at section 343AF(7).

1G1. Danger

1.18. Serving members of the Armed Forces can be exposed to a wide range of threats of violence, and exposure to environments that are physically unsafe for natural, manmade or political reasons, with a danger of death, or short or long-term injury to physical and/or mental health. While some injuries might be temporary, others can be career-ending or life-altering. The Service person's family can also suffer significantly in these circumstances.

1G2. Geographical Mobility

1.19. Serving members of the Armed Forces need to be highly geographically mobile and ready to move, depending on the Service need. Sometimes this is in response to a live military operation. Many other moves are routine, regular re-locations around the country and across the globe to ensure the effective running of the Armed Forces. In this case, family members often move with the Service person. The Service person and their family might see their lives uprooted, and a reduction in the availability of support structures, as they move away from wider family and friends. It is likely that the Service person lacks choice on timing and location, and sometimes the move is at short notice. This requirement to re-locate is likely to happen multiple times during a Service career, and the frequency of moves is often higher for Army personnel than for others.

1G3. Separation

1.20. Serving members of the Armed Forces might be required to spend significant periods of time away from their family, for weeks or months at a time, for example, if deployed overseas on operations. Operational requirements might mean some Service personnel (especially Naval personnel, such as submariners) cannot contact their families for months at a time, making the separation particularly tough. Or, if the Service person is required to move within the UK or is posted overseas, the family might decide to stay at home. While this helps the family to build roots and local support networks – mitigating some challenges – it also means that families can be separated long-term, or during the working week, from the Service person. The Naval Families Federation has published [more information](#) about the impact of parental absence.

1G4. Service Law and Rights

1.21. Members of the Armed Forces are normally expected to carry out a minimum term of Service. Furthermore, operational readiness requires personnel to achieve a high state of discipline and organisation. As such, Service personnel become subject to an additional system of law (Service law). This is fundamental to ensuring the effective operation of the Armed Forces. However, it requires personal sacrifices to be made. For example, personnel cannot simply opt out from a move that inconveniences them. As they are bound to serve certain engagement lengths, they must obtain permission to discharge early, rather than have the right to give notice. Members of the Armed Forces are also not permitted to be politically active or go on strike. These are rights available to most of the wider public, but not to serving members of the Armed Forces.

1G5. Unfamiliarity with Civilian Life

1.22. Due to the requirements of Service, the Armed Forces provides Service personnel with many essential services, including accommodation, healthcare, training, sports, clothing, and transport. There is also a separate Service Justice System. Therefore, having spent so much of their time in the Armed Forces environment, Service personnel – and their families who have been accompanying them – might lack knowledge or experience of civilian life. They might not know what services are available to them, or how to gain access to them, or they might have a general sense of disconnection from civilian society.

1G6. Hours of Work

1.23. Armed Forces Regular personnel and mobilised Reserves do not receive the full benefits of working hours legislation. They are required to be available for duty 24 hours a day and 365 days a year. They might be required to work unsociable or long hours. Further, they might not be able to take all their leave entitlement, or their booked leave might be cancelled at short notice.

1G7. Stress

1.24. Members of the Armed Forces Community might experience stress as a result of the other obligations and sacrifices of Service life. For Service personnel this might be exacerbated by the pressures of the work itself, including having to conduct operations in a range of unfamiliar, dangerous or distressing environments, and the importance of the work of protecting their country. Deployment abroad can be tough on family members, who might experience feelings such as loneliness or worry about the safety of loved ones deployed abroad. The Service partner might have the burden of acting as a single parent while the Service person is deployed. Families might also find themselves suddenly needing to take on additional caring responsibilities in the event of injury or bereavement. Members of the Armed Forces Community might suffer in silence and try to cope with issues alone, due to a perceived stigma of speaking up, or a belief that people outside the Armed Forces will not understand their experiences.

1H. Removing Disadvantages

Due regard to the principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the armed forces.

1.25. A disadvantage is when the level of access a member of the Armed Forces Community has to goods and services, or the support they receive, is comparatively lower than that of someone in a similar position who is not a member of the Armed Forces Community, and this difference arises from one (or more) of the unique obligations and sacrifices of Service life.⁸

1.26. This principle is that it is desirable to remove all such disadvantages arising for all members of the Armed Forces Community within scope of the Duty (defined in [section 1J](#)).

⁸ Note that disadvantages do not have to be uniquely experienced by the Armed Forces to be within scope. For example, non-Service children also sometimes move school during the school year.

However, it should not be assumed that everyone associated with the Armed Forces Community experiences disadvantages because of Service life. [Research](#) commissioned by the Forces in Mind Trust and the Local Government Association included a survey of the Armed Forces Community that found that 38% of respondents felt they had been disadvantaged at least once as a result of Service life, indicating that many had not been. Some members of the Armed Forces Community are more likely to experience disadvantage than others. For example, currently serving personnel and their families, due to their greater geographical mobility, may be more likely to experience related disadvantages than veterans who may be more settled in their communities.

1.27. The following chapters describe some of the ways that disadvantage can be experienced by the Armed Forces Community in the areas of healthcare ([chapter 2](#)), education ([chapter 3](#)), and housing ([chapter 4](#)). The unique obligations and sacrifices of Service life from which each disadvantage can arise are identified. Since 2011, when the Covenant was established in its current form, there have been many examples of best practice to remove, mitigate, or prevent incidents of disadvantage from arising. Some of these case studies are described in the healthcare, education, and housing chapters. These case studies do not prescribe mandatory actions, but they have been included to provide examples and ideas of the kinds of behaviours and actions that have resulted in a better experience for the Armed Forces Community.

11. Special Provision

Due regard to the principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

1.28. Special provision is the taking of actions that go beyond the support provided to reduce or remove disadvantage. These are actions that result in the provision of something bespoke, or something not normally available to the general public and the Armed Forces Community.

1.29. Special provision may be justified in some cases by the effects of the unique obligations and sacrifices of Service life, especially for those that have sacrificed the most, such as the bereaved and the injured (whether that injury is physical or mental). This contrasts with the previous principle aimed at removing disadvantages, which is for the benefit of the Armed Forces Community as a whole. This is because the Armed Forces Covenant is not about giving members of the Armed Forces Community advantageous treatment as a matter of course (see [section 1K](#)).

1.30. There are different ways that special provision could be given, when appropriate, including the following.

- a. Implementing a bespoke solution to mitigate an identified disadvantage, for the benefit of a group or individual that has sacrificed the most, where the solution goes above and beyond what is provided for the general public and most members of the Armed Forces Community.
- b. Offering something additional to a group or individual in the Armed Forces Community that has sacrificed the most, not to directly mitigate an identified disadvantage, but more as a general recognition of particularly sacrificial Service to

the country. An example of this is the Integrated Personal Commissioning for Veterans Framework, described in [section 2C7](#).

- c. Establishing different policies or procedures, for the benefit of a group or individual in the Armed Forces Community that has sacrificed the most. An example of this is the priority treatment commitment described in [section 2C1](#).

1J. The Armed Forces Community

1.31. The Duty applies to the following members of the Armed Forces Community, collectively defined in the Act as ‘Service people’:⁹

- a. members of the regular forces and the reserve forces;
- b. members of British overseas territory forces who are subject to Service law;
- c. former members of any of Her Majesty’s forces who are ordinarily resident in the UK; and,
- d. relevant family members [of those in (a) to (c) above].

1.32. These are therefore the groups of people that must be considered when complying with the Duty. These four groups are described below. The term ‘Armed Forces Community’ is used more commonly than ‘Service people’ in the context of the Covenant. Therefore, this Guidance uses the term ‘Armed Forces Community’, or just ‘the Community’, to mean the same four groups of people. Note that the functions carried out by specified bodies could have the potential to affect the whole of this Community, or groups or individual members within it.

1J1. Members of the regular forces and the reserve forces

1.33. Under the Act, the ‘regular forces’ are the Royal Navy, the Royal Marines, the regular Army and the Royal Air Force. This group therefore includes all currently serving members of these forces. Citizens of some other countries can join these forces, and they are included in this group.

1.34. This group also includes all currently serving members of one of the volunteer reserve forces (the Royal Naval Reserve, the Royal Marines Reserve, the Army Reserve and the Royal Auxiliary Air Force) or the ex-regular reserve forces (the Royal Fleet Reserve, the Regular Reserve and the Royal Air Force Reserve). The volunteer reserve forces are mainly made up of individuals who have civilian jobs and volunteer to serve as a reservist, which involves training in the evening and on weekends and annual training camps. The ex-regular reserve forces are made up of former members of the regular forces who have civilian jobs but are required to be a member of a reserve force for a set period and may have to undertake training to maintain or augment their skills. Reservists are liable to be compulsorily mobilised for set periods of full-time service, during which time they can be deployed in the same way as regulars; in practice reservists are mostly selected for mobilisation only if they agree to this in advance. Reservists do active service on operations alongside regulars, normally when they are serving under particular types of commitment or have been mobilised.

⁹ These four groups are collectively defined as ‘Service people’ in section 343B(1) of the Armed Forces Act 2006 for the purposes of Part 16A of that Act (Armed Forces Covenant).

1.35. This Guidance uses the terms ‘UK Armed Forces’, ‘Service person’ or ‘Service personnel’ for people in this group. Note therefore that the term ‘Service personnel’ has a different meaning to the term ‘Service people’. People in this group are in scope of the Duty wherever they are located – in the UK or abroad. This contrasts with veterans who are within scope of the Duty only if they are ordinarily resident in the UK (see [section 1J3](#)).

1J2. Members of British Overseas Territory Forces who are subject to Service law

1.36. A ‘British Overseas Territory Force’ is ‘any of Her Majesty’s forces that is raised under the law of a British Overseas Territory’.¹⁰ This group therefore comprises the **currently serving members of the British Overseas Territories’ Armed Forces**. For example, a member of the Royal Bermuda Regiment or the Royal Montserrat Defence Force. People in this group are not members of the UK Armed Forces. They are also not to be confused with British Forces Overseas, who are members of the UK Armed Forces that have been posted to other countries.

1.37. People in this group are in scope of the Duty when they are **subject to UK Service law**. This is while they are ‘undertaking any duty with or training with a [UK] regular or reserve force’.¹¹ There are times when a member of a British Overseas Territory Force is deployed to the UK for a period, for example, to deliver training to UK Armed Forces. They might also be accompanied by their family members depending on the duration of the posting. The UK Armed Forces take care of British Overseas Territory personnel in the UK.

1.38. While it might be rare for specified bodies in the UK to encounter these personnel, specified bodies should regard the British Overseas Territory Forces who are subject to Service law as part of the Armed Forces Community in terms of the Covenant Duty.

1J3. Former members of any of Her Majesty’s forces who are ordinarily resident in the UK

1.39. Under the Act, ‘Her Majesty’s forces’ means the UK regular and reserve forces and the British Overseas Territories’ Armed Forces. Therefore, included in this group are: **former members of the UK regular and reserve forces**, that is, former members of the forces listed in [section 1J1](#), noting this includes those who served in the UK Armed Forces as part of Wartime Conscription and National Service; and **former members of British Overseas Territories’ Armed Forces**. A former member of any of these forces is anyone who has served for at least one day. The term ‘Her Majesty’s forces’, as it is used in the Act, does not include the Armed Forces of other Commonwealth countries or wider groups such as the Merchant Navy. Therefore, former members of these other groups are not within scope of the Duty. (Though some could still be considered under the broader Covenant, see [section 1J5](#).)

1.40. People in this group are in scope of the Duty if they are **ordinarily resident in the UK**. The Act does not provide any further definition of ‘ordinarily resident in the UK’.

1.41. These individuals are also known as ‘veterans’ or ‘ex-Service personnel’, and this Guidance uses the term ‘veterans’ for this group. A [2017 study](#) estimated that there are 2.4

¹⁰ Section 343B(4) of the Armed Forces Act 2006

¹¹ Section 369 of the Armed Forces Act 2006

million veterans in Great Britain, making up an estimated 5% of household residents aged 16+,¹² and that veterans are estimated to be predominantly male (89%) and/or aged 65+ (60%), though both of these characteristics are changing as the veteran population becomes younger and more diverse.

1.42. There are several reasons why someone might leave the Armed Forces, such as expiration of contract, resignation, medical and compassionate reasons, and misconduct. No matter the reason for discharge, all such veterans benefit from the Covenant Duty.

1J4. Relevant family members

1.43. The definition of ‘relevant family members’ for the purposes of the Duty is set out in the Armed Forces (Covenant) Regulations 2022.¹³ Note that elsewhere in this Guidance, the term ‘Service families’ is used for ease of reference, therefore, references to Service families are references to ‘relevant family members’.

1.44. Service life primarily impacts on family members as a result of their cohabitation with, or dependency on, a member or former member of the Armed Forces. It is this connection that is therefore the basis of the definition. Functions carried out by specified bodies can affect different groups in different ways. Some functions may have the potential to affect some categories of family members more than others or not at all.

1.45. The following people are prescribed in the Regulations as relevant family members. They are family members of the people in the three other groups in scope of the Duty, and the term ‘Service members’ is used to mean all the people in these three other groups.¹⁴ That is, **‘Service members’ are the current members (serving personnel) described in [section 1J1](#) and [section 1J2](#), and the former members (veterans) described in [section 1J3](#)**. References below to Service members includes references to former Service members.

- a. **Partners:** This comprises the current and former spouses and civil partners of Service members, and any person whose relationship with a Service member is or was formerly ‘akin to a relationship between spouses or civil partners’, such as a cohabiting couple in a committed relationship. It should be remembered that Service members might be required to live away from their partner on posting or deployment for a considerable period (see [section 1G](#)), but this should not be taken as affecting whether they are in such a relationship. This group includes former partners as they can continue to be impacted by Service life following a break-up from a Service member, particularly if they have children together. Including former partners ensures they can receive appropriate consideration as they become independent of the Service member, for example, to take account of the former partner’s first re-location after the end of the relationship. This Guidance uses the term ‘Service partners’ for this group.

¹² The Censuses in England, Wales and Scotland now ask respondents whether they had previously served in the UK Armed Forces. This data will facilitate a more accurate understanding of the size and distribution of the veteran populations in England, Wales and Scotland.

¹³ The Armed Forces (Covenant) Regulations 2022 are made under section 343B(4) of the Armed Forces Act 2006.

¹⁴ This is the collective term used for these three other groups in the Regulations and in Section 343B(4) of the Armed Forces Act 2006.

- b. **Children:** This comprises children (including adopted children) under the age of 18 who are children of Service members or Service partners, and any other children under the age of 18 that are otherwise the responsibility of Service members or Service partners. A child is the responsibility of a Service member or Service partner if the Service member or Service partner has parental responsibility for the child, if the child is wholly or mainly financially dependent on the Service member or Service partner, or if the child is someone for whom the Service member or Service partner has assumed regular and substantial caring responsibilities (such as a foster child). This Guidance uses the term ‘Service children’ for this group.

Whilst the impact of Service life on children of serving members of the Armed Forces may be more easily apparent, children of veterans are included as they can experience disadvantages arising from Service life after their parent(s) have left Service. This could be the continuation of a disadvantage first experienced while their parent(s) were in Service, or a new disadvantage experienced due to the family’s resettlement out of the Armed Forces into civilian life.

Note that, while all Service children under 18 fall within the definition of relevant family member via this ‘Children’ category, upon turning 18 they will continue to meet the definition of relevant family member as a ‘Relative’ if they meet any of that category’s three criteria (i)-(iii) (that is, if they have a dependency on the Service member or Service partner).

- c. **Relatives:** This comprises the relatives (including through adoption) of Service members or Service partners that are:
- (i) **living in the same household** as the Service member. Service members might be required to temporarily live elsewhere, either for a set period of time or during the working week, due to postings or deployments (see [section 1G](#)). In such cases, where the relative would otherwise be living with the Service member (but for the fact the Service member is away for Service reasons) they are still to be considered a member of the Service member’s household; or
 - (ii) **wholly or mainly financially dependent** on the Service member or Service partner; or
 - (iii) someone for whom the Service member or Service partner **has assumed regular and substantial caring responsibilities**, such as those with additional needs who may be otherwise unable to care for themselves.

The term ‘relative’ means:

- (a) a parent, step-parent, son, daughter, stepson, stepdaughter, grandparent, step-grandparent, great-grandparent, step-great-grandparent, grandchild, step-grandchild, great-grandchild or step-great-grandchild;
- (b) the brother, sister, uncle, great-uncle, aunt, great-aunt, niece, great-niece, nephew, great-nephew or first cousin (whether of the full blood or of the half blood or by marriage or civil partnership);
- (c) any person aged 18 or over who was the responsibility of the Service member or Service partner as a child. Being the responsibility of a Service member or Service partner has the same meaning as in the ‘Children’ category above. This ensures this group will continue to be relevant family members when they are adults where there is a level of dependency.

- d. **Bereaved family members:** When a Service member is deceased, this comprises any person who was a relevant family member under one of the above categories immediately before the Service member's death.

1J5. Groups not within scope of the Duty

1.46. For the purposes of the Duty, the Armed Forces Community includes only the four groups above. For Covenant issues that are not part of the Duty, the Armed Forces Community may be defined more broadly. Therefore, in the spirit of the Covenant, although not bound by the Duty to do so, specified bodies may also wish to consider the needs of individuals within these wider groups if individual circumstances merit it. Included in these wider groups are members of the Merchant Navy that have seen duty on defined military operations, and wider family members not within scope of the definition of 'relevant family members' above.

1.47. Some groups are not within scope of either the Duty or the broader Covenant. The Armed Forces of other nations, such as NATO and Commonwealth countries, are not within scope of either the Duty or the broader Covenant (the only other countries in scope are British Overseas Territories). Also, Cadets and Adult Volunteers in the Cadet Forces are not members of the UK Armed Forces, and are not within scope of either the Duty or the broader Covenant.

1K. The Armed Forces Covenant Duty: What it is not

1.48. The Covenant Duty is not prescriptive about the approach a specified body should take in order to comply with their legal obligations. It also does not mandate that any particular conclusions are reached or specific public service delivery outcomes achieved as a result of that consideration. The actions and outcomes that bodies deem appropriate will vary across the country depending on local circumstances.

1.49. The Covenant Duty does not abolish or replace existing Covenant pledges and other commitments. Public and private bodies will still be encouraged to honour these. Similarly, the Covenant pledge will remain open for new bodies to sign up to, should they wish to do so, as there are matters within scope of the wider Covenant that have not been brought within the legal Duty, including the following.

- a. The Duty only applies to specific functions in healthcare, education, and housing. Other functions in these three areas, and functions in other, unrelated areas, are not within the scope of the Duty, though may still be relevant to the wider Covenant.
- b. The Duty only applies to specified bodies. Many organisations that have signed the wider Covenant pledge are therefore not within scope of the legal Duty at all.
- c. The Duty applies to specific groups in the Armed Forces Community. Other groups in the Community may be included within the purposes of the wider Covenant.

1.50. Some issues affecting the Armed Forces Community are not covered by the Covenant so cannot be within scope of the Duty. The Covenant's purpose is to address the negative experiences of the Armed Forces Community, arising from Service life, in the provision of public and commercial services. Many matters affecting the Armed Forces Community do not fall within this category.

1.51. The Covenant Duty does not supersede or replace any other statutory requirement. Those subject to the Duty must balance the requirements of the Duty with the need to deliver services more generally and the need to satisfy other statutory requirements, such as the Public Sector Equality Duty in England, Scotland and Wales, or the statutory duty on public authorities regarding equality of opportunity in s.75 of the Northern Ireland Act 1998.

1.52. Advantageous treatment as a matter of course is not within scope of the Duty, such as offering discounts to all through the Defence Discount Service, or to a broad group through the Veterans Railcard. However, bodies are still free to implement such schemes as part of their support to the Armed Forces Community. Similarly, the Duty does not give an individual any automatic right to the best house, best school, or to jump a queue. However, special provision can sometimes be justified (see [section 11](#)).

2. Healthcare

Summary

2.1. The provision of healthcare to full-time Service personnel is split between the Ministry of Defence and the NHS. Reservists, veterans, and Service families normally receive healthcare via the NHS, while veterans also have access to some dedicated and bespoke support services ([section 2A](#)). People in the Armed Forces Community mostly have similar levels of health to the general population, though some veterans have particular healthcare needs arising from Service. Healthcare disadvantages arising from the unique obligations and sacrifices of Service life are most likely to be experienced by Service families and veterans. They include the following.

- a. **Challenges in accessing healthcare, or the right kind of healthcare.** Service families and veterans might find it harder than non-Service patients to gain access to the healthcare they need, if:
 - (1) healthcare bodies lack awareness of the composition of their local Armed Forces Community and their healthcare needs ([section 2B1](#));
 - (2) healthcare professionals do not know which of their patients are veterans ([section 2B2](#));
 - (3) healthcare professionals do not fully understand, or have experience of treating, health conditions arising from Service ([section 2B3](#));
 - (4) healthcare professionals are unaware of the healthcare services provided for veterans by the NHS, local authorities and third sector ([section 2B3](#));
 - (5) Service families re-locate for Service reasons and lose access to services they received in their previous location ([section 2C5](#));
 - (6) Service families re-locate for Service reasons and lack knowledge of the healthcare and support services available to them in their new local area ([section 2C5](#)); or
 - (7) Service families re-locate for Service reasons and lose access to healthcare professionals with whom they have an established relationship, and who have experience of treating them and understand their individual healthcare needs ([section 2C6](#)).

- b. **Delays in receiving treatment.** Service families might have to wait significantly longer for treatment if they are required to re-locate for Service reasons, and:
 - (1) having already spent time on a waiting list in their previous location, they are placed at the back of the waiting list in their new location ([section 2C2](#));
 - (2) they have to join a waiting list to resume treatment that had begun at their previous location ([section 2C3](#));
 - (3) health professionals in the new location decide to conduct a reassessment ([section 2C4](#));
 - (4) there are delays relating to support for Service children with additional needs ([sections 2C4](#) and [3H](#));
 - (5) there is a lack of clarity as to which funding arrangements apply after a re-location ([section 2D](#)); or
 - (6) insufficient information is passed between health systems and healthcare staff, or there are delays in passing on information ([section 2E](#)).

2A. The Armed Forces Community and public healthcare services

2.2. Responsibility for the healthcare of **full-time Service personnel** is split between the Ministry of Defence and the NHS. MOD's Defence Medical Services provides a range of healthcare services for Service personnel in the UK and overseas, including primary care and mental health care. Secondary care, such as specialist referrals, hospital admissions and emergency care, is normally provided by the NHS.¹⁵

2.3. **Veterans** primarily receive their healthcare from the NHS, while also having access to some dedicated and bespoke support services. Most veterans have similar levels of health to the general population, but a small minority require ongoing care due to the effects of their Service. Veterans might have healthcare requirements resulting from Service, or they might have pre-existing issues exacerbated by Service.

2.4. **Reservists** that are mobilised into a period of full-time Service receive occupational health advice and care from Defence Medical Services. When not deployed on full-time Service, their healthcare needs are primarily the responsibility of the NHS.

2.5. **Service families** normally receive their healthcare via the NHS in the same way as non-Service families, though they can sometimes receive care from Defence Medical Services. Therefore, Service families living and moving with the Service person are usually required to register with an NHS GP, and access treatment from a dentist, in each location.

2.6. The following sections describe some of the ways that disadvantage can be experienced by the Armed Forces Community in different areas of healthcare. The issues described are not exhaustive as other issues might arise for a variety of reasons.

2.7. Case studies in text boxes have been included as helpful illustrations of some of the ways that bodies have helped to mitigate these disadvantages or, where appropriate, made special provision. **These case studies do not prescribe mandatory actions**, but they have been included to provide examples and ideas of the kinds of behaviours and actions that have resulted in a better experience for the Armed Forces Community, and which bodies might wish to consider when complying with the Duty.

2B. Understanding the healthcare needs of the local Armed Forces Community

2.8. Healthcare bodies and professionals will need to understand the healthcare needs of the local Armed Forces Community. Without this, the Armed Forces Community might experience **challenges in accessing healthcare, or the right kind of healthcare**.

2B1. Understanding local need in order to plan the provision of healthcare services

2.9. Healthcare bodies with a planning or commissioning role are heavily dependent on having a detailed understanding of local population demographics. Members of the Armed Forces Community can be present anywhere in the country. Healthcare bodies should

¹⁵ For more information, see [Healthcare for the Armed Forces community: a forward view](#)

therefore have a good awareness of the composition of their local Armed Forces Community and their healthcare needs. This can include local authorities when undertaking their role in producing Joint Strategic Needs Assessments or Population Needs Assessments, which look at current and future health and care needs of local populations.

Re-assessment of Local Needs

- Following the closure of RAF Cottesmore and the establishment of Kendrew Barracks (an Army base), Rutland County Council identified the need to reassess its health offer to the new Armed Forces Community. The Council's Armed Forces Officer and Public Health team worked with local units to conduct a health needs assessment to understand the different needs of an RAF station vs an Army base, how those needs differ to the local civilian population, and whether military and civilian health services could meet the new demand. It established the local population and their health needs – particularly those impacted by Service life. It used literature reviews for health conditions, policy reviews, primary qualitative data collection (in the form of interviews and focus groups) and quantitative analysis. National data, as well as local data, was used. A [report](#) was published, and a Health & Wellbeing Board was dedicated to the health needs of the Armed Forces Community. The report informed the Council's Joint Strategic Needs Assessment.
- Concerns were raised by the local Armed Forces Community in West Norfolk that there was insufficient dental service provision near the local base, RAF Marham. The views of families, supported by research from Healthwatch Norfolk into local health provision and user needs, were fed into the Norfolk Health Overview and Scrutiny Committee, ensuring the commissioning process reflected local, as well as regional, needs. Led and negotiated by the Norfolk Armed Forces Covenant Board, partner organisations then collaborated to find a solution to meet those needs. NHS England worked closely with RAF Marham and the Defence Infrastructure Organisation to address the gap by opening the first NHS dental practice based on an MOD site.

Conducting Research to Understand Local Armed Forces Healthcare Needs

- Harborough Locality Integrated Leadership Team has representatives from public and third sector organisations working to enhance individuals' health and wellbeing experiences through collaborative working. A Local Authority and HealthWatch survey of Armed Forces Community members found that many respondents had mental (22%) and physical (29%) health issues directly related to Service, but felt they had a lack of support, access, and understanding from their public service providers. The Locality Integrated Leadership Team responded to the survey findings and reached out to the NHS to improve this experience. They worked with Armed Forces officers and case workers providing healthcare support to members of the Armed Forces Community. The result was an online training workshop to improve health practitioners' awareness of Service life and related health concerns. Anecdotal evidence showed increased engagement with Armed Forces Community clients and referrals to specialist providers.

- Hertfordshire Armed Forces Covenant Board worked with Healthwatch Hertfordshire to undertake to conduct a survey, interviews, and focus groups with 100 local veterans, as well as NHS professionals, funded by Hertfordshire Public Health. This led to an action plan, including action to increase understanding of Service life and the Armed Forces Covenant among secondary care practitioners, promotion of Veteran Aware to local hospitals, and the Royal College of General Practitioners' Veteran Friendly GP Practice scheme to local surgeries.
- Rutland County Council led tri-Council work (with Harborough and South Kesteven District Councils) to commission HealthWatch to create a user-friendly survey of the military community online and on paper over a four-month period. The Rutland Armed Forces Officer worked closely with HealthWatch to construct the survey and promote completion across the community. Supported by a communications strategy (social media, radio, posters, and visiting bases), this led to 700 verified responses and a [report](#) that assisted in policy changes.
- In 2020, research by the Veterans' Gateway found that, out of all issues facing the veteran community, at least 23.27% of searches on its online portal were for mental health services, and at least 6.75% of searches were for physical health issues. In order of highest number of searches, veterans were most concerned about: accessing support; support groups; treatment; drug, alcohol, and rehab services; bereavement; home and physical mobility aids; GPs; blindness; limb loss; and end of life care.
- Reports are also available from wider experts and Armed Forces advocates that identify issues for veterans and families, and make recommendations over how public bodies can respond. For example, the Scottish Veterans Commissioner's reports [Veteran's Health & Wellbeing A Distinctive Scottish Approach](#) and [Are We Getting It Right?](#)

2B2. Identifying service users from the Armed Forces Community

2.10. An awareness by the specified bodies of those using their healthcare services who are members of the Armed Forces Community will help to improve the way in which their needs are met. While many veterans are forthcoming about their Service history and the issues they faced, making it simpler for healthcare professionals to recommend treatment pathways, this is not always the case. Some veterans may be less likely to seek out support services and can be reluctant to reveal their prior life in Service, and less forthcoming about the nature of their injuries. This could be because:

- a. They feel a stigma in accessing support, either because it is perceived that accessing support could bring shame on them or the unit they served in, or they believe they are not entitled to the support they require.
- b. They believe that civilian healthcare providers will not understand or support them.
- c. They lack awareness of the support available to which they are entitled.
- d. They might not regard themselves as a veteran, for example if they served a very short amount of time, or if they view their time in Service as a job that was in the past, and not something that affects their current life.
- e. There might be issues in their local area which make it difficult to access support. For example, veterans in parts of Northern Ireland might be particularly unwilling to

come forward and access dedicated support, for fear of stigma and/or recrimination.

Therefore, healthcare professionals might not know which of their patients are veterans, making it less likely that they will be provided with the right kind of healthcare.

Improving Identification of Veterans on NHS Systems

- In 2018, in response to data highlighting the veterans' code was applied to veteran patients in only 7.9% of cases, Prof. Alan Finnegan created a [study](#) to find ways to motivate veterans to notify primary care staff of their veteran status or register with a GP, and to improve primary care staff's understanding of veterans' health issues. The study found that, after a 6-week intervention period centred on an advertising campaign, the number of patients with a veteran code increased by 200% (180 to 537 in Lancashire).
- Gateshead Armed Forces Network identified that there were very low numbers of veterans registered and coded at GP practices in Gateshead, and Newcastle Gateshead Clinical Commissioning Group (CCG) agreed to carry out a project to increase this. From 2014-15, the project involved the CCG including veteran identification as one of its Quality Indicators that practices could choose to focus on. During 2016-17, veteran identification was also added to the CCG's master templates installed on all practice clinical systems. At the start of the project there were only 368 veterans registered, identified and coded in Gateshead. By February 2019 this had increased to over 7000. As a result of this, GP practices in Gateshead can now better identify veterans with long-term conditions which might be due to Service. This means veterans can then be sent to appropriate NHS services, which could be veteran-specific. The CCG has also been working to further share and extend this best practice across Newcastle, and across the North East Armed Forces Forum (covering 12 local authority areas).

2B3. Healthcare professionals' knowledge of healthcare issues relevant to the Armed Forces Community

2.11. The unique obligations and sacrifices of *danger* and *stress*¹⁶ can result in members of the Armed Forces Community (including veterans and Service families) requiring treatment for physical or mental injuries arising from Service, or for pre-existing issues exacerbated by Service. Service in the Armed Forces may result in a number of conditions, including:

- a. Sensory disorders (such as hearing loss).
- b. Musculoskeletal injuries such as fractures, dislocations, and other conditions.
- c. Amputations, wounds, scarring and non-freezing cold injury (NFCI).
- d. Mental disorders (such as stress, anxiety and depression, post-traumatic stress disorder (PTSD), or moral injury). Some veterans might suffer from Dual Diagnosis, consisting of mental disorder related to Service caused by trauma experienced during active Service, and substance self-medication to manage this.

¹⁶ The unique obligations and sacrifices in *italics* throughout this chapter are explained in [section 1G](#).

2.12. Healthcare professionals might not fully understand the health conditions that can arise from Service, or they might not have experience of treating them. Healthcare professionals might also be unaware of the services provided for the Armed Forces Community by the NHS, local authorities and third sector. These issues can result in members of the Armed Forces Community not being able to access healthcare, or the right kind of healthcare. Ensuring healthcare staff have an awareness of the healthcare services available, and that they and their establishments signpost the Armed Forces Community to these services, can lead to improved health outcomes.

Improving GPs' Awareness of their Local Veteran Healthcare Needs

- In response to concerns identified by the Armed Forces Community and associated groups, the Royal College of General Practitioners (RCGP) and the UK Government conducted research into ways to better equip GPs with the knowledge to serve the veteran community and their families in their local area. Research identified that it was difficult to identify and manage veterans and their families, which prevented them identifying health issues and signposting them to relevant support as required. It also identified that, in some cases, more awareness of the support services, both within the NHS and externally, was required. The RCGP and UK Government created the veteran-friendly accreditation. This is a voluntary initiative. Accreditation is currently open to GP practices in England, though the RCGP is working with the Devolved Administrations to extend the programme. Accreditation lasts for three years and requires GP practices to do the following.
 - Ask patients registering with the surgery if they have ever served in the British Armed Forces.
 - Code it on the GP computer system.
 - Have a clinical lead for veterans in the surgery, to undertake dedicated training, stay up-to-date with the latest research and innovations, ensure that the practice is meeting the health commitments of the Armed Forces Covenant, and provide advice to colleagues, as well as possibly seeing veterans themselves.
 - Practices should have a Care Quality Commission 'good' rating or higher.
- Westfield Surgery in Leominster, Herefordshire, is accredited as veteran-friendly. By going through the accreditation process, it has been able to support Armed Forces patients in a way it would not otherwise have done. It has a nominated clinical lead for veteran health. It has supported a number of patients through fast-tracking treatment for a military-related injury, and has been able to put lonely veterans in touch with appropriate social contacts. It has established links with local military charities and support agencies. It has successfully encouraged veterans to identify as such on the surgery's systems, for example the telephone messaging asks patients that are veterans to make the surgery aware. Through ongoing training of its staff, it continues to improve its awareness of the specific needs of the Armed Forces Community, enabling correct support or care pathways to be followed.

Creating a Toolkit for GPs to Improve Services for Veterans

- The RCGP worked in partnership with NHS England and NHS Improvement, consulting the Ministry of Defence and other stakeholders, to conduct and collate

research into the healthcare needs of veterans and their families. The RCGP published its findings in the form of a [toolkit](#) that could be used by GPs to help meet veterans' healthcare needs. The toolkit includes the following.

- Information on the Armed Forces Covenant and NHS Constitution.
- A list of dedicated services for veterans and contact information, both inside and outside the NHS.
- Information on the nature of veteran-sustained physical and mental health injuries.
- Information on requesting a veteran's medical records from the Armed Forces.
- Learning resources, such as webinars, podcasts, and videos.

Training of Healthcare Staff about Armed Forces Issues

- NHS Education for Scotland identified a lack of awareness in frontline health practitioners of how Service life impacts members of the Armed Forces Community. It approached NHS Highland and the Department for Community Mental Health to develop and trial a 4-hour, online training session on the Armed Forces Community for final-year trainee GPs. Training covered the journey of a Service person through the Defence and NHS medical systems, the barriers and challenges potentially facing veterans and Service families, and introduced the Armed Forces Covenant. It was supported by Q&A sessions. Training also included a GPs' toolkit, links to research hubs and papers on Armed Forces Community healthcare issues, such as non-freezing cold injury. Feedback was positive, with trainees noting it had not been covered in medical school or GP training.
- York St John University has delivered training courses to public service workers in local authorities and health services, who had identified a lack of awareness and understanding of Service life. Participants received resources and training from the University and BLESMA (Military Charity for Limbless Veterans) to better support veterans and their families. The training benefitted those in occupational therapy, physiotherapy, counselling, and psychology.
- The Sussex, Kent & Medway (NHS) Armed Forces Network runs its award-winning, CPD-accredited, [Service Champions Training](#), for attendees from the NHS and other organisations such as local authorities. There are about 50 attendees per month. It is delivered in partnership with local reservists, veterans, and military charities. It is designed for people interested in the services they offer becoming more focussed on the Armed Forces. Through the training, a support network of Service champions is formed to help further develop knowledge and skills across different organisations.
- Some health bodies use internal communication methods to promote Armed Forces Community issues and the Armed Forces Covenant among their staff. In Wales, this has been realised, in part, by the [Welsh Health Circular](#) – a detailed instruction to all health boards and staff in Wales which outlines key information on topics such as identification of veterans, the Covenant, mental health, the Veterans' gateway, limb loss and adaptations.

- NHS Highland also developed an internal, bi-annual newsletter about healthcare and the Armed Forces Community, providing definitions (e.g. what is a veteran), a directory of useful contacts, and upcoming events. It also developed an intranet site with a repository for resources, tools, and information.

Sharing Good Practice Between Healthcare Providers

- In 2014, [The Chavasse Report](#) analysed care provided to the Armed Forces and veterans to find ways to improve care while raising NHS standards. One of its recommendations was to create a support network of hospitals. This led to the creation of the Veterans Covenant Healthcare Alliance and their Veteran Aware accreditation programme, and the eight manifesto standards that healthcare providers use to aim to improve the healthcare that veterans, and the wider Community, receive from the NHS. The Alliance works closely with NHS Improvement, NHS England, Service charities and the Ministry of Defence. The Alliance seeks to showcase high quality veterans' healthcare, and support NHS Trusts to learn from each other by sharing good practice. This includes committing to the Armed Forces Covenant, raising awareness among staff of veterans' healthcare needs, and establishing clear links with Service charities and local support providers.

2C. Provision of services

2C1. Priority treatment

2.13. Members of the Armed Forces Community might suffer physical or mental injuries caused by the unique obligations and sacrifices of *danger* and *stress*. The prioritisation of their care by healthcare providers is always subject to clinical need and will be clinically determined. Members of the Armed Forces Community are not entitled to jump the queue ahead of someone with a higher clinical need. However, there is a commitment that veterans in Great Britain may be considered for priority access to NHS services providing focused treatment for conditions arising from their Service, compared to non-Service patients with the same level of clinical need. This is a clinical decision made by the relevant physician. More information about prioritisation, and veteran-specific services through the NHS, is available for [England](#), [Wales](#) and [Scotland](#).

2C2. Waiting lists to start treatment

2.14. Due to the unique obligation and sacrifice of *geographical mobility*, Service families on a waiting list for treatment, or other health services, in one area might be required to move to another area before they are treated. If they are placed at the back of their new waiting list, the Service family might experience **delays in receiving treatment**, and they might have to wait significantly longer for treatment compared to non-Service families who are able to stay in one place. If these waits are further exacerbated by subsequent moves, the Service family could wait years for treatment.

2.15. While the fundamental NHS principle of treatment on the basis of clinical need remains paramount, healthcare staff should be aware that patients from the Armed Forces Community might have already waited a considerable time for treatment in another locality and that their re-location might not have been made by choice. As such, healthcare staff may wish to consider total time spent on waiting lists, both inside and outside the local area, and ensure that the Service family keeps its relative place on the waiting list in their new area, when possible.

2.16. Specified bodies will also find it useful to consider if transfers between providers' waiting lists can be requested to ensure that relative places on waiting lists are maintained. Failing this, the sharing of appointment letters and making specific requests to retain places on waiting lists might also help significantly.

2.17. If a decision on waiting lists can only be made with information provided by the previous clinician, then providing information on the length of time the patient has already waited can help the patient's new clinician in the prioritisation process.

Accounting for Time Spent on Previous Waiting Lists

- One Service child had had his orthodontic treatment delayed multiple times due to the family being required to move. Each re-location was after he had moved close to the top of a waiting list in their current area. NHS England investigated the family's concerns, and agreed to liaise with the local NHS primary care service to ensure that the Service child's new treatment time reflected time already waited.

2C3. Waiting lists to resume treatment

2.18. Some health conditions or treatments are of long duration, and the Service family might have to re-locate while in the middle of receiving the course of treatment, or other health services. In this case, the treatment could be interrupted if they have to join a waiting list to resume the treatment in their new location. Healthcare bodies will find it useful to consider how treatment plans can continue with minimal disruption, and continuity of care can be maintained, after re-locations.

2C4. Reassessments

2.19. If a Service family re-locates to a new area due to the unique obligation and sacrifice of *geographical mobility*, the health professionals in the new location might decide to conduct a reassessment of a family member's condition. Health professionals should be aware that the family member might have already experienced a prolonged wait time for treatment, and so any decision to conduct a new assessment, or 'go back to square one', could **add additional delays to their treatment, or cause them additional stress**. In some cases, the Service family member might subsequently be required to move again before treatment can commence or resume.

2.20. This can be a particular concern for those Service children with additional needs. Delays to assessments or reassessments associated with the authorisation of statutory plans can see Service children with such needs suffer a **delay in the provision of support** (see [section 3H](#)).

2C5. Local variability in healthcare services

2.21. The provision of healthcare services varies locally and across the different home nations of the UK, to reflect different local approaches to healthcare, and different needs and priorities. Therefore, when members of the Community are required to re-locate, they could move to an area with different healthcare services or access criteria. This could lead to a **lack of access to special services**, such as Speech and Language Therapy, Occupational Therapy, and Child and Adolescent Mental Health Services, that were being provided to the Service family in their previous location.

2.22. The local variability in services, along with the possibility of *unfamiliarity with civilian life*, could also lead to a **lack of knowledge** amongst the Armed Forces Community of the healthcare and support services available to them in their new local area, thereby affecting their ability to access local healthcare services.

Signposting of Services

- [Forces Connect](#) is a free mobile app that signposts veterans, Armed Forces personnel, Reservists and their families to support and advice on a range of important issues including health, housing and education in their local area. It was developed by [Forces Connect South East](#), a cross-border partnership comprising local authorities in the south east region, local Armed Forces representation, Service charities, and the local NHS Armed Forces Networks, with initial funding from the Armed Forces Covenant Fund Trust. Evaluation has shown that the app, which is currently used by over 11,000 people including the Armed Forces, increased staff confidence and their ability to help the Armed Forces Community.
- Identifying a local lack of awareness of available health services among the Armed Forces Community and health professionals, the Suffolk Covenant Group created a [webpage](#) on their Suffolk Military Covenant website that provides a list of health services available to the Armed Forces Community in the NHS and charity sectors. Both mainstream (Samaritans, NHS) and bespoke, exclusive services (Op COURAGE) are listed with clear explanations and links.
- Rutland County Council and Harborough District Council share a dedicated 'Armed Forces Officer' whose role is to support the local Armed Forces Community. The officer can help with access to healthcare, as well as education and school placements, employment and training opportunities, and access to housing and accommodation.
- The Armed Forces Network and NHS providers in Kent and Sussex have also identified a need to make information accessible to those in the Armed Forces Community with knowledge or language barriers, and has created a public service [toolkit](#) for the Gurkha community.

2C6. Relationship with healthcare professionals

2.23. Due to the unique obligation and sacrifice of *geographical mobility*, Service families might have to leave a location where they have an established relationship with

their local healthcare professionals. While Service families could continue to see the same healthcare professionals after they move, in practice this can be unrealistic, and they will usually need to receive care from new healthcare staff, and register with a new GP practice. Where that is the case, although medical records are transferred between healthcare providers, the Service family can **lose access to healthcare professionals with whom they have an established relationship, and who have experience of treating them and understand their individual healthcare needs**. Should they subsequently return to the area, they might find they are unable to re-register with their original GP if the register is full.

2C7. Provision of tailored services

2.24. Sometimes, bespoke healthcare services or care pathways may be justified to meet the distinct needs of the Armed Forces Community. Alternatively, it may be beneficial to tailor health advice to members of the Armed Forces Community to take account of the unique obligations and sacrifices of Service life.

Provision of Bespoke NHS Health Services

- [Op COURAGE](#) is NHS England's bespoke mental health treatment pathway for veterans. This comprises the Mental Health Transition and Liaison Service, High Intensity Service and Complex Treatment Service. Op COURAGE is a national scheme that sees NHS staff working with those in the Service charity sector to deliver therapy, rehabilitation services and, in extreme cases, inpatient care, to hundreds of veterans each year. Those needing urgent help receive same-day referrals. Working with charities helps NHS staff understand the experiences and issues faced by veterans. It also provides a clear pathway for veterans to access and helps to integrate veterans with mental ill health back into everyday life.
- NHS England's Veterans Trauma Network supports veterans with Service-related injury and illness to access appropriate care. The Network works alongside Op COURAGE. The Network provides personalised treatment within the NHS, staffed by military and civilian clinicians who understand the military environment and specialise in military healthcare, and assists families and carers of veterans with physical health problems to access appropriate support services. NHS Wales also operates a Veterans Trauma Network.
- The [Veterans NHS Wales](#) service is a specialised, priority service for veterans in Wales experiencing mental health difficulties resulting from their Service in the Armed Forces. The service was formed in response to the specific and evolving needs of veterans. Not only does the service tackle the disadvantage resulting from their time in the Armed Forces, it also provides specific treatment pathways for unique conditions. [Veterans First Point](#) provides a similar service for veterans living in Scotland.

Provision of Bespoke Services in the Community

- The Integrated Personal Commissioning for Veterans Framework (IPC4V) is a personalised care approach for a very small number of veterans with complex and enduring physical, neurological and mental health conditions resulting from injury

whilst in Service. The bespoke care they receive ensures they are effectively supported as they transition to civilian life and beyond.

- In Tameside, an allotment project provides veterans with mental health issues, addictions, or isolation, a place to engage in physical activity while having a network of support. In Rhondda Cynon Taff and Vale of Glamorgan, a free movie night was set up for veterans and their families to support those with PTSD who were triggered by local fireworks. Both councils also secured external funding to enable veterans suffering from loneliness, who were prevented from attending their weekly meetup support groups during Covid-19, to purchase computer tablets. Training to use the tablets was provided, and the tablets were linked to a live events calendar.
- Veterans First Point drop-in services are available in six health areas in Scotland, developed by veterans and clinicians for veterans. This offers a 'one stop shop' for help and assistance to veterans and their families, no matter what that need might be, not just for physical or mental health issues, but for housing, socialising, education, employment, and other issues. Veterans can access support centres and in some cases are assigned a peer support worker who can recommend therapies, make referrals, navigate veteran support services or assist with practical steps to get veterans back on their feet.
- Surrey Fire and Rescue Service worked with partners to set up a monthly hub at the Surrey Fire Service. The hub provides a safe place for members of the Armed Forces Community to come together, share stories, make friends and access relevant support (particularly around health and welfare). The hub plays a significant role in establishing a network of likeminded veterans who have not only benefitted from the regular camaraderie and friendly interaction, but on several occasions received life-saving support, a new job and help to find housing.

2D. Planning and funding

2.25. Due to the unique obligation and sacrifice of *geographical mobility*, Service families might be posted abroad. If local service provision abroad is inadequate, overseas Service families might have their healthcare delivered by the Ministry of Defence, through the Defence Medical Services. If local service provision is adequate, international agreements might be in place for free or discounted healthcare services to be provided to the Armed Forces and their families.

2.26. When Service families overseas are then posted back to the UK, they might experience **delays in receiving treatment, or a refusal of treatment**, if it is not clear which funding arrangements should apply to them. The rules for what services are available, and who is eligible for them, might also differ within different areas, and between the four nations of the UK.

Mid-treatment Patient Returning from Overseas

- A Service child had been undergoing orthodontic treatment while living in Saudi Arabia. When she returned to the UK, five more treatments were still required until the work was completed. As the original moulds were lost, it could not be ascertained whether she would have met the NHS Index of Orthodontic Treatment Need criteria for treatment. Without this proof, the NHS Business Services Authority refused approval for NHS treatment. Defence Primary Healthcare could also not offer any solution. The family approached two orthodontic practices who both said that she did not meet NHS treatment criteria, which was to be expected because she had already been having treatment. The Army Families Federation worked with NHS England and the NHS Improvement Armed Forces Commissioning team and dental commissioners, where it was agreed that the orthodontic work could be completed under NHS funding.

2E. Co-operation between bodies and professionals

2.27. If, when Service families are required to re-locate, insufficient information is passed between health systems and healthcare staff, or if there are delays in passing on information, this can cause distress, impact continuity of care, and cause **delays in receiving treatment**, or the Service family might even have to start again.

2.28. For personnel transitioning out of Service, Defence Medical Service's integrated digital platform 'CORTISONE', currently being developed, will enable medical records to be safely transferred from Defence Medical Services to the NHS. This will assist practitioners to deliver a consistent and effective standard of care, ensure that assessments better reflect patient histories, and reduce possible disruption to medical care access when leaving the Armed Forces.

2.29. In Scotland, under section 23 of the Education (Additional Support for Learning) (Scotland) Act 2004, education authorities can request help from other agencies in their exercise of functions under that Act. Health Boards in Scotland might be called upon to support education authorities in this way. More information is given in [section 3H](#).

3. Education

Summary

3.1. Service children are normally educated in state-funded schools in the same way as non-Service children. Service personnel, and almost all veterans and Reservists, do not normally themselves engage with the state-funded education sector, unless as the parent of a child in a state-funded school ([section 3A](#)). Many Service children thrive, but the following education-related disadvantages can arise for Service children.

- a. **An interrupted education** can arise if a Service family is required by the Armed Forces to re-locate, and moves between schools are not well managed ([section 3C](#)), or if the child is placed in a new school that uses different curriculums or different exam boards, or if they experience multiple moves at important stages in their education. A child's educational attainment can also be affected if they have to help care for other family members while a serving parent is deployed, and if their mental wellbeing is affected (see below). ([Section 3D](#))
- b. **A disrupted social experience** can arise if a Service family is required by the Armed Forces to re-locate, and the child has to make new friendships in a new school. If the child is not able to be placed in a school inside their local community, they might find it harder to develop out-of-school friendships, or access extra-curricular activities at school. ([Section 3E](#))
- c. **Mental wellbeing can be affected** by a disrupted social experience and the other disadvantages, by losing access to support structures such as friends and teachers, due to a re-location, or if they are unable to be placed in the same new school as their siblings. The separation from a serving parent, and worry for their safety, also affects wellbeing. ([Section 3E](#))
- d. **A longer journey time to school, or a more difficult journey**, can result if a Service family is required to re-locate outside the normal admissions round, and the child cannot be placed in a school close to their new home. ([Section 3F](#))
- e. **Being unable to take holidays with parents during normal school holiday periods** if the serving parent can only return home during term-time ([Section 3G](#))
- f. **Delays relating to support for Service children with additional needs.** ([Sections 2C4](#) and [3H](#))

3.2. A Service partner might have to **take on burdens** such as transporting the child to school, and they might consequently suffer disadvantages such as finding it harder to continue their own employment. ([Section 3F](#))

3.3. Knowledge of which of the children in their school(s) are Service children will underpin successful responses to these issues by the specified education bodies ([section 3B](#)). In England, the Service Pupil Premium is also available to help ([section 3I](#)).

3A. The Armed Forces Community and state-funded education services

3.4. Most **full-time Service personnel, Reservists** and **veterans** do not normally themselves engage with the state-funded education sector, unless as a parent of a child in a state-funded school. Though, as eligibility to join the Reserve Services begins at 15 years and 9 months,¹⁷ some Reservists may be in state education. Also, in England, where there is a statutory duty to participate in education or training until one's 18th birthday, veterans might also require state-funded education should they be released from Service before they are 18.

3.5. **Service children** are normally educated in state-funded schools in the same way as non-Service children. Many thrive, but they can suffer a range of educational disadvantages as a result of Service life. Service children might have to move school a number of times, as they accompany their serving parent(s). Statistics indicate that on average Service children move schools much more frequently than their non-Service peers during their educational career. School moves might happen in the middle of an academic year, outside the normal admissions round. While non-Service families might face similar issues when moving, Service families are likely to move more frequently, and as a result of a mandatory requirement in Service to their country.

3.6. The following sections describe some of the ways that disadvantage can be experienced by the Armed Forces Community in different areas of education. The issues described are not exhaustive as other issues might arise for a variety of reasons. It should also be noted that Service children can face a number of these disadvantages at the same time. For example, difficulties with admissions to a new school after a re-location could affect both the child's educational attainment and wellbeing. **In this chapter, the word 'school' means all the different types of education institution within scope of the Duty, as listed in [section 1C](#).**

3.7. Case studies in text boxes have been included as helpful illustrations of some of the ways that bodies have helped to mitigate these disadvantages or, where appropriate, made special provision. **These case studies do not prescribe mandatory actions**, but they have been included to provide examples and ideas of the kinds of behaviours and actions that have resulted in a better experience for the Armed Forces Community, and which bodies might wish to consider when complying with the Duty.

3B. Identifying Service Children

3.8. Specified bodies should have an awareness of which children in their school(s), or due to move to their school(s), are Service children. Local authorities should have an awareness of which children in their care are Service children. This will help to improve the way these children's needs are met. As explained in [section 1J4](#), it is not only children of currently serving personnel that are Service children within scope of the Duty, but also children of veterans.

¹⁷ The RAF Reserve can be joined from 15 years and 9 months old, the Royal Naval Reserve from 16 years old, and the Army Reserve from 18.

Asking Families

- Highland Council has a dedicated group, the Military Liaison Group (Education), which is a partnership of local Armed Forces representatives and specialist providers and experts, who have built a strong, proactive and committed relationship, and work to an Action Improvement Plan. The Group has made changes to Enrolment Forms, Guidance to Head Teachers, and School Handbooks, to encourage identification of Service children. Enrolment Forms now prompt families to identify whether they are part of the Armed Forces, which Service they are from, and whether Serving, Reservist or veteran, with a link (or hardcopy) to a leaflet ‘Why do we want to know?’. This data helps to ensure that the right targeted support can be given to the child or young person at the right time. Identification is gradually increasing, creating a wider understanding of need.

Conducting Research

- In 2015, the [SSCE Cymru](#) project commissioned a study into the numbers of Service children in each local authority in Wales, based on 2011 census data. The study also included a survey of schools to capture information on the schools’ awareness of the issues and current practice in supporting Service children. In a subsequent data collection exercise, SSCE Cymru worked with the local authorities and independent schools in Wales to provide a snapshot of the number of schools with Service children, and the number of Service children, in each local authority in Wales as of March 2021.

3C. Admissions

3.9. Due to the unique obligation and sacrifice of *geographical mobility*,¹⁸ Service children might have to move school a number of times. They might experience **an interrupted education** if moves between schools are not well managed. The effectiveness of a pupil’s transfer is affected by the speed with which they are assigned to a new school, the time taken for records to be transferred, and the quality of the information included. Timely transfer of school records (including information on curriculum areas covered and outcomes achieved) means the receiving school has access to vital information about the child and their progress, and avoids delays in the provision of appropriately differentiated teaching and learning, or in any necessary support being made available. Moves between schools in different home nations of the UK can be more complicated than moves between schools in the same home nation, due to differences in the educational systems. This can lead to a less timely transfer of information, and delays in the provision of appropriate teaching or support.

3.10. A number of disadvantages around child wellbeing ([section 3E](#)) and transport to school ([section 3F](#)) could be mitigated if children are able to be placed in a school close to where they live, and if Service children siblings can be placed in the same school, depending on other factors such as their ages, whether primary or secondary, and whether there are places available. Disadvantages around educational attainment ([section 3D](#)) can

¹⁸ The unique obligations and sacrifices in *italics* throughout this chapter are explained in [section 1G](#).

be mitigated if children can be placed in a school that uses similar curriculums to their previous school.

3.11. The School Admissions Codes for [England](#) and [Wales](#) both include requirements relating to children of Service personnel. The Code for England requires local authorities to ensure that ‘arrangements in their area support the Government’s commitment to removing disadvantage for service children’. Both Codes require admission authorities to allocate a school place to a Service child in advance of the family moving to the area (as long as one is available), provided the application is accompanied by an official letter that declares a re-location date. Where requested by the parent, admission authorities are able to use a unit or quartering address (or, in England, a private address) as the child’s home address when considering an application. The Code for England allows priority in oversubscription criteria to be given to children eligible for the Service Pupil Premium, and both Codes allow exceptions to infant class size limits for children of Service personnel admitted outside the normal admissions round.

3.12. In Scotland, local authorities are responsible for the setting of school admissions policy. This includes the procedures for dealing with requests for places both from parents who live within the school catchment area and those from other areas. The local authority’s admissions policy provides details of any priority arrangements. Parents in Scotland have a right to express a preference when choosing which school they wish their children to attend.¹⁹ Local authorities make every effort to meet that request wherever possible. However, the size of the school, the current roll, and number of children who already live in the catchment area, and other factors, affect the local authority’s ability to grant a placing request.

Admissions Support

- In response to Service family concerns, Gloucestershire County Council allows Service families to apply two terms in advance of the date the school place is required.
- Service families posted to Gloucestershire are permitted to use the garrison or military base as an address for school applications until a quartering address has been obtained.
- When appealing to an oversubscribed school for an in-year placement, Gloucestershire County Council reviews every Service family case to see if the school’s admission limits can be exceeded. This ensures Service children have the same access to better schools when moving location.

Provision of Information

- The Association of Directors of Education in Scotland identified a need for a bespoke website to provide information and resources specifically for Service families moving into, around and away from Scottish schools. The significant assortment of information available on various Scottish websites proved overwhelming for families to negotiate as part of their transition process. Mobile

¹⁹ [Choosing a school: a guide for parents, revised November 2016](#)

families who had experienced numerous and frequent moves requested a dedicated portal linking to local authorities and related sources of information and support, initially aligned with locations of postings, accommodation, communities, and local schools. The [Forces Children's Education website](#) was therefore established, providing a gateway to this information, and a first point of contact for Service families. It links directly to local authorities and provides information specific to each.

3D. Educational attainment and curriculum

3.13. As Service families re-locate for Service reasons, Service children might have to move school a number of times. While the educational attainment of Service children as a group is largely on a par with that of non-Service children, their **educational attainment may be affected** if they are placed in a school that uses different curriculums or different exam boards, or if they experience multiple moves at important stages in their education. They might experience gaps in learning or repeat topics already covered in previous schools. The number of moves a Service child might have to make could lead to a greater cumulative effect on their education than would typically be experienced by a non-Service child. If the child's educational attainment is affected, this could in turn affect their progression to their next level of education.

3.14. Due to the unique obligation and sacrifice of *separation*, Service children might have to spend weeks or months, or the working week, away from their serving parent. The impact on their emotional wellbeing might in turn cause their educational attainment to suffer. The separation from the serving parent might also mean that children have to help care for their younger siblings or non-serving parent when the serving parent is away, meaning they have less time to devote to their schoolwork, also causing their educational attainment to suffer.

3.15. If nationals of other countries (such as Gurkhas from Nepal) join the Armed Forces and have family join them in the UK, this can create additional educational attainment issues for Service children if English is an Additional Language (EAL).

Forums

- Rutland County Council found a significant proportion of pupils in its area were Service children. Engagement across the council, partner agencies, Rutland Health Watch, local military unit welfare teams, and Service charities, identified concerns that some Service children were underachieving in education, some rates of SEND were higher than the national average, and there was a confused picture of available support. The council co-ordinated a meeting of concerned parties to discuss ways to improve, leading to the creation of a Forces Family Forum. This meets five times per year with attendees from these organisations to provide updates on concerns, as well as guest speakers who provide targeted information and new support connections.

English as an Additional Language

- A school in South Cerney identified that while Service pupils were achieving normal Spelling, Punctuation and Grammar scores, the group lacked depth in English vocabulary. A large proportion of the Service children were from Nepal, and although they were fluent in English, they lacked technical and colloquial expertise in the language. The school met with the parents via the military base's Welfare Officer, to discuss the issue of English as an Additional Language (EAL). Many parents had not identified their child as having an EAL requirement, believing their child had an effective command of the language – myths were dispelled, and parents were reassured that EAL children would be supported more, not that less would be expected of them. The school agreed to focus on vocabulary with EAL pupils to ensure they could achieve their full potential.

3E. Child wellbeing

3E1. Wellbeing

3.16. If Service children are required to move school, they might experience a **disrupted social experience**, and have to make new friendships. If a move happens outside the normal admissions round, and a child is not able to be placed in a school inside their local community, they might find it harder to socialise with their school friends outside of school hours, form friendships in the area in which they live, or access extra-curricular activities at school, such as after school clubs, impacting their social experience.

3.17. A Service child's **mental wellbeing can be affected** if the requirement to re-locate results in the child losing access to support structures such as friends and teachers. If Service families have more than one child, there can be difficulties finding schools that will take all the children, resulting in the separation of the child from their sibling(s), and additional stress. If Service children are required to spend weeks or months, or the working week, away from their serving parent, the separation, and their worry for the safety of a parent deployed abroad, can also significantly affect the child's mental wellbeing. The disrupted social experience, and the other disadvantages in this chapter, such as a longer journey to school, can also affect mental wellbeing.

3.18. In Wales, the [SSCE Cymru](#) project, funded by Welsh Government, works with schools, children and young people, local authorities, education professionals, Armed Forces families and support organisations to gather their views and experiences, build networks across Wales and raise awareness and understanding of the experiences of Service children.

3.19. In Scotland, the [GIRFEC](#) (Getting It Right For Every Child) approach has been used since 2010. It is child-centred and based on an understanding of the child's current situation, including wider influences on them when thinking about their wellbeing. This includes consideration of the impact of transitions, mobility and deployments which affect Service families and children. It requires joined-up working, so services supporting children work in a co-ordinated way to meet their specific needs and improve their wellbeing.

3.20. In Northern Ireland, the Department of Education recently published the [Children & Young People's Emotional Health and Wellbeing in Education Framework](#), which promotes an ethos in education settings that provides early support for those children and young people showing signs of needing extra help to cope with emotional difficulties that may arise.

Friendship Nurture Groups

- Teachers at Walbottle Village Primary School near Newcastle, concerned with ensuring Service children integrated into a new educational environment, worked with a Service child in Year 2 to create an environment where Service children could foster new friendships with children already at the school, to aid their wellbeing and create new support structures. The result was the creation of a 'friendship nurture group' which has allowed Service children to create friendships lasting for years.

Service Pupils' Champions

- Service Pupils' Champion is a role created by North Yorkshire County Council to provide extra support to its large numbers of Service children. There are two Champions in North Yorkshire working to support the emotional wellbeing and social development of children and young people aged 5-18, especially during periods of active deployment, and at times of transition. The Champions aim to strengthen the pupil voice by promoting and developing the work of Military Kids Club Heroes currently established in many of the schools in North Yorkshire. The Champions provide one-to-one support, anxiety workshops, emotional first aid and support for serving parents, events, information outreach to serving parents with children with additional educational needs, and liaison between bases and schools (for example, advanced warning of incoming Service families).

Additional After School Clubs

- A school in South Cerney identified that Service pupils were not accessing after school clubs, as the bus timetable did not enable Service children, commuting from the local military base, to stay beyond the school day. The school liaised with the local base and set up an after-school club (with a third-party sports provider) on base using its facilities. Recognising this was an issue for other local schools with Service children, any spare spaces were offered to those other schools. This supported the community, maximised use of facilities, and brought Service children together. The club expanded to liaise with serving parents, and to include members of the community to improve civilian-military relations.

Consulting Service Children on their Needs

- Oxfordshire County Council organised a conference for Service children to share their experiences of life in a Forces family, and how schools could support them. The Service children raised a number of difficulties, and said they wanted headteachers to:
 - Listen to every Service child, provide someone to talk to, and create a Service pupils' council which meets with the headteacher.

- Ease transitions between school and enable introductions with teachers.
- Provide a buddy system for new school joiners.
- Provide a space for Service children to think and work through feelings.
- Set up a school club for Service children for activities and sharing feelings.
- Have a teacher who is a Service Pupils Champion.
- Find ways to share what Service life is like with non-Service pupils and staff.
- Have days where the school celebrates the Armed Forces.

Oxfordshire County Council responded to the feedback and created the [Service Pupil Promise](#) on how they would action the feedback received.

Providing a Forum for Service Children

- In Autumn 2017, Royal Caledonian Education Trust (now known as Forces Children Scotland) held a series of ‘Teen Talks’ student conferences across Scotland, giving young people from Service families an opportunity to come together and discuss issues important to them. There was an overwhelming view from participants that their views are often overlooked in decisions affecting them. In response, the Trust established and now manages and delivers a Youth Participation Programme which works closely with the Ministry of Defence, community workers and schools, supported by external funding. The programme has seven local forums and a national forum. Groups are led by young people for young people, and increase youth confidence, skills, networking, and opportunities to have a say on policies and services. The programme led to the development of the ‘[Your Mind Matters](#)’ project to assist Service children with their mental health, the ‘[Our Forces Life](#)’ project to raise awareness of Service life among civilian peers, and the ‘[Manifesto for Service children](#)’ published ahead of the Scottish Parliament elections in 2021.

Providing Information

- Highland Council has a dedicated group, the Military Liaison Group (Education), which is a partnership of local Armed Forces representatives and specialist providers and experts. The Group works with children, young people, and their families, listening and acting on their views. The Group has a dedicated [Armed Forces website](#) providing information, resources, support and training opportunities for families, children and schools. The Group issues a regular newsletter with information updates, links, and resources for families, schools and the Armed Forces Community, which has both a local and national reach.

Thriving Lives Toolkit for Schools

- The Service Children’s Progression Alliance is a partnership of organisations focused on improving outcomes for Service children, hosted by the University of Winchester and supported by the Ministry of Defence. The Alliance undertook extensive, targeted research, working in collaboration with schools and other partners across the UK to establish a [toolkit](#). This toolkit helps schools ensure they provide effective support to Service children. It provides detailed resources including the evidence base, what schools can do to support their Service children, who can help, and a range of case studies. The toolkit provides a framework of 7

principles through which schools can reflect on their practice and a 3-tier set of CPD resources. The principles are as follows.

1. Clarity of approach – Leaders’ understanding and approach ensure resources and policies improve Service children’s outcomes.
2. Wellbeing is supported – Tailored pastoral provision supports Service children’s mental health and wellbeing.
3. Achievement is maximised – Teaching, assessment and support ensure the continuity of Service children’s learning and progression.
4. Transition is effective – Systems and support ensure seamless transitions for Service children arriving at and leaving school.
5. Children are heard – Service children’s diverse voices are heard and inform the support they receive.
6. Parents are engaged – Strong home-school partnerships help Service families feel valued as part of the school community.
7. Staff are well-informed – Supportive training and networks ensure all staff understand and support each Service child.

Further examples relating to the improvement of Service child wellbeing can be found in [section 3I](#).

3E2. Safeguarding

3.21. If Service children move frequently between schools, it will be especially important that any child protection/safeguarding information is shared between schools. This is the responsibility of the safeguarding lead, as set out for England in the statutory guidance [Keeping Children Safe in Education](#), and for Wales, the designated safeguarding person as set out in [Keeping Learners Safe](#). Knowledge of the wellbeing issues described above may support school staff when considering how best to safeguard a Service child. The statutory guidance for England on [Working Together to Safeguard Children](#), and for Scotland, the [National Guidance for Child Protection in Scotland 2021](#), include sections on Service children. For Wales, [Working Together to Safeguard People: Information sharing to safeguard children](#), and its accompanying resources, provide non-statutory advice on information-sharing to safeguard children.

3F. Transport

3.22. If a Service child is required to move schools outside the normal admissions round, the local authority might not be able to place them in a school close to their new home, resulting in them experiencing **a longer journey time to school, or a more difficult journey**.

3.23. This might be mitigated through the normal application of the free school transport policy – the Service child might meet the eligibility criteria for free school transport in [England](#), [Wales](#), [Scotland](#), and [N Ireland](#).

3.24. If a Service child, who is eligible for free home to school transport, is required to move home within a local area, but able to remain at the same school, they might find they no longer qualify for free transport to that school. In 2015, the (then-named) Local

Government Ombudsman [upheld a complaint](#) about a council in England discontinuing school transport for a Service child after the family was required to move elsewhere in the area for Service reasons. One of the Ombudsman's findings was that the council had not properly considered the Armed Forces Covenant. It recommended that the council remedy the situation by putting in place home to school transport for the child as soon as possible, and by paying the family £2,000 to reimburse the costs they had incurred and acknowledge the stress they were caused as a result of the council's faults.

3.25. Bodies responsible for home to school transport may wish to consider using their discretionary powers to provide free or subsidised transport to Service children who do not meet the eligibility criteria. In England, this could include 16–17-year-old Service children attending school or further education as part of their statutory duty to participate in education or training until their 18th birthday, as the level of support provided to them is for local authorities to decide, and the arrangements do not have to include free or subsidised travel.

3.26. When the Service child is not entitled to free school transport, the Service person might not be available to assist with transporting the child to school, due to the unique obligations and sacrifices of *separation* and *hours of work*. Other support structures such as grandparents might also not be available, and this can place **a significant burden on the Service partner**. This can be worse if siblings are placed in separate schools some distance apart, due to lack of school places, as it means juggling different transport arrangements. The need to manage school transport arrangements might mean the Service partner finds it harder to continue their own employment, as it could affect the hours they can work. These challenges may be more difficult for Service families with children who have additional needs.

Mitigating Action

- Upon moving to a new area, two sibling Service children were placed in different schools. Their mother described the challenges faced in getting both children to school on time. They were provided with a free taxi service for one child, allowing her to walk the other child to school. The schools also offered free after school care until she could collect one child and until she was at home for the taxi to drop off the other child.

Amending the School Transport Policy

- In response to the 2015 decision by the (then-named) Local Government Ombudsman described above, the council committed to improving its practice by:
 - making sure officers and panels identify at an early stage if the Covenant is relevant to an application;
 - amending its school transport policy to stress that the list of examples it provides (of exceptional circumstances in which it will consider exercising its discretion to provide transport) is not intended as a definitive list, and to clearly invite parents to identify if their circumstances are similar to the circumstances listed;
 - amending its school transport appeal forms to ask parents to highlight any reasons why they may not be able to maintain any arrangements they have put in place for the child to get to school.

Adapting to Local Circumstances

- When transport is provided for pupils in Northern Ireland, they are, in most cases, transported directly from the military base to the school. Northern Ireland's Department of Education liaises with the Armed Forces' designated Family Officer to ensure the Education Authority and the taxi drivers complete the correct compliance checks for access to the military base.

3G. Attendance

3.27. Due to the unique obligation and sacrifice of *separation*, Service families might be **unable to take holidays, or spend time together, during normal school holiday periods**. Service children might find they have limited time to spend with their serving parent(s) if the parent can only return home during term-time. The unique obligation and sacrifice of *hours of work* might mean that, even if the Service person remains on their UK base location, their duties prevent them taking leave during normal school holiday periods. The Service family might therefore ask the school for permission to take a holiday during term-time.

3.28. As with all children, the decision on whether to authorise term-time holidays for Service children sits solely with the head teacher of the school. While the educational needs of the Service child will always be a critical factor in determining whether term-time absence should be granted, the wider family impacts on Service children should also be considered. It can be difficult for serving parents to obtain permission to take their child out of school during term-time if the school's attendance policy and decision-making fails to take account of the nature of Service life.

3.29. It is for Service families to apply to the school in advance, presenting evidence of how operational needs of the Armed Forces have legitimately prevented a Service family from taking holiday during normal school holiday periods.

3.30. In the past, head teachers have sought advice on applications for school absence from Unit Commanding Officers and their Welfare staff, who are able to provide advice, verification and endorsement as required. The Ministry of Defence has produced [Guidance](#) that provides advice to head teachers regarding school term-time absence for Service children. It includes contact details that can be used if head teachers are unsure how to make contact with the relevant Armed Forces unit.

Attendance Code

- Northern Ireland's Department of Education has created a specific pupil attendance code referred to as Code J (Extended Leave), that schools can apply in circumstances where time away from school is required to address a range of domestic and family-related issues. Usage of the code does not adversely affect the pupil's attendance record.

3H. Additional needs support

3.31. 'Additional needs' is the term used here to describe children who require further support. This is referred to as Special Educational Needs and Disabilities (SEND) in England, Additional Learning Needs (ALN) in Wales, Additional Support for Learning (ASL) in Scotland, and Special Educational Needs (SEN) in Northern Ireland.

3.32. The challenges that all Service children experience as a result of being required to move schools can be felt even more profoundly by Service children with additional needs. If a statutory plan is already in place, it may take some time for the new authority to make similar arrangements as were in place in the previous location. This can be mitigated if the originating authority is able to provide all necessary child records to the new authority in a timely manner. Some Service families have reported that their children have spent time out of school, or receive inappropriate provision (such as being placed in Pupil Referral Units), due to local authority difficulties securing a school placement that could offer the relevant provision.

3.33. Service children might be required to move between the home nations of the UK or to overseas locations, where local provision and processes to acquire the appropriate support are different to that to which children and families were previously accustomed. Management of additional needs plans can be difficult for Service families who are posted from their home nation to elsewhere in the UK or overseas – when they return, they might need to go through a new assessment process.

3.34. Delays in accessing specialist support and provision for Service children can cause additional challenge for Service families. In addition, over the course of a number of re-locations, the potential disruption to services may impact on the Service child's progress and wellbeing.

3.35. In England, the [SEND code of practice](#), which has statutory force in England, includes guidance relating to Service children and families.

3.36. In Wales, chapter 18 of the [ALN Code for Wales](#) includes guidance relating to educational provision for Service children with ALN. The ALN Code also sets out specific duties for maintained schools, colleges and local authorities when deciding upon ALN and when preparing or reviewing an individual development plan for a Service child or young person.

3.37. In Scotland, the Education (Additional Support for Learning) (Scotland) Act 2004 requires local authorities to identify and address any barriers to learning a child or young person experiences. These barriers can occur for any reason and can be short or long-term in duration. This would include, for example, the anxiety a child may have when a parent is deployed or the impact of interrupted learning due to frequent moves. The statutory guidance in the Code of Practice which accompanies the 2004 Act also provides support in this process, and makes specific reference to Armed Forces families and to transitions. The Scottish Government funds a range of services which seek to support families to access advice and support on ASL. This includes [Enquire](#), the national advice and information service for parents on ASL, and [My Rights, My Say](#), which provides support to children who are seeking to exercise their rights under the 2004 Act.

3.38. Statutory plans are not transferrable to Northern Ireland, so if a Service child with additional needs re-locates to Northern Ireland, to obtain a Statement of SEN they would have to undergo the formal process for Statutory Assessment from the beginning.

Agreement of Principles by Multiple Local Authorities in England

- The [Ministry of Defence Local Authority Partnership](#) (MODLAP) is a partnership between the MOD and local authorities in England that have committed to work together to improve the experience and outcomes of Service children with SEND. The MODLAP established a set of principles to provide a framework for the effective management of transfers of Service children with SEND. The principles build on the [SEND code of practice](#).

3I. Use of Service Pupil Premium funding (England only)

3.39. In England, extra funding to schools with enrolled Service children is available through the Service Pupil Premium (SPP). It can therefore help remove disadvantage. Schools should be aware of best practice in the use of these funds and communicate to concerned parents how funds are being spent. The SPP is only available in England.

3.40. In response to parents' concerns over the use of the SPP, the UK Government worked with schools to establish the best ways schools have used SPP funding. The UK Government published these [findings](#) for the benefit of all schools.

3.41. Examples of good uses of SPP include:

- a. Monitoring Service child progress against other children
- b. Development of intervention strategies
- c. Provision of trained teaching assistants and pastoral support mentors
- d. School trips to increase awareness of the Armed Forces
- e. Membership of Military Kids Club Heroes – a network for Service children in education
- f. Extra-curricular activities
- g. Liaising regularly with Service parents
- h. Building links to local Armed Forces bases

3.42. The template that schools are required to complete and publish, setting out their overall Pupil Premium strategy, now includes an optional field on how the SPP was spent in the previous academic year, and what impact this had on eligible pupils.

3.43. In Wales, Service children are supported by the [Supporting Service Children in Education Cymru Programme](#), funded by the Welsh Government, which includes targeted funding to support individual schools and local authorities.

3.44. Whilst Scotland does not have a direct equivalent of the SPP, all children in Scotland with an additional support need are eligible for support. This includes needs arising from a parent's mobility and deployment in the Armed Forces.

SPP Resource Directory

- The [West Yorkshire Service Pupil Premium Resource Directory](#) has been produced as part of the West Yorkshire Armed Forces Covenant Project. The Directory pulls together information from the Department for Education, Ministry of Defence, Service Children in State Schools, and the Service Children's Progression Alliance. It has been created to support schools develop their understanding of the Armed Forces Covenant, the Armed Forces Community, and the Service Pupil Premium.
- Shropshire Council has a [portal](#) for Armed Forces support for use by both the Armed Forces Community and public services. One section provides clarity over the purpose of the SPP and recommended uses, pointing to official government advice.

Sharing Best Practice

- Local schools in Gloucestershire worked together to set up a network for sharing resources, training and ideas around helping Service children to succeed in education. A strong sharing culture was created and a better understanding of approaches and how to nurture Service pupils grew across the cluster. This particularly benefitted smaller schools with less funding and fewer Service children.

4. Housing

Summary

4.1. Only a small minority of the Armed Forces Community will need to access the housing services provided by the housing bodies subject to the Duty ([section 4A](#)). When members of the Armed Forces Community do need to access housing services, the disadvantages they can experience, arising from the unique obligations and sacrifices of Service life, include the following. When these disadvantages are experienced, they are most likely to be experienced by veterans, Service personnel that are about to leave Service and become veterans, and Service families.

- a. **A lack of knowledge about the social housing services available in their local area, or how to access them.** This might make them less likely to seek the housing services to which they are entitled. ([Section 4C1](#))
- b. **Not building up sufficient 'local connection'** in accordance with a local authority's allocation scheme, reducing their access to social housing in the area where they live. ([Section 4C2](#))
- c. **Not being prioritised to receive suitable social housing, or experience a lack of available social housing,** that meets particular housing needs caused by physical or mental injury sustained in Service. ([Section 4C3](#))
- d. **Finding it more difficult to communicate with a housing body,** while on a posting overseas, compared to the housing body's non-Service clients, who are in the UK. ([Section 4C4](#))
- e. **A lack of knowledge about how to navigate the civilian housing sector, welfare system and budgeting,** leading to difficulty gaining or maintaining a social housing tenancy ([section 4D](#)) or increasing their likelihood of becoming homeless ([section 4E](#)).
- f. **A reluctance to seek early help to avoid homelessness,** for reasons such as stigma, shame, or a belief that civilian bodies will not understand their experience, which could also increase their likelihood of becoming homeless. ([Section 4E](#))
- g. **Requiring adaptations to be made to their home when they move to a new area, or lacking knowledge of what grants are available,** how to make applications for them, and what information is required to support their application. This could result in them spending more time in a home that does not meet their needs. ([Section 4F](#))

4.2. Knowledge of which of the people that use their services are members of the Armed Forces Community will underpin successful responses to these issues by the specified housing bodies. ([Section 4B](#))

4A. The Armed Forces Community and public housing services

4.3. Some **full-time Service personnel** live in their own privately owned, or privately rented, housing. If Service personnel are unaccompanied on a posting (either because they are single or because their family stays living elsewhere), the Armed Forces offers them Single Living Accommodation, normally by means of a mess or accommodation block, or suitable substitute accommodation. If Service personnel are accompanied by their family to a posting, the Armed Forces offers them dedicated Service Family Accommodation, or suitable substitute accommodation. Therefore, Service personnel do not themselves normally require social housing.

4.4. However, if **families** of Service personnel do not accompany them on their posting, they might remain living in social housing away from the Service person, and receive more limited support from the Armed Forces. **Reservists** might also live with their family in social housing.

4.5. The majority of **veterans** make a smooth transition from military to civilian life. Only a small minority of veterans struggle to settle down and maintain housing. Veterans might require housing services in terms of social housing, tenancies, and adaptations (as explained below).

4.6. The following sections describe some of the ways that disadvantage can be experienced by the Armed Forces Community in different areas of housing. The issues described are not exhaustive as other issues might arise for a variety of reasons.

4.7. Case studies in text boxes have been included as helpful illustrations of some of the ways that bodies have helped to mitigate these disadvantages or, where appropriate, made special provision. **These case studies do not prescribe mandatory actions**, but they have been included to provide examples and ideas of the kinds of behaviours and actions that have resulted in a better experience for the Armed Forces Community, and which bodies might wish to consider when complying with the Duty.

4B. Identifying Service Users from the Armed Forces Community

4.8. An awareness by the specified bodies of those using their housing services who are members of the Armed Forces Community will help to improve the way in which their needs are met.

4.9. In June 2020, [statutory guidance](#) was published for local authorities in England, titled 'Improving access to social housing for members of the Armed Forces'. This includes a section on how local authorities in England can identify applications from members of the Armed Forces Community, to ensure that they are considered appropriately.

Better Identification of Members of the Armed Forces Community

- Application forms to Wigan and Leigh Housing now include the question, 'If you or your partner are serving or have formerly served in the Armed Forces, please provide details of your service number'. This is to assist with identification of

members of the Armed Forces Community, to improve the way their needs are met.

- The Cobseo Housing Cluster’s [No Homeless Veterans Campaign](#) aims to ensure veterans are identified at the point of need, and signposted to the enhanced support services available. It encourages public bodies to ‘Think Veteran’ by:
 - Identification – routinely asking every person who applies for housing whether they are a veteran, record and maintain the data, and label veteran-specific information on their website.
 - Support – consider whether they can meet housing needs and any unique needs arising from Service, refer them to the Veterans’ Gateway when all routes are exhausted, and appoint an accountable champion to ensure commitments are met.

[Stories of support](#) provided to veterans and their families are available.

4C. Allocations policy for social housing

4C1. Access to housing services

4.10. Due to the unique obligation and sacrifice of *unfamiliarity with civilian life*,²⁰ veterans and Service families might **lack knowledge about the social housing services available in their local area, or how to access them**. This might make them less likely to seek the housing services to which they are entitled.

4.11. Due to the unique obligation and sacrifice of *danger*, veterans and Service families might experience mental health issues which exacerbate their challenges in accessing services from which they could benefit.

Employment of Outreach Officers

- In 2012, Gateshead Council identified a lack of members of the Armed Forces Community accessing local authority housing services. A dedicated Armed Forces Outreach officer was funded to connect the council with the local Armed Forces Community, leading to a 25% increase in members of the Armed Forces Community approaching Gateshead Council for housing advice. In 2020/21, as part of a larger regional Armed Forces Outreach Service including Newcastle, Durham and Northumberland local authorities and Believe Housing, the regional service offered support to 424 members of the Community, raised £61,979 to pay rent arrears, assigned correct social housing priority to 93 members, and assisted 76 members to move into social housing.
- In Glasgow, the city’s veterans’ hub Helping Heroes has a housing expert post, funded by Glasgow Housing Association, the city’s largest registered social landlord. Those interviewed in Glasgow identified that having a professional directly employed by the city’s largest registered social landlord means that the

²⁰ The unique obligations and sacrifices in *italics* throughout this chapter are explained in [section 1G](#).

steps which many in the Community have to go through in order to get to the right advice are significantly reduced.

- Councils in the Vale of Glamorgan, Cardiff, Rhondda Cynon Taff and Merthyr Tydfil have identified a gap in the provision of tailored advice and information. Posts have been created to provide direct help and advice to the Armed Forces Community on all subjects, including housing, and simple signposting to ensure the Armed Forces Community can access the right public and third sector services for them. The officers are present in the community and organise coffee mornings and other events. This is supported by a website, telephone, and email service. Face-to-face appointments can be booked at the council or at home. Since this Veteran Advice Service launched in 2017 in Cardiff, and 2018 in Vale of Glamorgan, Rhondda Cynon Taf and Merthyr Tydfil, over 4,000 enquiries have been received across the four authorities.

Signposting of Services

- Recognising that many in the Armed Forces Community have never applied for social housing before, Hull City Council created a dedicated [webpage](#), setting out, in clear terms, how to apply for social housing, criteria (including local connection), prioritisation of applications, and details about statutory rights and requirements.
- In Wigan, the council employs a key worker for veterans and their families, who can help them navigate the public services landscape. They have also mapped all the charities in the borough. This means that they can respond to need effectively and quickly so that if, for example, housing is provided without furniture, the key worker can refer to the Charities Map to understand how they could arrange for some furniture to be provided.

Managing Tenancies

- A veteran had been medically discharged from the Army after suffering a brain haemorrhage. The veteran lived independently, until stress and depression led to trouble with neighbours, and he went to live with his mother. During this time, he received support from his GP to manage his depression. As his mother suffered from dementia, he began the process of having her tenancy agreement transferred to him. However, his brain injury led to him forgetting to submit the application. The tenancy was not transferred, and he was facing legal proceedings to evict him. The council and the Royal British Legion worked with the Registered Social Landlord to allow him to stay until he secured a new tenancy.

4C2. Local connection

4.12. Due to the unique obligation and sacrifice of *geographical mobility*, veterans or Service families might find they have **not built up sufficient 'local connection'** in accordance with a local authority's allocation scheme, reducing their access to social housing in the area where they live. This could prevent them accessing waiting lists for social housing once they leave the Armed Forces and are no longer eligible for Service accommodation.

4.13. [Regulations](#), first introduced in 2012, set out criteria under which members of the Armed Forces Community in England cannot be disqualified from social housing because of a local connection requirement. The June 2020 [statutory guidance](#) for local authorities in England makes clear that local authorities in England are expected to disapply any local connection requirement from divorced or separated spouses or civil partners of Service personnel who are required to move out of accommodation provided by the Ministry of Defence.

4.14. Exemptions to local connection criteria also exist in Wales, provided that the applicant can evidence that they were posted to an area in Wales during their time in the Armed Forces. These exemptions are explained in the Welsh Government's [guidance](#).

4.15. In response to the Scottish Veterans' Commissioner's recommendations, the Scottish Government published a [Practice Guide](#) for social landlords on allocations for people leaving the Armed Forces. It includes guidance on giving priority to Service leavers and on ensuring that veterans are not at a disadvantage when applying for social housing due to Service time spent outside an area. Following consultation, the Scottish Government published a [ministerial statement](#), in March 2021, which sets out the circumstances and general criteria which would act as the reference for exercising the power to modify local connection.

Exemption from Residency Criteria

- Central Bedfordshire Council has a housing allocations policy that includes an exemption to residency and employment criteria to all currently serving and former Regular personnel. Ordinarily, applicants must have lived in the area for three years or worked in the area for six months. However, current and former Regular personnel are exempted, and also there is not a five-year time limit on ex-serving personnel making an application.

4C3. Availability of suitable social housing

4.16. Due to the unique obligation and sacrifice of *danger*, veterans might have particular social housing needs caused by physical or mental injury arising from their time in Service. For example, supported housing, or a home which allows wheelchair access. Other members of the Armed Forces Community, such as Service families, might also have urgent social housing needs. However, they might find they are **not prioritised to receive suitable social housing, or experience a lack of available social housing**.

4.17. [Statutory guidance](#) on allocation of accommodation in England, first published in June 2012, and [statutory guidance](#) on allocation of accommodation in Wales, first published in March 2016, both ensure that 'additional preference' – high priority – for social housing is given to certain groups in the Armed Forces Community. Also, the June 2020 [statutory guidance](#) sets out how local authorities in England can ensure that members of the Armed Forces Community suffering from mental ill health (wholly or partly attributable to Service) are given appropriate priority for social housing. It should be noted that a mental health issue as a result of Service can continue or start years after the person has left the Armed Forces.

4.18. The Scottish Government published new and refreshed guidance to improve awareness of the Armed Forces Community's housing needs. The refreshed [Local Housing Strategy guidance](#) encourages local authorities to consider fully the housing requirements of the Armed Forces Community. It was also strengthened to encourage appropriate engagement with relevant organisations, such as Veterans Scotland, to understand better the needs of this Community when developing the Strategies.

4.19. A variety of other reports are available, such as the Scottish Veterans Commissioner's report [Getting Transition Right in Scotland](#), FiMT's report [Working Together to Meet the Housing Needs of Ex-Service Personnel](#), and Riverside and Stoll's [Accommodation for Single Veterans](#).

Prioritisation

- Veterans in Wigan with medical need related to Service are given priority on the housing waiting list, and spouses going through divorce will also be given priority.
- In Welwyn Hatfield, the waiting list for social housing is around three years. Those not in the Armed Forces Community are able to apply for social housing with this in mind, knowing it will take roughly three years to access housing, however veterans may not be able to do so, as the Armed Forces might have moved them to the area (when they were still in Service) only recently. Welwyn Hatfield Council changed its social housing policy. The banding for Service leavers via giving notice (one of the routes of discharge) was modified to take into account the shorter time frame veterans face when leaving via this route.
- When South Lanarkshire Council's housing allocation policy was introduced in 2009, Service applicants were awarded the highest single award of points available under the policy. The aim being that this would enable an offer of housing to be made when the applicant was discharged. However, in 2010, it was identified that the points awarded to Service applicants were sometimes insufficient to enable an offer of housing to be made. An amendment to the allocation policy was made, to allow Service applicants who meet certain criteria to be awarded the highest priority for housing, and be queued on the Urgent Housing Need list, along with homeless applicants and those with an urgent medical need. In 2019, further amendments to the eligibility criteria were made in relation to Service applicants, to allow connection to the area through previous kinship care arrangements, and to extend the timescale within which priority for housing can be awarded after date of discharge, from six weeks to up to six months.

Provision of Supported Housing

- A council became aware of an 82-year-old veteran and his wife who were soon to become homeless from their static caravan which was situated for some time on a touring site, not a residential site. The wife had dementia and Alzheimer's and, in accordance with local Armed Forces housing policy, they were fast-tracked to supported housing. A homeless accommodation house was provided, entitlement for benefits was assessed, and the council worked with local groups and the Royal British Legion to fully furnish the home with discounted blinds, furniture and white

goods, while the wife was placed in a care home for two days. The couple believe that the help and kindness they were given extended their time together.

Dedicated Housing Stock

- Herefordshire has a significant shortage of available housing stock to meet the demand. Herefordshire Council identified and gifted some land in Leominster for a ground-breaking veteran self-build project, partnering with Stonewater Housing (a social housing provider), local builders Harpers, and Alabare charity. Ground was broken at the end of 2018, and the project was completed at the end of 2020. Nine veterans, of whom six were classed as homeless with a range of complex needs, took part, building their own homes whilst also gaining experience, training, and construction qualifications. It had a positive and significant impact on their lives. A total of 19 homes were built, reducing social housing waiting times in the county. Herefordshire Council is now seeking other sites where this can be replicated.
- To help single male veterans, some with a criminal record, and other single males with a non-priority status under homelessness legislation, the Watling Street Project was set up by North Warwickshire Borough Council and Veterans Contact Point with funding from Warwickshire Council. It worked with Cornerstone Partnership (a local housing social enterprise) to lease a 5-bed property to accommodate single males. Four veterans and nine civilians have used the home, and the charity also supports them for up to 12 months after they leave.
- [East Lothian Council](#) created some brand-new properties specially for veterans, comprising six 2-bedroom flats, three of which are fully wheelchair-accessible units on the ground floor. These are council tenancies set aside for the express use of veterans, who were identified and nominated by Veterans Housing Scotland. All six properties have been allocated. These tenancies have all been sustained and the residents have integrated well into their local community.

4C4. Communication with Service families

4.20. Due to the unique obligation and sacrifice of *geographical mobility*, Service families who are clients of a housing body might be overseas. They might **find it more difficult to communicate with a housing body than the housing body's non-Service clients**, who are in the UK. For example, they might not be able to access online forms due to military operational requirements preventing access to the Internet, or they might have difficulty phoning the housing body's helplines during normal UK office hours due to time differences.

Adopting a Flexible Approach

- The Armed Forces Outreach Service based in the North East of England supported a Service person, based in Germany, who was about to discharge from the Armed Forces, and wanted to move back to the North East after his discharge. A flexible, tailored approach was taken. Council offices were used as a contact address, as the computer system had not been designed to register addresses overseas. Once a suitable property was identified, a virtual viewing of the property

was provided, and photos and videos were sent. A family member also viewed the property on his behalf before he accepted the offer of the property. The property sign-up was done via email, and keys were in a lock box for him to collect upon his return. Some of these practices have now been adopted into mainstream working practice for those applying for housing whilst being based overseas, significantly benefitting the Armed Forces Community applying for housing in these circumstances.

4D. Tenancy strategies (England only)

4.21. Local housing authorities in England are required to publish a strategy setting out the matters to which the registered providers of social housing in its district are to have regard. Public bodies might wish to consult private or third sector housing strategies that address the Armed Forces Community, such as [Riverside's Strategy for Veterans](#).

4.22. Due to the unique obligation and sacrifice of *unfamiliarity with civilian life*, veterans and Service families might have **a lack of knowledge about the civilian housing sector, welfare system and budgeting**, leading to difficulty gaining or maintaining a social housing tenancy, or they might possess a general sense of disconnection from civilian society and need supported housing.

4.23. Veterans and Service families can have diverse needs from social housing tenancies. Some members, such as vulnerable tenants, require short-term, supported, transitional accommodation with flexible tenancies of less than five years, while others may benefit from long-term secure, or even lifetime, tenancies.

Lifetime Tenancies

- Dover Council's Tenancy Strategy 2012-16 states that former members of the Armed Forces who qualify for social housing should be offered lifetime tenancies.

Offering a Variety of Tenancies

- Ealing Council Tenancy Strategy (Draft) 2021 identifies that vulnerable veterans might require short-term supported, transitional accommodation, requiring flexible tenancies of less than five years. It also requires landlords to provide tenancy sustainment support.

Improving Understanding of Issues

- A not-for-profit housing association in the North of England, Johnnie Johnson Housing, identified a need to improve housing for veterans and awareness of Armed Forces issues. Along with other housing providers, local authorities, and Service charities, they seek to identify areas for service improvement, share best practice, and hear from local and national speakers on Armed Forces issues. The group also employs a network of champions who meet and share best practice which is then shared across their organisations. Key initiatives include the following.

- Creating e-learning projects to improve staff awareness of Armed Forces issues.
- Creating a local online portal to signpost key services that veterans can access.
- Dedicating five new-build properties for veterans who meet specified criteria.
- Making veterans a high-level priority needs category for social housing.

4E. Homelessness

4.24. Due to the unique obligation and sacrifice of *unfamiliarity with civilian life*, veterans might **lack knowledge about how to navigate the civilian housing sector**, which could increase their likelihood of becoming homeless at some point in their future. Veterans who are homeless might be less aware of their entitlements or the services available to them. Alternatively, they might be **reluctant to seek early help to avoid homelessness** for reasons such as stigma, shame, or a belief that civilian bodies will not understand their experience, which could increase their likelihood of becoming homeless.

4.25. The majority of veterans make a smooth transition from military to civilian life. Less than 1% of households in England that are owed a homelessness duty have a support need as a result of serving in the Armed Forces.²¹ Also, a [Royal British Legion study](#) found that 'There is little evidence to support the notion that military life... is a cause of veterans' homelessness'.²² However, the unique obligations and sacrifices of *geographical mobility* and *unfamiliarity with civilian life* might reduce a veteran's general ability to cope in civilian life, and exacerbate a vulnerable individual's situation. Service personnel are required to vacate their living quarters after leaving Service, so those who do become homeless should not be considered as having become homeless intentionally.

4.26. Service personnel receive a high level of support to plan and prepare for their discharge from the Armed Forces, and are able to access a number of support services available to veterans who are, or are at risk of becoming, homeless. Service personnel must usually give a 12-month notice period prior to the end of their Service, which includes dedicated periods for resettlement to allow them to prepare for civilian life, including sourcing private accommodation. Service personnel receive three months' notice to vacate their accommodation, with the end of the notice period being their last day of Service, and, in some cases, those requiring further time may be granted it. In most cases of short notice discharge, three months' notice to vacate will still be given even if this goes past the discharge date, the exception to this is in cases of discharge on disciplinary grounds or misconduct, where a minimum of 28 days' notice is given. Housing advice is available to all Service personnel and their families, both during and after Service.

4.27. The Homelessness Reduction Act 2017 requires the Secretary of State for Defence to refer members of the Regular Armed Forces in England, who may be homeless or threatened with homelessness within 56 days, to a local housing authority.

²¹ [Live tables on homelessness](#), Table A3 – Number of households owed a homelessness duty by support needs of household.

²² Page 1 of the linked Royal British Legion study.

4.28. Working with Armed Forces stakeholders, the Welsh Government has developed a [National housing pathway for veterans of the Armed Forces](#) to provide clarity and support for veterans and their families into either home ownership, or renting in the private or social sectors.

4.29. In Scotland, a person should be treated as homeless, even if they have accommodation, if it would not be reasonable for them to continue to stay in it. Local authorities have a legal duty to help people who are homeless or at risk of becoming homeless.

Research into Homelessness and the Armed Forces

- Riverside charity is conducting [research](#) alongside the University of York to explore current provision and effectiveness of housing-related information, and advice provided to the Armed Forces Community, with the aim of creating an action plan which addresses veterans' homelessness. Riverside will conduct an international literature review, conduct fieldwork with serving personnel and veterans, and consult with key stakeholders, to identify and map impacts. This will map the journey from someone joining the Armed Forces through to their experiences of homelessness, enabling a view of the right type of interventions to make and when to make them.

Signposting of Services about Homelessness

- Rugby Borough Council has a [webpage](#) that provides advice to the Armed Forces Community who are at risk of becoming homeless or who are homeless. It provides clear advice, explaining entitlements, additional preference, advice on how to interact with their services, and other help available from third parties.

4F. Disabled Facilities Grants

4.30. Due to the unique obligation and sacrifice of *danger*, members of the Armed Forces might suffer injuries which require significant adaptations to be made to their homes when they leave Service.

4.31. Family members who are disabled might also require adaptations to be made to their home when they move to a new area, during the Service person's time in Service. While this can also be an issue for non-Service families, Service families can move often due to the unique obligation and sacrifice of *geographical mobility*. This could result in them **spending more time in a home that does not meet their needs**.

4.32. Due to the unique obligation and sacrifice of *unfamiliarity with civilian life*, veterans and Service families might **lack knowledge of what grants are available** for themselves or family members, how to make applications for them, and what information is required to support their application.

4.33. When an entitled Service family needing adaptations lives in Ministry of Defence accommodation, the Ministry of Defence ensures that suitable accommodation is provided, in line with its policies. Also, on occasions, the Ministry of Defence may fund adaptations to private accommodation for wounded, injured and sick personnel transiting out of Service.

4.34. Local housing authorities in England and Wales have a statutory duty to provide home adaptations for people of all ages and tenures eligible for a Disabled Facilities Grant, subject to a needs assessment, eligibility criteria and a means test. This can include Armed Forces personnel or their families living in their own accommodation, and veterans.

4.35. Local housing authorities in England and Wales can also publish a local housing assistance policy under powers of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use Government funding for Disabled Facilities Grants more flexibly to best meet local need, including the provision of home adaptations assistance to specific groups. In putting together local policies, local authorities should consider how to address the particular needs of Armed Forces personnel or their families living in their own accommodation, as well as veterans.

4.36. [Guidance](#) has been published for local authorities in England on the effective delivery of the Disabled Facilities Grant. It includes a section on the Armed Forces Community.

4.37. In Scotland, this is called the Scheme of Assistance. The Housing (Scotland) Act 2006 (Scheme of Assistance) Regulations 2008 state that where adaptations required are essential to the disabled person's needs and the required work is structural (or involves permanent changes to the house) the applicant must also be awarded a mandatory grant.

Appendix 1: Bodies and functions in scope of the Covenant Duty

A1.1. The **specified bodies** who are subject to the Covenant Duty are listed in the Armed Forces Act 2006 at section 343AA(3) in relation to England, section 343AB(3) in relation to Wales, section 343AC(3) in relation to Scotland, and section 343AD(3) in relation to Northern Ireland. They are listed in the table below, grouped by healthcare, education and housing.

A1.2. The **relevant functions** in scope of the Covenant Duty are those functions exercised under or by virtue of the legislative provisions listed in the Armed Forces Act 2006 at section 343AA(4-6) in relation to England, section 343AB(4-6) in relation to Wales, section 343AC(4-6) in relation to Scotland, and section 343AD(4-6) in relation to Northern Ireland. These functions in the fields of healthcare, education and housing are listed in the table below.

A1.3. When terms relating to the specified bodies and relevant functions are further defined in sections 343AA to 343AD of the Act, those definitions have also been included in the table below for ease of reference.

Country	Specified bodies	Relevant functions are functions under or by virtue of the following legislative provisions
Healthcare		
England	<ul style="list-style-type: none"> NHS England Integrated care boards, which means a body established under section 14Z25 of the National Health Service Act 2006. NHS Foundation Trusts NHS Trusts Local Authorities, which means a county council in England, a district council, a London borough council, the Common Council of the City of London, or the Council of the Isles of Scilly.²³ 	<ul style="list-style-type: none"> The National Health Service Act 2006 Any provision of Part 3 of the Children and Families Act 2014 (children and young people in England with special educational needs or disabilities), so far as it deals with health care provision. 'Health care provision' is to be interpreted as in Part 3 of the Children and Families Act 2014 (see section 21 of that Act).

²³ Unitary authorities are not explicitly listed in the definition of 'local authority in England' in section 343AA(8) of the Armed Forces Act 2006, and therefore not explicitly listed in this table, as legally they remain either a county council or district council, so are brought within scope of the Duty by the inclusion of these terms.

Wales	<ul style="list-style-type: none"> • A Local Health Board established under section 11 of the National Health Service (Wales) Act 2006 • A Special Health Authority established under section 22 of the National Health Service (Wales) Act 2006, other than a cross-border Special Health Authority. 'Cross-border Special Health Authority' means a Special Health Authority which is established under the National Health Service Act 2006 and the National Health Service (Wales) Act 2006 by virtue of (a) paragraph 1(2) of Schedule 2 to the National Health Service (Consequential Provisions) Act 2006, or (b) the power under section 28 of the National Health Service Act 2006 and the power under section 22 of the National Health Service (Wales) Act 2006 being exercised together. • A National Health Service Trust in Wales. • A local authority in Wales, which means the council of a county or county borough in Wales. 	<ul style="list-style-type: none"> • The National Health Service (Wales) Act 2006
Scotland	<ul style="list-style-type: none"> • An integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9)) • A Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978 • A Special Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978. • The Common Services Agency for the Scottish Health Service 	<ul style="list-style-type: none"> • The National Health Service (Scotland) Act 1978
Northern Ireland	<ul style="list-style-type: none"> • The Department of Health (Northern Ireland), but only when exercising the relevant healthcare functions in scope of the Duty that were exercised by the former 	<p>Functions under or by virtue of any of the following, so far as the function relates to health care, where 'health care' means all forms of health care provided for individuals, whether relating to physical or mental health:</p>

	<p>Regional Health and Social Care Board prior to its dissolution.²⁴</p> <ul style="list-style-type: none"> • A Local Commissioning Group appointed under section 9 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 • A Health and Social Care trust established by virtue of Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991 (S.I. 1991/194 (N.I. 1)), other than the Northern Ireland Ambulance Service Health and Social Care Trust. 	<ul style="list-style-type: none"> • The Health and Personal Social Services (Northern Ireland) Order 1972 (S.I. 1972/1265 (N.I. 14)) • The Health and Personal Social Services (Northern Ireland) Order 1991 (S.I. 1991/194 (N.I. 1)) • The Health and Social Care (Reform) Act (Northern Ireland) 2009 (c.1 (N.I.)).
Education		
England	<ul style="list-style-type: none"> • Local Authorities, which means a county council in England, a district council, a London borough council, the Common Council of the City of London, or the Council of the Isles of Scilly.²⁵ • Governing bodies of maintained schools, where ‘maintained school’ has the same meaning as in the School Standards and Framework Act 1998 (see section 20 of that Act) • Proprietors of Academies, where ‘Academy’ has the same meaning as in the Education Act 1996 (see section 579(1) of that Act), and ‘proprietor’, in relation to an Academy, has the meaning given by section 579(1) of the Education Act 1996. • Non-maintained special schools, which means a school which is approved under section 342 of the Education Act 1996. 	<ul style="list-style-type: none"> • The Education Act 1996 • Part 3 of the School Standards and Framework Act 1998 (school admissions) • s175 of the Education Act 2002 (duties of local authorities and governing bodies in relation to welfare of children) • Any provision of Part 3 of the Children and Families Act 2014, so far as it deals with special educational provision. ‘Special educational provision’ is to be interpreted as in Part 3 of the Children and Families Act 2014 (see section 21 of that Act).

²⁴ The Act makes reference to Northern Ireland’s Regional Health and Social Care Board in the list of bodies specified in section 343AD(3) who are subject to the Duty. This Board was dissolved by the Health and Social Care Act (Northern Ireland) 2022, with effect from 1 April 2022, with its functions transferring to the Department of Health (Northern Ireland). Under the 2022 Act’s transitional provisions, the Duty will continue to apply to the relevant functions formerly exercised by the Board as now exercised by the Department for Health (Northern Ireland).

²⁵ Unitary authorities are not explicitly listed in the definition of ‘local authority in England’ in section 343AA(8) of the Armed Forces Act 2006, and therefore not explicitly listed in this table, as legally they remain either a county council or district council, so are brought within scope of the Duty by the inclusion of these terms.

	<ul style="list-style-type: none"> • Governing bodies of institutions within the further education sector, where ‘governing body’ here has the meaning given by section 90 of the Further and Higher Education Act 1992, and ‘institution within the further education sector’ is to be interpreted in accordance with section 91(3) of the Further and Higher Education Act 1992. • Special post-16 institutions – this term has the same meaning as in the Children and Families Act 2014 (see section 83 of that Act). 	
Wales	<ul style="list-style-type: none"> • A local authority in Wales, which means the council of a county or county borough in Wales. • The governing body of a maintained school in Wales, where ‘maintained school’ has the same meaning as in the School Standards and Framework Act 1998 (see section 20 of that Act). 	<ul style="list-style-type: none"> • The Education Act 1996 • Part 3 of the School Standards and Framework Act 1998 (school admissions) • Section 175 of the Education Act 2002 (duties of local authorities and governing bodies in relation to welfare of children) • Sections 2 to 7 and 9 of the Learner Travel (Wales) Measure 2008 • Chapters 2 (individual development plans) and 3 (supplementary functions) of Part 2 of the Additional Learning Needs and Education Tribunal (Wales) Act 2018.
Scotland	<ul style="list-style-type: none"> • A local authority in Scotland, which means a council constituted under section 2 of the Local Government etc. (Scotland) Act 1994. • A Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978 • A person or body in their capacity as an appropriate agency for the purposes of section 23 of the Education (Additional Support for Learning) (Scotland) Act 2004 (asp 4) 	<ul style="list-style-type: none"> • In Part 2 of the Education (Scotland) Act 1980 (rights and duties of parents and functions of education authorities in relation to individual pupils), sections 28A, 28B, 42 and 51 • Sections 1 and 2 of the Standards in Scotland’s Schools etc. Act 2000 (asp 6) (provision of school education: right of child and duty of education authority) • The Education (Additional Support for Learning) (Scotland) Act 2004 (asp 4), except sections 15 to 21 of, and Schedule 1 to, that Act • Parts 3 (children’s services planning) of the Children and Young People (Scotland) Act 2014 (asp 8).
Northern Ireland	<ul style="list-style-type: none"> • The Education Authority established under section 1(1) of 	<ul style="list-style-type: none"> • Article 52 (school transport) of the Education and Libraries (Northern

	<p>the Education Act (Northern Ireland) 2014 (c. 12 (N.I.))</p> <ul style="list-style-type: none"> • The Board of Governors of a grant-aided school in Northern Ireland, where ‘grant-aided school’ means a grant-aided school within the meaning of the Education and Libraries (Northern Ireland) Order 1986. • The Regional Health and Social Care Board established under section 7 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (c.1 (N.I.)) • A Health and Social Care trust established by virtue of Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991 (S.I. 1991/194 (N.I. 1)), other than the Northern Ireland Ambulance Service Health and Social Care Trust. 	<p>Ireland) Order 1986 (S.I. 1986/594 (N.I. 3))</p> <ul style="list-style-type: none"> • In Part 2 (special educational needs) of the Education (Northern Ireland) Order 1996 (S.I. 1996/274 (N.I. 1)), Articles 6 to 16 and 19 to 20A • Article 16(4) and (5) (admission criteria) of the Education (Northern Ireland) Order 1997 (S.I. 1997/866 (N.I. 5)) • Articles 17 (duty on boards of governors to safeguard and promote the welfare of pupils) and 22 (admission to special schools of children resident outside Northern Ireland) of the Education and Libraries (Northern Ireland) Order 2003 (S.I. 2003/424 (N.I. 12)).
<p>Housing</p>		
<p>England</p>	<ul style="list-style-type: none"> • Local Authorities, which means a county council in England, a district council, a London borough council, the Common Council of the City of London, or the Council of the Isles of Scilly.²⁶ 	<ul style="list-style-type: none"> • Part 6 of the Housing Act 1996 (allocation of housing accommodation) • Part 7 of the Housing Act 1996 (homelessness: England) • Part 1 of the Housing Grants, Construction and Regeneration Act 1996 (grants, etc for renewal of private sector housing) • Section 1 of the Homelessness Act 2002 (duty of local housing authority in England to formulate a homelessness strategy) • Section 150 of the Localism Act 2011 (tenancy strategies) • Regulation 3 of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (S.I. 2002/1860) (power of local housing authorities to provide assistance), so far as that regulation deals with the provision of

²⁶ Unitary authorities are not explicitly listed in the definition of ‘local authority in England’ in section 343AA(8) of the Armed Forces Act 2006, and therefore not explicitly listed in this table, as legally they remain either a county council or district council, so are brought within scope of the Duty by the inclusion of these terms.

		financial assistance for a purpose corresponding to any purpose specified in s23 of the Housing Grants, Construction and Regeneration Act 1996 (disabled facilities grants: purposes).
Wales	<ul style="list-style-type: none"> • A local authority in Wales, which means the council of a county or county borough in Wales. 	<ul style="list-style-type: none"> • Part 6 of the Housing Act 1996 (allocation of housing accommodation) • Part 1 of the Housing Grants, Construction and Regeneration Act 1996 (grants, etc for renewal of private sector housing) • Part 2 of the Housing (Wales) Act 2014 (anaw 7) • Regulation 3 of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (S.I. 2002/1860) (power of local housing authorities to provide assistance), so far as that regulation deals with the provision of financial assistance for a purpose corresponding to any purpose specified in section 23 of the Housing Grants, Construction and Regeneration Act 1996 (disabled facilities grants: purposes).
Scotland	<ul style="list-style-type: none"> • A local authority in Scotland, which means a council constituted under section 2 of the Local Government etc. (Scotland) Act 1994. • A local authority landlord – this term has the same meaning as in the Housing (Scotland) Act 2001 (asp 10) (see section 11(3) of that Act). 	<ul style="list-style-type: none"> • Sections 19 to 21 of the Housing (Scotland) Act 1987 (housing lists etc) • Part 2 of that Act (homeless persons) • Sections 1 and 2 (homelessness: strategies and advice) of the Housing (Scotland) Act 2001 (asp 10) • Section 71(2)(e) of the Housing (Scotland) Act 2006 (asp 1) (adaptation of a house for a disabled person).
Northern Ireland	<ul style="list-style-type: none"> • The Northern Ireland Housing Executive 	<ul style="list-style-type: none"> • Articles 22 (house allocation scheme) and 22A (allocation only to eligible persons) of the Housing (Northern Ireland) Order 1981 (S.I. 1981/156 (N.I. 3)) • Part 2 (housing the homeless) of the Housing (Northern Ireland) Order 1988 (S.I. 1988/1990 (N.I. 23)), except article 15 • Chapter 2 of Part 3 of the Housing (Northern Ireland) Order 2003 (S.I. 2003/412 (N.I. 2)), so far as that

		Chapter relates to disabled facilities grants. 'Disabled facilities grant' has the meaning given by Article 35(4) of the Housing (Northern Ireland) Order 2003.
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Appendix 2: How bodies can raise awareness of Armed Forces issues

A2.1. While the Duty is not prescriptive about the actions bodies should take in order to promote awareness of the Duty and the issues faced by the Armed Forces Community, the type of actions that they might wish to consider adopting have been included below. These are based on the existing good practice of those bodies already working to deliver the Armed Forces Covenant in their local area.

Appointing individuals

- Local authorities can appoint an elected member champion.
- Appointing a dedicated officer, staff group, or other lead person, who can advise on and co-ordinate Armed Forces issues across the whole organisation.
- Promoting a single point of contact within the organisation that members of the Armed Forces Community can contact if they require assistance or advice.

Communication and Engagement

- Organising and/or attending regular meetings with Armed Forces representatives, charities, public sector representatives, the local Armed Forces presence, Armed Forces Covenant networks, and/or organisation champion(s).
- Establishing and/or attending local partnership boards to collaborate with other similar organisations, sharing best practice and information.
- Providing a web page or material with key information and links for members of the Armed Forces Community (such as examples [1](#) [2](#) [3](#)), including details on complaints procedures and signposting relevant organisations such as ombudsmen.
- A clear statement of what members of the Armed Forces Community can expect from the organisation in terms of support (such as this [example](#)).
- A mechanism for reporting actions and achievements.
- A mechanism for prompting further research.
- Training frontline staff.

Collaboration

- Sharing awareness, data and good practice on the Armed Forces Community within the organisation and other similar organisations.
- Requesting more information from organisations who have dealt with the Armed Forces Community before.

Research

- Understanding the make-up of the Armed Forces Community in the local area.
- Identifying gaps in knowledge.
- Consulting online information and tools, such as the Veterans' Gateway or the Armed Forces Covenant Fund Trust's Knowledge Network.

- Conducting a Joint Strategic Needs Assessment on the needs of the local Armed Forces Community and, where possible, anticipate the needs of those moving into the local area.
- Undertaking primary evidence capturing exercises, such as a CHAIN style report to capture homeless veterans.
- Collecting and analysing data on the local Armed Forces Community, including by asking service users about their Armed Forces status.
- Consulting national data sources such as the census, and statistics on the locations of Armed Forces pension and compensation recipients and recipients of Service Pupil Premium.
- Consulting research and best-practice guides, such as the Forces in Mind Trust's '[Our Community Our Covenant](#)' report.
- Engaging regularly with service end-users who are members of the Armed Forces Community.

Vision

- Having an action plan that is regularly monitored and reviewed.
- Conducting regular policy reviews.

Appendix 3: Further information

A3.1. This publication, and other resources related to the Armed Forces Covenant, are available from the Covenant website: www.armedforcescovenant.gov.uk. The website contains a freely available learning platform with training tools, advice and wider guidance aimed at (and populated by) service providers, to ensure that they have easy access to the information they require to comply with the Armed Forces Covenant Duty, and more. More guidance can also be found at [The Armed Forces Covenant](#).

A3.2. For advice, information, or guidance on Covenant issues, the Ministry of Defence's Covenant Team can be contacted at: COVENANT-MAILBOX@mod.gov.uk.

Other Useful Sources

Statutory Frameworks, Policies and Guidance

Healthcare:

- [Healthcare for the Armed Forces Community \(NHS\)](#)
- [NHS 111 Wales](#)
- [Scotland's Health on the Web](#)
- [Health and Social Care Northern Ireland](#)

Education:

- [School Admissions Code and Fair Access Protocols \(England\)](#)
- [School Transport: A Guide for Parents \(England\)](#)
- [School admissions \(Wales\)](#)
- [Additional Learning Needs Code \(Wales\)](#)
- [Attendance – Included, engaged and involved \(Scotland\) Part 1](#) and [Part 2](#)
- [Getting it Right for Every Child \(Scotland\)](#)
- [Admissions \(Northern Ireland\)](#)

Housing:

- [Guidance on Allocations](#)
- [Improving Access to Social Housing for the Armed Forces](#)
- [Homelessness Code of Guidance for Local Authorities](#)
- [Armed Forces and ex-Service Personnel – A Scottish Housing Guide](#)
- [Welsh Government's Code of Guidance for Local Authorities on the Allocation of Accommodation and Homelessness](#)
- [Welsh Government's National housing pathway for veterans of the Armed Forces](#)

Other:

- [Scotland Armed Forces and Veterans Community](#)
- [Veterans Wales](#)
- [Local Government and Social Care Ombudsman's Armed Forces Covenant guidance to councils](#)

Documents and Research

- [Armed Forces Covenant Annual Report and other useful publications](#)
- [Armed Forces Covenant Local Authority Guide](#) and [other useful resources](#)
- [Armed Forces Families Strategy](#)
- [Duty and Care: Armed Forces Family Mobility and Health Care Report](#)

- [The Emotional Cycle of Deployment](#)
- [Forces Additional Needs and Disability Forum 30th Anniversary Report](#)
- [Forces In Mind Trust 'Our Community Our Covenant' Report](#)
- [Living in our shoes: Understanding the needs of UK Armed Forces families](#)
- [Greater Manchester Armed Forces Covenant Guide](#)
- [Relocating to Scotland](#)
- [Reserve Forces Review 2030](#)
- [Voice of Schools Survey](#)

Contacts, Stakeholders and Training

- [ABF The Soldiers' Charity](#)
- [Armed Forces Covenant Fund Trust](#)
- [Army Families Federation](#)
- [Association of Directors of Education in Scotland \(ADES\)](#)
- [ADES Forces Children's Education](#)
- [BLESMA: The Military Charity for Limbless Veterans](#)
- [Children's Education Advisory Service CEAS \(MOD\)](#)
- [Confederation of Service Charities \(COBSEO\)](#)
- [Defence Medical Welfare Service](#)
- [Forces Children Scotland](#)
- [Forces in Mind Trust](#)
- [Housing e-Learning for Frontline Workers \(Greater Manchester Housing Partnership\)](#)
- [Joint Services Housing Advice Office](#)
- [The Military Human: Understanding Military Culture and Transition \(York St John University\)](#)
- [Naval Families Federation](#)
- [National and Regional Schools Commissioners \(England\)](#)
- [Northern Ireland Housing Executive](#)
- [Northern Ireland Veterans Commissioner's Office](#)
- [Northern Ireland Veterans' Support Office](#)
- [RAF Benevolent Fund](#)
- [RAF Families Federation](#)
- [Reserve Forces' and Cadets' Associations](#)
- [Royal British Legion](#)
- [Royal Naval Benevolent Trust](#)
- [Scottish Veterans Commissioner](#)
- [Service Children's Progression Alliance](#) and [SCiP Alliance Map](#) of Service children
- [Service Children in State Schools](#)
- [SSAFA The Armed Forces Charity](#)
- [Supporting Service Children in Education Cymru](#)
- [Veterans Advisory and Pensions Committees \(VAPCs\)](#)
- [Veterans Covenant Healthcare Alliance](#)
- [Veterans' Gateway](#)
- [Veterans UK](#)
- [War Widows Association](#)

Appendix 4: Resolving disputes

Complaints Process

A4.1. The Armed Forces Covenant Duty does not introduce any new enforcement mechanism.

A4.2. In the instance of a dispute over whether a body has complied with the Covenant Duty, this should be raised with the body concerned, following that body's standard complaints process. Public bodies should clearly advertise their complaints procedures to make the process easy to access. In many cases, communicating clearly and proactively with the complainant throughout about the decision taken and reasons why should help to alleviate concerns.

Unresolved Complaints

A4.3. Should the body's standard complaints process fail to achieve an adequate resolution, complainants may be able to engage in a mediation, appeal, or tribunal process, or to refer the matter to the relevant ombudsman where appropriate. Bodies should clearly signpost these further means of redress to make the process easy to access.

A4.4. Ombudsmen:

- **England:** In England, there are different ombudsman services for different public services. If you have a complaint about the following you may wish to go to:
 - Homelessness, School Transport, School Admissions or SEND: [Local Government and Social Care Ombudsman](#)
 - Housing: [Housing Ombudsman](#)
 - Healthcare: [Parliamentary and Health Service Ombudsman](#)
- **Wales:** [Public Service Ombudsman for Wales](#)
- **Scotland:** [Scottish Public Services Ombudsman](#)
- **Northern Ireland:** [Northern Ireland Public Services Ombudsman](#)
- **Service Complaints:** [Service Complaints Ombudsman for the Armed Forces](#)

A4.5. Complainants and bodies are encouraged to engage with the Armed Forces Covenant Team in the Ministry of Defence to make them aware of an issue. The Ministry of Defence has no formal powers to adjudicate disputes. However, it has substantial experience of dealing with Covenant issues, and by working with complainants, bodies in scope, and other stakeholders such as local Armed Forces Champions, it has been able to resolve many Covenant-related disputes or mediate a solution.

Further advice:

- [Armed Forces Covenant Team \(UK\)](#)
- [Office for Veterans' Affairs \(UK\)](#)
- [Armed Forces Expert Group \(Wales\)](#)
- [Scottish Veterans Commissioner](#)
- [Northern Ireland Veterans Commissioner's Office](#)
- [Northern Ireland Veterans' Support Office](#)

Unresolved Complaints: Judicial Review

A4.6. It might be possible to seek to challenge any alleged non-compliance with the Covenant Duty by making an application to judicially review a body's actions or omissions. Time limits apply for judicial review and, therefore, legal advice should be sought early. Rules and procedures can differ across the different home nations of the UK. Further guidance on the judicial review process is available at the following sources:

- [‘Judge Over Your Shoulder’ Guide](#)
- [Guide for England & Wales](#)
- [Guide for Scotland](#)
- [Guide for Northern Ireland](#)

Integration Joint Board 13 June 2024

Subject :	Justice Services
Purpose :	The purpose of this paper is to update the IJB on the work of North Ayrshire and pan Ayrshire Justice Services.
Recommendation :	The Integration Joint Board are asked to note the content of the report and support the ongoing developments in Justice Services

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
RSO	Registered Sex Offender
MAD	Making a Difference
SDS	Structured Deferred Sentence
CJAP	Community Justice Ayrshire Partnership
PDT	Partnership Delivery Team
MFMC	Moving Forward Making Changes
MF2C	Moving Forward to Change
SAPOR	Scottish Advisory Panel for Offender Rehabilitation
DTTO	Drug Testing and Treatment
MAPPA	Multi Agency Public Protection Arrangements
CPO	Community Payback order
LOIP	Local Outcome Improvement Plan
DIAC	Community Reintegration Delivery Group
RDW	Recovery Development Worker

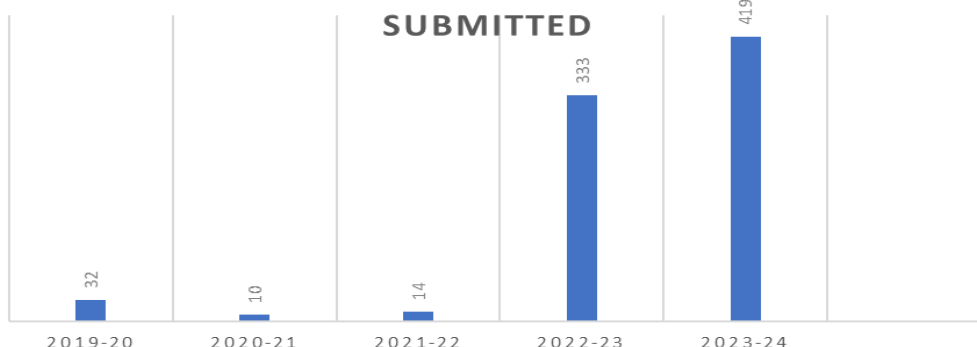
1.	EXECUTIVE SUMMARY
1.1	North Ayrshire Justice Services consists of three Locality Social Work Teams, a Court Social Work Team, and an Unpaid Work Team.
1.2	The Locality Teams have developed in recent years to include a focus on service user engagement with the introduction of Making a Difference Group (MAD) and a move to employ a staff member with lived experience to support those in recovery.

1.3	There are further plans to recruit a Desistence Officer and Housing Support Worker to further develop both our service user engagement work and our whole systems approach to reducing reoffending.
1.4	The Unpaid Work Team have recently assumed the responsibility of three early intervention services, namely Structured Deferred Sentence (SDS), Bail Supervision and Diversion from Prosecution.
1.5	These services have historically been delivered on a pan Ayrshire basis and are now delivered locally in each of the Ayrshire's. This development will maximise our resources and staff skill base in the delivery of Unpaid Paid Work and early intervention to support services users through their Court Orders and ultimately work towards reducing reoffending.
1.6	North Ayrshire host Pan Ayrshire Justice Services which include the Community Justice Ayrshire Parentship (CJAP) and specialist services that are delivered by the Partnership Delivery Team (PDT).
1.6	North Ayrshire also host the Multi Agency Public Protection Arrangements (MAPPA) for South West Scotland which covers North, South and East Ayrshire, alongside Dumfries and Galloway.
2.	BACKGROUND
2.1	North Ayrshire Justice Locality Teams
	There are three fieldwork teams within North Ayrshire Justice Services. The role of the fieldwork teams includes the monitoring, supervision and support of adults involved in the Justice System. This includes the preparation of reports for Court and the Parole Board, the management of statutory orders and supervision of complex cases including MAPPA and high-risk violent individuals. In addition, the fieldwork teams undertake duty as part of the Social Work Court Team at Kilmarnock Sheriff Court.
	The locality/fieldwork team in partnership with service users have developed the service-user led Making a Difference group (MAD).
	The MAD group provides service users with the opportunity to contribute to areas such as service design ensuring that our Justice service is responsive to their needs. The MAD group also gives service users a voice and supports them to develop their skills and confidence in playing an active role in their community and taking on a measure of responsibility that can assist in their journey away from crime.

	<p>This group are currently involved in a range of prosocial activities including walking and wellbeing challenges, they continue to develop their cooking challenges and are in the process of producing their third cookbook.</p>
	<p>North Ayrshire Housing Services are working in partnership with Justice Services to support service users released from prison to sustain their tenancy through the implementation of their Rapid Rehousing Transition and have identified funding to employ a social work assistant for 23 months. This new post will enable the delivery of a bespoke service to prevent homelessness/repeat homelessness, re-incarceration within prison, reduce isolation and promote sustained engagement with services.</p>
	<p>Connections have been established with KA leisure who are providing discounted memberships to service users open to Justice Services. The benefits of exercise for both physical and mental health are well established and as such, this opportunity has had a positive impact for service users accessing these facilities.</p>
	<p>The service is also in the process of recruiting a Recovery Development Worker funded by the Alcohol and Drug Partnership. This role will be extremely beneficial from a grassroots level in supporting service users who experience addiction to assist them in their recovery journey and promote empowerment through assertive outreach. This service which will run initially for 23 months will incorporate a Public Health approach to Community Justice and help to consolidate 'recovery' learning within Justice Services.</p>
	<p>Justice Services are also in the process of recruiting a Desistence Officer who will support the service user engagement agenda and the work of the Making a Difference Group. This role will focus on individualising support for change, building and sustaining hope, recognising, and developing people's strengths, respecting, and fostering agency (or self-determination), working with and through relationships (both personal and professional), developing social as well as human capital.</p>
2.2	North Ayrshire Unpaid Work
	<p>Unpaid Work is the requirement of a Community Payback Order (CPO) issued by Court as a community-based sentence. This can be either a stand-alone requirement or as part of multiple requirements to compliment the criminogenic needs of service users.</p> <p>Unpaid work is sentenced within the hours that a service user requires to "Pay Back" to the community for crimes committed. The hours vary and can be anywhere between 20 and 300 hours of reparation to be undertaken in the local community of where the service user resides. The hours are supervised and structured to ensure paid employment is not taken away from the local area.</p>
	<p>Over the past year there was a total of 490 CPO's imposed, which runs parallel to last year's figures. The numbers for Unpaid Work decreased significantly during covid</p>

	<p>however numbers are rising again and with a total of 329 Unpaid Work orders during 2023-2024, we have almost returned to pre covid levels.</p>
	<p>To support these numbers and to progress service users through their orders timeously, the service has up to five teams out 7 days a week with spaces for up to twenty-five service users who are working on a range of community projects. These projects include litter picking, grass cutting/ground works, indoor and outdoor painting, woodwork, work within schools in relation to woodwork and gardening projects.</p>
	<p>The Unpaid Work Team also have an Income Generation programme where they make garden furniture for low costs, these are on sale to public. Any income from this is donated to local charities.</p> <p>There are three services which previously operated on a pan Ayrshire basis however as of April this year they are now delivered locally and are now located within the Unpaid Work Team as part of an early intervention approach to reducing offending behaviour.</p>
	<p>These services are :-</p> <ul style="list-style-type: none"> • Bail Supervision, • Structured Deferred Sentence (SDS) and • Diversion from Prosecution.
	<p><u>Bail Supervision</u></p>
	<p>Bail Supervision was established within Courts in Ayrshire several years ago to reduce the number of individuals remanded in custody whilst also keeping public protection at the forefront.</p>
	<p>Bail supervision is intended to provide a robust and credible alternative to remand where individuals are assessed as needing a level of supervision and support to meet their bail conditions. Although this service has historically been widely utilised, numbers have increased significantly following the introduction of Electronic Monitoring of Bail following adoption of the Bail and Release from Custody Bill (2023), which stipulates that apart from in the most serious of cases where people can pose a risk to public safety or the delivery of justice in a case, remand is a last resort for the Court.</p>
	<p>Bail supervision assessments are undertaken at Court by Justice Social Work staff and if considered suitable, an action plan based on need is devised to ensure that whilst being supervised in the community, service users are supported to begin to explore and address their issues. The table below illustrates the increase in demand for Bail Supervision assessments.</p>

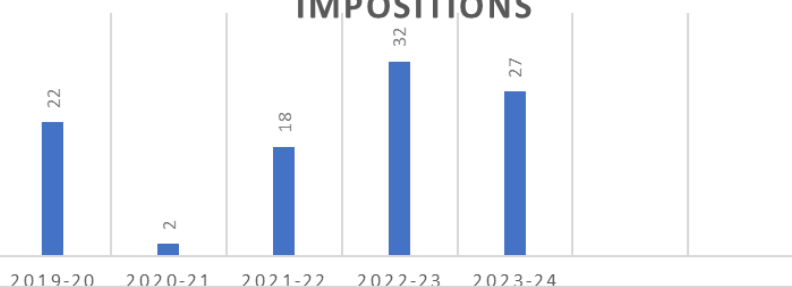
BAIL SUPERVISION ASSESSMENT REPORTS SUBMITTED



Structured Deferred Sentences (SDS)

Structured Deferred Sentences (SDS) offers a credible and effective community alternative to a short period of imprisonment and allows for early intervention via a short period of structured support and focused work (normally between 3 to 6 months) delivered by Justice Social Work and/or multi-agency partners. The aim of this work is to address immediate and underlying welfare and criminogenic needs, to build motivation and capacity for change, to help prevent individuals become further drawn into the justice system, as well as addressing the underlying causes of offending and contribute to safer and fairer communities for all. Despite a slight decrease last year, the chart below highlights an overall increase over the past 2 years from pre pandemic levels in the use of SDS as a community alternative.

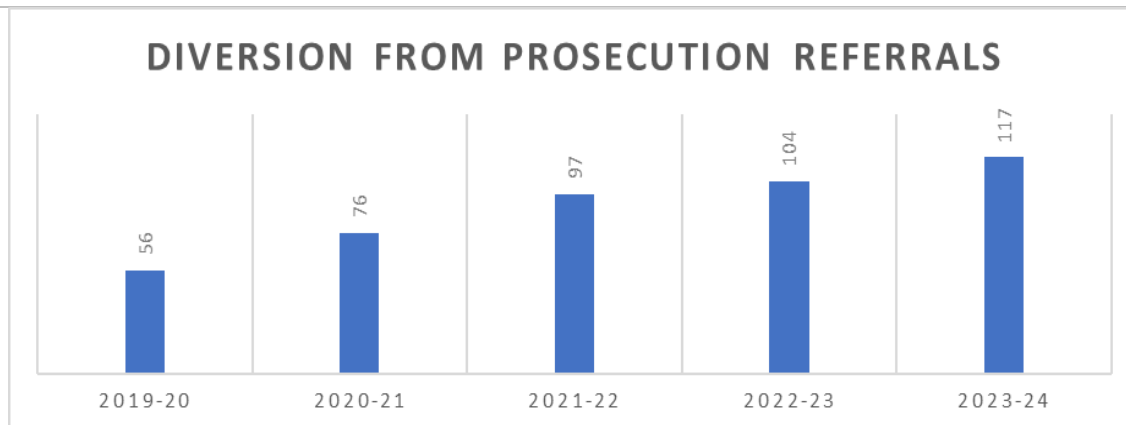
STRUCTURED DEFERRED SENTENCE IMPOSITIONS



Diversion from Prosecution

The Diversion from Prosecution Scheme was introduced to enable the Procurator Fiscal to divert service users to social work and other service agencies to be dealt with outside the Court system, where it is considered not to be in the public interest to prosecute. The aims of the service are to provide a disposal which, due to the personal circumstances of the accused is more satisfactory on humanitarian grounds than prosecution, and through early intervention out with the Court, to offer a more effective means to prevent the reoccurrence of the alleged offending behaviour.

Following a positive assessment of an alleged offender's suitability for diversion there would normally be a 3-month period of intervention. The chart below illustrates a year-on-year increase in the Diversion from Prosecution scheme.



With all these services now being delivered locally and the re-location of pan Ayrshire staff to the Unpaid Work team, all Justice Officers across these combined service areas will be trained in these interventions to maximise their skill base, expand their expertise thus ensuring that we have a larger pool of staff able to cover the increase in demand for early intervention and community alternatives.

2.3 Employability Mentors

It is recognised that service users within Justice face multiple barriers to gaining employment and to address this, the service have two employability mentors that are located within the Unpaid Work Service. These posts are funded through North Ayrshire Council Employability Services and offer support and guidance to Justice service users who have picked up a criminal conviction within the last 5 years. This service can offer tailored support including training courses, educational opportunities, and volunteering experience to assist service users into longer term training or employment.

2.4 Partnership Delivery Team

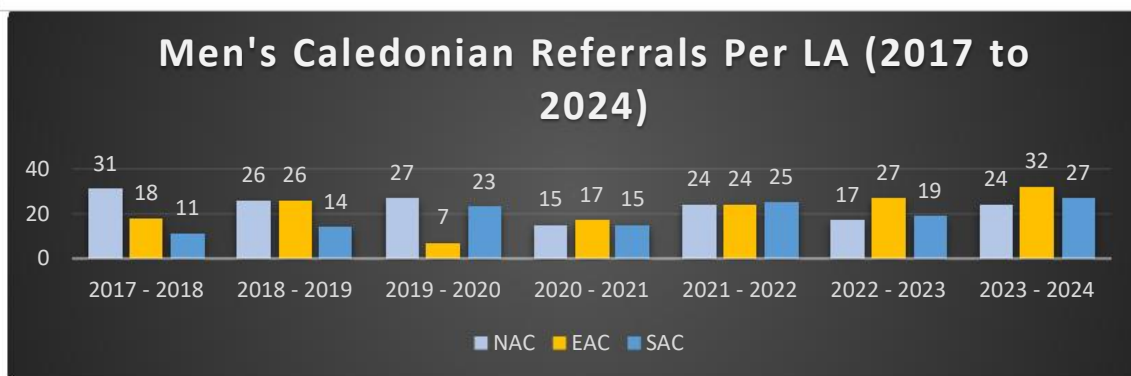
Pan Ayrshire Justice Services are delivered by the Partnership Delivery Team (PDT) and hosted by North Ayrshire.

The Partnership Delivery Team provides three distinct and specialist services across the three Ayrshires. These services are :-

- Caledonian System,
- Moving Forward Making Changes (MFMC) and
- Drug Testing and Treatment Orders (DTTO).

Caledonian System

The Caledonian System is an accredited programme for medium to high-risk male perpetrators of domestic abuse, which is imposed as a Programme Requirement of a CPO. The Caledonian System consists of a Men’s Group Work programme, a Children’s Service, and a Women’s Service. There continues to be a significant demand for the Caledonian programme with the numbers of referrals increasing year on year since 2020. There are 130 men currently on orders across Ayrshire, with three groups running every week and all are at full capacity. We have a waiting list for this service.

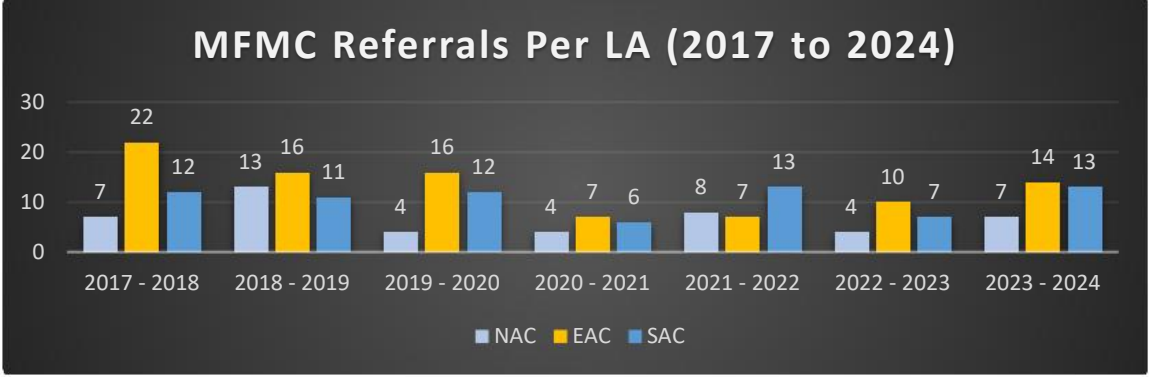


The chart illustrates an ongoing high demand for Caledonian Men’s Programme with numbers increasing year on year, however this is well managed. The chart shows the new disposals made by courts each year not the total number of men involved in group work. The Caledonian Programme runs for 2 years.

The Caledonian Oversight Group, which governs Caledonian is currently considering alternative models for Caledonian delivery to maximise efficiency of available resources. Moreover, changes are proposed to the data set for Caledonian as there is a national consensus of this being too onerous, therefore discussions are ongoing on how to reduce and streamline this.

Moving Forward Making Changes (MFMC)

MFMC is a programme for the treatment of adult male sexual offenders. Demand for the programme has remained steady with 70 men on the programme across Ayrshire, three groups are delivered weekly, and all groups are currently at full capacity.

	<p style="text-align: center;">MFMC Referrals Per LA (2017 to 2024)</p>  <table border="1" style="margin-top: 10px; width: 100%; text-align: center;"> <thead> <tr> <th>Year</th> <th>NAC</th> <th>EAC</th> <th>SAC</th> </tr> </thead> <tbody> <tr> <td>2017 - 2018</td> <td>7</td> <td>22</td> <td>12</td> </tr> <tr> <td>2018 - 2019</td> <td>13</td> <td>16</td> <td>11</td> </tr> <tr> <td>2019 - 2020</td> <td>4</td> <td>16</td> <td>12</td> </tr> <tr> <td>2020 - 2021</td> <td>4</td> <td>7</td> <td>6</td> </tr> <tr> <td>2021 - 2022</td> <td>8</td> <td>7</td> <td>13</td> </tr> <tr> <td>2022 - 2023</td> <td>4</td> <td>10</td> <td>7</td> </tr> <tr> <td>2023 - 2024</td> <td>7</td> <td>14</td> <td>13</td> </tr> </tbody> </table>	Year	NAC	EAC	SAC	2017 - 2018	7	22	12	2018 - 2019	13	16	11	2019 - 2020	4	16	12	2020 - 2021	4	7	6	2021 - 2022	8	7	13	2022 - 2023	4	10	7	2023 - 2024	7	14	13
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<p>The chart illustrates an ongoing high demand for MFMC which has now exceeded pre-covid levels. As with the Caledonian, the chart illustrates disposals made year on year and not the total number of males involved. MFMC programme takes 3 years to complete.</p>																																	
<p>MFMC is currently under re-development by the Scottish Advisory Panel for Offender Rehabilitation (SAPOR), but the current programme will continue to be delivered in local authorities and prisons until the new programme, Moving Forward 2 Change, (MF2C) is ready to be used.</p>																																	
<p>Responsibility for the completion of MFMC is shared between the Justice locality fieldwork team, and the PDT. There are advantages to having the groupwork delivered on a pan Ayrshire basis given the numbers held by each locality would not merit running a local group, as well as the extensive expertise built up by the MFMC facilitators in contributing to the overall management of sex offenders in the community.</p>																																	
<p>The MFMC pilot projects were completed at the end of 2023 and a national roll out is now underway with a national training schedule in place with training for Ayrshire currently planned for November 2025. The new programme reflects the latest research on desistance with sex offenders and incorporates trauma informed principles. The new programme involves the group work team supporting the delivery of the individual sessions before the man moves onto group work.</p>																																	
<p><u>Drug Treatment and Testing Orders (DTTO)</u></p>																																	
<p>Drug Treatment and Testing Orders (DTTO) have been established at Ayr and Kilmarnock Sheriff Courts since 2004 to address the link between drug use and offending behaviour, specifically to reduce or eliminate an offender’s dependency or propensity to misuse drugs and achieve positive changes in the scale and frequency of drug related offending.</p>																																	

	<p>DTTO typically involves an extremely challenging group of individuals with complex needs who offend as a direct result of long-term drug dependency and have previously failed to comply with the conditions of a CPO or less intensive justice intervention, and/or whose offending history is sufficiently serious where custody is the most feasible option for the Court. The DTTO has therefore a greater level of intensity than other community sentences with a specific focus on recovery from illicit drug use.</p>
	<p>Due to a marked increase in drug-related deaths in Scotland, an increase in the demand for service delivery, an application was made to CORRA in 2022 for funding to support two Recovery Development Workers, who would work across the three local authority areas. Following a positive outcome report which indicated an increase in service user engagement, an increase in recovery outcome indicators and a reduction in Court revocations, one year of initial funding has now increased to five years.</p>
	<p>The Recovery Development Worker role has become an integral part of the DTTO Service and key in averting the types of crises and challenges the individuals using the service are facing, therefore having a direct positive effect on their ability to maintain their order. Not only has the benefit of lived experience been successful in increasing service user engagement, but other DTTO staff recognise the valuable contribution they make for the overall recovery of those they work with. DTTO will always be restricted by the conditions set by the Court and the Scottish Government, but individuals now have access to a greater support network through the RDWs working in collaboration with the other recovery services. We have also been exploring personal development options for the RDWs, and both are enrolling in the Certificate in Counselling Skills course, as well as accessing internal training provided by North Ayrshire Health and Social Care Partnership. As the project has progressed, the RDWs have developed a good balance amongst support offered at DTTO mandatory clinics, supporting individuals to attend appointments for services and direct one-to-one support to support individual needs.</p>
2.5	Community Justice Ayrshire Partnership (CJAP)
	<p>The Community Justice Ayrshire Partnership was established in 2016 and is a pan-Ayrshire strategic partnership working across East, North and South Ayrshire. The partnership comprises of statutory and third sector organisations who work together to reduce reoffending and improve outcomes for people affected by the Justice system.</p>
	<p>The Community Justice (Scotland) Act 2016 requires partners to publish a Community Justice Outcomes Improvement Plan (CJOIP) for each Local Authority area, outlining how they intend to work together to reduce reoffending.</p>

	<p>The Ayrshire CJOIP 2024 – 2029 five-year plan has just been published and links to the Local Outcome Improvement Plans (LOIPs) developed by each Community Planning Partnership, and to the National Strategy for Community Justice and the Community Justice Performance Framework developed by the Scottish Government.</p> <p>Community Justice Delivery Groups have been running in each of the Ayrshire local authority areas, along with the two pan-Ayrshire groups; the Diversion, Intervention and Alternatives to Custody Delivery Group (DIAC) and the Community Reintegration Delivery Group.</p>
	<p>Whilst the local authority groups have played a key role in the development of the new strategic plan (CJOIP) for the partnership, there is recognition that taking a pan-Ayrshire approach to the delivery group structures within the partnership will allow us to retain a collaborative partnership approach to the delivery of the work within the new CJOIP.</p>
	<p>To support this approach to delivery, the three local authority delivery groups will be combining to form one main ‘community focussed’ pan-Ayrshire group, which will take forward elements of the strategy around community-based sentences and meeting the needs of people involved in the justice system through universal services. This will allow the partnership to take a ‘justice journey’ approach to our structure, bringing relevant partners round the table to progress areas of work across different stages of a person’s journey through the justice system.</p>
	<p>To introduce plans for the ‘community focused’ group and discuss shared plans for delivery of the CJOIP a Community Justice Workshop is planned for the 13 June 2024. At this event partners will be able to learn more about the focus and purpose of each group, discuss which areas of work each group will be progressing and how partners can get involved. We will also have a focus on community sentences during the workshop and learn more about the impact of community sentences, what they are, how they’re delivered by Justice Social Workers and look at opportunities for further collaboration with wider partners and services.</p>
2.6	MAPPA (Multi Agency Public Protection Arrangements)
	<p>North Ayrshire host the MAPPA for South West Scotland covering North, South and East Ayrshire, alongside Dumfries and Galloway.</p>
	<p>The MAPPA are a set of statutory arrangements that allow for the assessment and management of the risk posed by people convicted of sexual and violent offences. In Scotland, the MAPPA were established by Sections 10 and 11 of the Management of offender’s etc. Scotland Act 2005. The MAPPA brings together the Police, Local Authority Social Work Justice Services, the NHS, and the Prison Service.</p>

	<p>While it must be recognised that it is never possible to eliminate risk completely, all the agencies involved in MAPPA work tirelessly to ensure that every reasonable step is taken to reduce the risk of serious harm to the public. The result of this is that MAPPA plays a major role in keeping our communities safe.</p>
	<p>As responsible authorities, we are required to keep MAPPA under review and to publish Annual Reports to allow us to publicly demonstrate the effective management of people who present a risk to the public. Annual reporting also outlines the steps being taken to continuously review our practices and procedures ensuring that these can be adapted in line with changing operational and environmental factors.</p>
	<p>A Data Dashboard has been developed to capture key statistical data to provide clarity on the impact of the MAPPA process. This Dashboard also provides insight on the combined efforts of partner agencies in managing and reducing risk. The MAPPA team will be conducting essential casefile audits across Ayrshire and Dumfries and Galloway. The case file audits will provide ongoing assurance that individuals subject to MAPPA are being managed in an active and alert multi-agency environment, key information and decisions from the MAPPA process are being recorded and that information is being actively used by each agency to manage and reduce risk.</p>
	<p>To support ongoing effective practice in risk assessment and risk management in relation to the assessment and minimisation of risk The Risk Management Authority (RMA) will deliver training to Police and Social Work staff in the South West who are managing level 2 or 3 cases MAPPA cases. This training has been designed to increase knowledge and confidence for staff around the skills, principles and processes that required when assessing and managing risk of serious harm to prevent or reduce the occurrence and impact of further offending.</p>
3.	PROPOSALS
3.1	IJB are asked to note and support the ongoing work and development of services of North Ayrshire, pan Ayrshire and South West Justice Services.
3.2	<u>Anticipated Outcomes</u>
	To streamline early intervention services delivered locally as part of a whole systems, whole person approach to North Ayrshire Justice Services.
	Increase in successful transitions back into the community through the range of services and interventions that are being developed in North Ayrshire i.e. Desistence Officer, Housing Support Worker, Recovery Development Workers, and Employability Mentors.
	That the whole-person approach assists service users with their personal wellbeing, accommodation, health, education, and employment to reduce reoffending, protect the public and build a stronger society in the long term.

3.3	<u>Measuring Impact</u>
	<p>A full-time Information Systems Officer will gather the aggregate data for Scottish Government to enable the impact of Justice Services interventions and areas of development to be analysed with a focus on local and public trends.</p> <p>In addition, annual evaluation reports will be produced on the proposed areas for service development with the collation of case studies, exit questionnaires and feedback from service users to evidence impact.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u>
	<p>Justice Social Work in Scotland is funded through Scottish Government's ring-fenced Criminal Justice grant to cover local authorities' statutory demands, and transfers to local authorities from Scottish Government Community Justice budgets.</p> <p>Funding streams for new developmental posts within Justice Services is short term which only enables a small window of opportunity to demonstrate the value and impact of the new initiative that will support Justice Services. Short term funding will also have an impact on recruitment and retention of staff to deliver these interventions.</p>
4.2	<u>Human Resources</u>
	<p>Human Resources have provided support with the Scheme of Delegation and the creation of new role profiles and service specifications for the new positions that will come to Justice Services.</p>
4.3	<u>Legal</u>
	<p>Work within Justice Services and the proposed new developments will continue to be delivered within the legislative framework detailed below:</p> <p>Sections 227A to 227ZO, and Schedule 13 of the Criminal Procedure (Scotland) Act 1995 ("the 1995 Act") provide the legislative framework for CPOs.</p> <p>The Community Payback Orders (Prescribed Persons for Consultation) (Scotland) Regulations 2011.</p> <p>Community Justice (Scotland) Act 2016</p> <p>The Management of Offenders (Scotland) Act 2019</p> <p>Section 82 of the Sexual Offences Act 2003</p>
4.4	<u>Equality/Socio-Economic</u>

	As a result of the significant impact of inequalities on individuals involved in the justice system, a restorative justice approach is being adopted across North Ayrshire justice services to support individuals to be rehabilitated back into communities alongside the adoption of preventative approaches to reduce the likelihood of further offending in the future.
4.5	<p><u>Risk</u></p> <p>This paper outlines the approach of North Ayrshire Justice services regarding the management of risk around those who have offended and the significant importance which is placed upon addressing these behaviours in order to promote public protection and keep communities safe.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>None</p>
4.7	<p><u>Key Priorities</u></p> <p>The work of Justice Services and proposed areas of development fully aligns with the work of the Councils strategic plans, the Vision for Justice in Scotland and the National Strategy for Community Justice which supports and drives forward action in relation to the outcomes set out under the aim to support rehabilitation, use custody only where there is no alternative and work to reduce reoffending and revictimisation.</p>
5.	CONSULTATION
5.1	Justice services routinely consult and collaborate with partner agencies, national bodies, third sector colleagues and service users.

**Caroline Cameron,
Director, NAHSCP**

Roseanne Burns, Senior Manager, Justice and Intervention Services

Integration Joint Board
13 June 2024

Subject :	North Ayrshire ADP Annual Reporting Survey 2023/2024
Purpose :	IJB members are asked to approve the survey for 23/24.
Recommendation :	The IJB to consider and approve the responses to the ADP Annual Reporting Survey for submission to the Scottish Government.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	X
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ADP	Alcohol and Drug Partnership
IJB	Integrated Joint Board

1.	EXECUTIVE SUMMARY
1.1	To present, for approval, the ADP Annual Reporting Survey for 2023/2024 detailing a range of information to the Scottish Government on a range of aspects relating to the delivery of the National Mission.
2.	BACKGROUND
2.1	This year the report provides high level information on the range of substance misuse support available in North Ayrshire.
3.	PROPOSALS
3.1	List the specific actions that need to be considered and approved: It is requested that IJB consider and sign off the responses to the survey before submission to the Scottish Government on the 28 th June 2024.
3.2	<u>Anticipated Outcomes</u>
	The survey provides a broad overview of the work of the ADP and does not reflect the totality of the work covered by the ADP, NADARS and wider partners.

3.3	<u>Measuring Impact</u>
	The data will help understand the challenges and opportunities with the findings informing the monitoring of ADP projects, the work of national subgroups focused on topics such like the Whole Family Approach and Residential Rehabilitation.
4.	IMPLICATIONS
4.1	<u>Financial</u> None.
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None.
4.4	<u>Equality/Socio-Economic</u> None.
4.5	<u>Risk</u> The survey details responses mainly focused on support available to people in North Ayrshire so carries a 'low' risk rating.
4.6	<u>Community Wealth Building</u> Details within the responses raise awareness of the impact of alcohol and drugs and the work of the HSCP, ADP and partner agencies to reduce alcohol and drug related harms.
4.7	<u>Key Priorities</u> The survey has helped the ADP identify areas of strength and areas of opportunity and development. This will be considered when developing the next ADP strategic plan and associated action plans.
5.	CONSULTATION
	A core group of individuals involved with the ADP contributed to the survey responses.

Caroline Cameron, Director

Michael McLennan - ADP Lead Officer michaelmclennan@north-ayrshire.gov.uk

Appendices

- Appendix 1: ADP Annual Reporting Survey

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses [here](#). All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.
[single option]

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- X North Ayrshire ADP
- North Lanarkshire ADP
- Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

X Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

X Other (please specify): PAG convene on a PAN Ayrshire basis following a series of significant events to discuss joint responses.

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.

[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

North Ayrshire Drug Death Review Group will conduct reviews to establish any learning that can be identified that can contribute to improving practice.

The PAN Ayrshire Drug Trend Monitoring Group focus on current drug trends and the impact this is having on communities across Ayrshire.

- Bring awareness of new and continuing trends throughout Ayrshire and Arran.
- Ensure the collation and dissemination of information on substances of concern.
- Bring awareness of the risks and harms to individuals and communities.

Support shared and collective risk assessment with the option of escalating to a Public Health-led Problem Assessment Group/Incident Management Team response, as indicated.

This group helps to ensure there is a consistent approach across Ayrshire in responding to emerging risks and threats. Police Scotland STOP Unit attend the Drug Trend Monitoring group and provide information on drug purity and national trends.

The Prevention and Service Support Team (PSST) coordinate data collated through ABI informs ongoing training requirements and improved local and national reporting in relation to the impact of alcohol.

Locally and nationally DAIsy is used to record and collate information. Locally, information is recorded and collated via the Shared Addiction Management Service (SAMS)

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.

[single option]

Yes

No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

We are working with the NHS A+A PHD on a Drug Risks and Harms escalation policy to ensure the joins with the Public Health Scotland RADAR programme of work and the Ayrshire and Arran Drug Trends monitoring group. This approach seeks to provide support from a public health perspective where a threshold of risk/harm becomes visible: through increases in/clusters of drug death events, near fatal overdoses, hospital admissions for bacteraemias, ED attendances for high risk presentations etc.

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent¹ staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	3.00
Total vacancies (whole-time equivalent)	0.00

¹ Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).

[open text – maximum 500 characters]

N/A

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).

[open text – maximum 2,000 characters]

The ADP and North Ayrshire Alcohol and Drug Recovery Service have a Staff Wellbeing Action Plan in place that encourages staff to seek wellbeing support from their colleagues, peers, and managers. It aims support staff by providing comprehensive training and guidance to promote a psychologically informed workplace culture where staff wellbeing is a priority. Significant work has been put in place to raise awareness of the range of wellbeing activities and resources available. Staff had the opportunity to apply for a fund to take part in a wellbeing activity together. Services have introduced reflective practice sessions to provide staff with a safe, confidential, and supportive space to explore situations, thoughts and reactions experienced within work roles. Regular supervision and consultation sessions should be scheduled with all staff to support their practice and enable staff to talk about wellbeing. Incorporate the NES Wellbeing Planning Toolkit into supervision sessions to engage staff in support plans to promote their wellbeing. We strive to create a workplace environment where staff wellbeing is valued, encouraged, and respected. We continue to review and discuss any new additional supports and ensure local mechanisms are in place to identify any gaps or any new or emerging developments to promote workforce wellbeing. Our Commissioned services, Turning Point Scotland, apply similar principles and have also facilitated development days for their staff to enable them to build relationships and improve their wellbeing at work.

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

- Experiential data collected as part of MAT programme
- Feedback / complaints process
- Lived / living experience panel, forum and / or focus group
- Questionnaire / survey
- No formal mechanism in place
- Other (please specify):

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff	X	X
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'. [multiple choice]

- Through ADP board membership
- Through a group or network that is independent of the ADP
- Through an existing ADP group/panel/reference group
- Through membership in other areas of ADP governance (e.g. steering group)
- Not currently able to participate
- Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

Through ADP board membership

Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

X Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

Prerequisite for our commissioning

X Asked about in their reporting

X Mentioned in our contracts

None

Other (please specify):

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation² in the last financial year. Within your answer please indicate which activities have been most costly.
[open text – maximum 2,000 characters]

The NAADP Support Team are a new team and have been working hard help increase the participation of people with lived experience within the ADP. We have spent time engaging with people across the communities of North Ayrshire to support the development of a Lived Experience Panel for North Ayrshire to become part of the ADP structure. Additionally, we have been working alongside the Scottish Recovery Consortium to help develop our approach alongside our ADP partners. We continue to engage regularly with people with lived/living experience and continue to refine our approach to ensure people with lived/living experience have a platform to influence the direction of their ADP. We have invested in Recovery Development Worker posts across various parts of the services including NADARS, Service Access and Justice Services who actively promote how people can get more

² The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

involved in the Recovery Community. We have a Locality Link Worker post to help develop more platforms for engagement within the community, help develop relationships with people with LLE and get their input and feedback on various topics.

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

- ADP strategy, delivery and/or action plan
 - Alcohol deaths and harms prevention action plan
 - Communication strategy
 - Community action plan
 - Drug deaths and harms prevention action plan
- MAT standards delivery plan
- Service development, improvement and/or delivery plan
- None
- Other (please specify):

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

In 23/24 the ADP Support Team (ADPST) have developed closer links with education and explored how we can work together to address the subject of alcohol and drugs in an effective way. The ADPST engaged with pastoral teachers and staff within schools across the area which eventually helped to shape two engagement events with young people from across North Ayrshire. The event was facilitated by various ADP partners with workshops focusing on giving young people information, generating conversations, hearing from people with lived experience, and encouraging young people to think about the language they use and the impact of stigma on people who are affected by alcohol or drug use. Additionally, the event captured feedback to help how we shape our approach to engaging with young

people in the future, how we deliver messages, and how to facilitate better conversations.

North Ayrshire Alcohol and Drug Recovery Service and North Ayrshire Libraries won a SLIC award for working partnership to facilitate MAT Clinics in a non-clinical venue. NADARS seen a rise in engagement in the Kilwinning area and the project was commended for working to address stigma in people receiving support and treatment.

On a weekly basis, the ADP continue to provide both financial and practical support to local recovery cafes which are facilitated by people in recovery in the community. Additionally, the Recovery Hub on a Friday is facilitated in Irvine by the ADPST which provides a space for a drop -in people in the community to access information and support. Both these opportunities help to tackle stigma.

In addition, the ADP alongside partners are currently planning a Community Recovery Festival which will provide an opportunity for people, children, and families to come together for an event, helping to tackle stigma in the community.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).

[open text – maximum 500 characters]

We have both quantitative and quality data available to help evidence the impact of the projects referenced in 14.a.

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.
[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)	X	X	X
People from minority ethnic groups	X	X	X
People from religious groups	X	X	X
People who are experiencing homelessness	X	X	X
People who are LGBTQI+	X	X	X
People who are pregnant or peri-natal	X	X	X
People who engage in transactional sex	X	X	X
People with hearing impairments and/or visual impairments	X	X	X
People with learning disabilities and literacy difficulties	X	X	X
Veterans	X	X	X
Women	X	X	X

Question 16

Which of the following education or prevention activities were funded or supported³ by the ADP? Mark all that apply with an 'x'.

[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services	X	X	X
Learning materials	X	X	X
Mental wellbeing	X	X	X
Peer-led interventions	X	X	X
Physical health	X	X	X
Planet Youth			
Pregnancy & parenting		X	X
Youth activities	X	X	
Other (please specify)			

³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X		X	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X	X	X	X
General practices		X		X
Homelessness services	X	X	X	X
Hospitals (incl. A&E, inpatient departments)	X	X	X	X
Justice services	X	X	X	X
Mental health services	X	X	X	X
Mobile/outreach services	X	X	X	X
Peer-led initiatives	X	X		
Prison	X	X		X
Sexual health services	X	X	X	X
Women support services	X	X	X	X
Young people's service	X			
None				
Other (please specify)				

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

Drug checking

Drug testing strips

Heroin Assisted Treatment

Safer drug consumption facility

Safer inhalation pipe provision

Safe supply of substances

Other (please specify):

19b. Please provide details, e.g. scale of the demand.

[open text – maximum 500 characters]

The ADP are currently considering investing in drug testing strips for the community in response to the growing concerns around nitazines.

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers		
Homeless services		
Hospitals (including emergency departments)	X	
Housing services		
Mental health services		
Police Scotland		
Primary care		
Prison		
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services		
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Further workforce training required

Insufficient funds

Issues around information sharing

Lack of leadership

Lack of ownership

Workforce capacity

X None

Other (please specify):

Question 21

In what ways have you worked with justice partners⁴? Mark all that apply with an 'x'.
[multiple choice]

Strategic level

- ADP representation on local Community Justice Partnership
- Contributed to strategic planning
- Coordinated activities between justice, health or social care partners
- Data sharing
- Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- Provided advice and guidance
- Other (please specify):

Operational level

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- Supported staff training on drug or alcohol related issues
- Other (please specify):

Service level

Funded or supported:

- Navigators for people in the justice system who use drugs
- Services for people transitioning out of custody
- Services in police custody suites
- Services in prisons or young offenders institutions
- Services specifically for Drug Treatment and Testing Orders (DTTOs)
- Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

⁴ Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest ⁵	In police custody ⁶	In courts ⁷	In prison ⁸	Upon release ⁹
Advocacy or navigators		X		X	X
Alcohol interventions					X
Drug and alcohol use and treatment needs screening					
Harm reduction inc. naloxone					X
Health education & life skills					
Medically supervised detoxification					
Opioid Substitution Therapy				X	X
Psychosocial and mental health based interventions					
Psychological and mental health screening		X	X	X	X
Recovery (e.g. café, community)		X		X	X
Referrals to drug and alcohol treatment services		X		X	X
Staff training					
None					
Other (please specify)					

⁵ Pre-arrest: Services for police to refer people into without making an arrest.

⁶ In police custody: Services available in police custody suites to people who have been arrested.

⁷ In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

⁸ In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).

⁹ Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.

[single option]

Yes

No

Don't know

24b. If yes, please list the relevant services.

[open text – maximum 500 characters]

Turnaround

Calderglen House have also worked alongside community justice services to support individuals in rehab who are subject to court mandated orders.

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area¹⁰? Mark with an 'x'. [single option]

Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Statutory services use the below

Breathalysers

Oral drug screens

Urine drug screens

¹⁰ We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Alcohol hospital liaison
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Pathways for early detection of alcohol-related liver disease
- None
- Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Community alcohol detox (including at-home)
- In-patient alcohol detox
- Pathways into mental health treatment
- Psychosocial counselling
- Residential rehabilitation
- None
- Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- Availability of aftercare
- Availability of detox services
- Availability of stabilisation services
- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Insufficient staff
- Lack of awareness among potential clients
- Lack of capacity
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- Waiting times
- None
- Other (please specify):

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

Appointment of a single point of contact to implement the pathway that provides support for the person's whole journey. Providing short term community and residential detoxification via Ward 5 a Woodland View. Individuals assessed for detox and being suitable for residential rehab we work closely with local services to ensure a smooth transition and supporting the person during any waiting period We provide support to people not ready or appropriate for ERR.

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

- No revisions or updates made in 2023/24
- Yes - Revised or updated in 2023/24 and this has been published
- Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

Additional information added to the pathway to include more information on family support and intervention offered by our local Turning Point Scotland Prevention Early Intervention and Support service.

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area? Mark all that apply with an 'x'.

[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

North Ayrshire have developed a evidenced based vision, model and implementation plan for delivering MAT 7, which has been endorsed by MIST. The ADP have provided non-recurring funding for 3 years to implement the model. However, securing recurring funding remains an ongoing challenge. We continue to look for solutions regarding appropriate local venues for delivery and recurring funding to implement MAT 7.
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Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionsary activities		X	X
Employability support		X	X
Family support services		X	X
Information services		X	X
Justice services		X	X
Mental health services (including wellbeing)		X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities			X
School outreach		X	X
Support/discussion groups (including 1:1)		X	X
Other (please specify)			

Question 31

Please list all recovery groups¹¹ in your ADP area that are funded or supported¹² by your ADP.

[open text – maximum 2,000 characters]

Turning Point Scotland PEAR, Cafe Solace, The Recovery Hub, Harbour Ayrshire, Freedom Fighters, MINDS of Recovery, Recovery to Discovery Drop In, Redburn

¹¹ 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

¹² Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Breakfast Club, Changes Group, Grub n Gospel, Wellness Warriors, Eglinton Community Gardens, Care and Share.

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	X	
People from minority ethnic groups	X	
People from religious groups	X	
People who are experiencing homelessness	X	
People who are LGBTQI+	X	
People who are pregnant or peri-natal	X	
People who engage in transactional sex	X	
People with hearing impairments and/or visual impairments	X	
People with learning disabilities and literacy difficulties	X	
Veterans	X	
Women	X	

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes

No

33b. Please provide details.

[open text – maximum 500 characters]

A joint working protocol is in place for the screening, assessment and treatment and care of individuals who may require support for co-occurring mental health and alcohol and/or drug use from North Ayrshire H&SCP Secondary Care Mental Health Services - NADARS, ACMHS, and CMHTE.

Referrals can be received either singularly or jointly by NADARS, ACMHS, or CMHTE from a number of sources.

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

Dual diagnosis teams

Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

Pathways for referral to mental health services or other multi-disciplinary teams

Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify):

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages?

Mark all that apply with an 'x'.

[multiple choice]

By representation on strategic groups or topic-specific sub-groups

By representation on the ADP board

Through partnership working

Via provision of funding

Not applicable

Other (please specify):

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported¹³ services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- X Engaging with people with lived/living experience
- X Engaging with third sector/community partners
- X Provision of trauma-informed spaces/accommodation
- X Recruiting staff
- X Training existing workforce
- X Working group
- None
- Other (please specify):

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

- X Yes
- No
- Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'. [single option]

- Yes
- X No
- Don't know

¹³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services			
Recovery communities			X
School outreach	X	X	X
Support/discussion groups	X	X	X
Other (please specify)			

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- X Advocacy
- X Commissioned services
- X Counselling
- X One to one support
- X Mental health support
- X Naloxone training
- X Support groups
- X Training
- None
- Other (please specify):

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.

[single option]

Yes

No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.

[open text – maximum 500 characters]

The ADP have part funded (with Corra) Barnardos to provide early intervention support to children and families in North Ayrshire. Further resources have been invested within the HSCP's Service Access team to work with children and families impacted by substances. Children 1st are commissioned to work more intensively with children and families in the community to ensure less harm is caused by alcohol and drugs in North Ayrshire.

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	X	X
Advocacy	X	X
Mentoring		
Peer support	X	X
Personal development		
Social activities	X	X
Support for victims of gender based violence and their families	X	X
Youth services	X	X
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

Yes

No

Don't know

42b. If yes, please provide details.

[open text – maximum 500 characters]

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
Turning Point Scotland	409819.03
Barnardo's	37468.00
Residential Rehab Children 1 st	164252.28
NHS Allocation	38400.00
Noth Ayrshire Council	1603771.00
KA Leisure	467237.23
Freedom Fighters	13587.50
Harbour Ayrshire	10000.00
Impact Arts	7800.00
Irvine Youth Forum	10000.00
Minds of Recovery	9920.00
North Ayrshire Foodbank	3309.06
Womens Aid	6450.00
North Ayrshire Education Services	31320.00
	10000.00

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format):

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

North Ayrshire Integration Joint Board 13th June 2024

Subject : **Children’s Services Plan Performance Update report 2023-24**

Purpose : • Awareness

Recommendation : The Integration Joint Board are asked to:

- a) Note the key achievements contained in the North Ayrshire Children’s Services Plan Performance Update 2023-24 and;
- b) Note that the report will be submitted to the Scottish Government and published on the Community Planning Partnership website.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
CPP	Community Planning Partnership
CSSP	Children’s Services Strategic Partnership
GIRFEC	Getting it Right for Every Child

1.	EXECUTIVE SUMMARY
1.1	Every Local Authority and relevant Health Board are required to jointly prepare a Children’s Services Plan for the area of the local authority for each three-year period. Plans are developed collaboratively with other members of the Community Planning Partnership (CPP), as well as with children, young people and their families at various stages of the development and review of the Plan. We published our Children’s Services Plan 2023-26 in June 2023.
1.2	Our Children’s Services Plan Performance Update Report 2023-24 is prepared in collaboration with the Children’s Services Strategic Partnership (CSSP) which consists of representatives from our Community Planning Partners. We have a duty under the Children and Young People (Scotland) Act 2014 to produce a Children’s Services Plan Performance report at the end of each year.
1.3	Our Children’s Services Plan Performance Update Report 2023-24 highlights some of the key achievements and areas of work which impact on Children, Young People and their families during the first year of our new Children’s Services Plan.

2.	BACKGROUND
2.1	<p>Part 3 of the Children and Young People (Scotland) Act 2014 seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising. The aims are about creating and maintaining a local environment which facilitates Getting it Right for Every Child Practice (GIRFEC) for individual children and young people.</p>
2.2	<p>Section 13 (1) of the Act requires that as soon as practicable after the end of each one-year period, a local authority and the relevant health board must publish (in such manner as they consider appropriate) a report on the extent to which:</p> <ul style="list-style-type: none"> a) children’s and related services have, in that one-year period, been provided in accordance with the Children’s Services Plan; and b) that the provision of services has achieved – <ul style="list-style-type: none"> i. the aims of children’s services planning (section 9(2)), and ii. such outcomes in relation to the wellbeing of children in the area as the Scottish Ministers may by order prescribe.
2.3	<p>The “one-year period” runs from 1 April to 31 March. Each Children’s Services Plan must be prepared in relation to a specific “three-year period”, so over the course of a Children’s Services Plan there will be three annual reports.</p>
2.4	<p>Our 2023-26 Children’s Services Plan continued our vision 'For all our children and young people to have the best start in life and for North Ayrshire to be the best place in Scotland to grow up'. The Performance Update Report 2023-24 has been structured in line with our five priorities set out in the Plan. These are –</p> <ul style="list-style-type: none"> 1. The rights of children and young people are promoted and protected. 2. Acting early to improve what happens next. 3. Making Things Fairer 4. Promoting good mental health and wellbeing 5. Inspiring children and young people to be
2.5	<p>A suite of actions were identified to be delivered by CPP partners. Updates on the progress of the actions has been included in Appendix 1 of the report. We have established an initial set of indicators to measure progress, as attached in Appendix 2 of the report.</p>

2.6	<p>At the end of April 2024, the Scottish Government provided feedback on our 2023-26 Children’s Services Plan. Feedback is intended to support us to consider areas of strength and areas for development. Overall, feedback concluded that the Plan is comprehensive, ambitious and informative. It is well linked to other local and national plans and frameworks, including the National Performance Framework, GIRFEC and Child Poverty Action Plan. Strategic priorities and actions are clear, and there is clear evidence that children, young people and families have contributed to the development of the plan.</p>
2.7	<p>Areas for development were to provide information about monitoring and evaluation of progress, including a set of specific and measurable progress indicators linked to each priority. Partners have identified a set of relevant measures which are included as Appendix 2 to the report. These are intended to act as a baseline and will be reviewed and updated regularly to assist with improvement activity.</p>
2.8	<p>A summary version of the report will be produced over the summer months to ensure it is fully accessible and engaging for our young people.</p> <p>Some of our key highlights from the 2023-24 Performance Update report include:</p> <ul style="list-style-type: none"> • Community Learning and Development (CLD) hosted two strategic forums - the Joint Cabinet and Joint Youth Forum. Young people actively participated in shaping the CLD Strategic Plan, providing valuable input into the future direction of community learning and development initiatives. • On the 8th December 2023, we held our second ‘Promise’ Conference with over 130 delegates including 40 Care Experienced young people. We created and launched Scotland's very first Care Experienced app. • We have employed a Welfare Rights Officer to engage directly with families following referral from education staff. Over the course of the 2022-23 school year, this has resulted in financial gains of over £572,000 for families who need it most. • The Integrated Early Years Team empower and enable parents and carers to support their child in a range of areas. During 2023-24, 965 Requests for Assistance were received. Requests included supporting parents with topics such as communication, behaviour, sleep, weaning, community integration, parental mental health, relationship issues and home conditions. • 90 group based physical activity and health education sessions were delivered by the Child Healthy Weight Team in addition to attendance at 12 promotional events. Partnership working with the Trinity Active Travel hub continues, supporting events and initiatives aimed at promoting active lifestyles and healthy habits.
3.	PROPOSALS
3.1	<p>It is proposed that IJB notes the key achievements contained in the attached North Ayrshire Children’s Services Plan Performance Update 2023-24 and; notes that the report will be submitted to the Scottish Government and published on the Community Planning Partnership website by the end of June 2024.</p>

3.2	<u>Anticipated Outcomes</u>
	<p>Publication of the report will meet the statutory reporting requirements laid out in Section 13(1) of Part 3 of the Children and Young People (Scotland) Act 2014.</p> <p>The Report will inform the residents of North Ayrshire about progress related to our Children’s Services Plan and raise awareness of the key priorities that link to everything we do. These are –</p> <ol style="list-style-type: none"> 1. The rights of children and young people are promoted and protected. 2. Acting early to improve what happens next. 3. Making Things Fairer 4. Promoting good mental health and wellbeing 5. Inspiring children and young people to be
3.3	<u>Measuring Impact</u>
	<p>Impact is measured by the Performance Indicators contained in the report and also by the use of narrative and case studies to describe impact on families, children and young people.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> We have a duty under the Children and Young People (Scotland) Act 2014 to produce a Children’s Services Plan Performance report every year detailing the activities undertaken in relation to Children’s Services.
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> This report directly supports our Council’s vision of creating ‘a North Ayrshire that is Fair for All’ and our mission of ‘Working together to improve the lives our people in North Ayrshire’. It demonstrates how we are contributing all of our priorities ‘Wellbeing’, ‘Communities and Local Democracy’, ‘Climate Change’ and ‘A Sustainable Council’ in ensuring children’s rights are embedded throughout our services.

	<p>This report directly supports the Health and Social Care Partnership Strategic Plan and vision to ensure that ‘People who live in North Ayrshire are able to have a safe, healthy and active life’.</p> <p>This report directly supports the North Ayrshire Community Planning Partnership Plan and three key themes of ‘Wellbeing’, ‘Work’ and ‘World’.</p>
5.	CONSULTATION
	<p>Contributions from services across our Council and Partners have been included in this report. Services regularly consult with children, young people and families. A Young Person’s version of the report will be developed over the summer months to ensure it is fully accessible for our young people. The Annual Report will also be presented to the Children’s Services Strategic Partnership, North Ayrshire Council Cabinet and NHS Ayrshire and Arran.</p>

Caroline Cameron, Director (North Ayrshire Health and Social Care Partnership)

Lauren McMath, Policy Officer (Childrens Services), 01294 324160 or email: laurenmcmath@north-ayrshire.gov.uk

Appendices

- North Ayrshire Children’s Services Plan Performance Update report 2023-24
 - Appendix 1: Children’s Services Action Report 2023-24
 - Appendix 2: Children’s Services Performance Indicators Report 2023-24

North Ayrshire Children's Services Plan Performance Update 2023-24



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Introduction / Foreword

Welcome to our Children's Services Plan Progress Report 2023-24 which highlights our progress and activities over the past 12 months.

This is our first performance update for our new Children's Services Plan 2023-26. In our plan we set out our collective vision as a Community Planning Partnership for North Ayrshire to be the best place in Scotland to grow up. We continue our focus on promoting children and young people's wellbeing, underpinned by Getting it Right for Every Child (GIRFEC).

Our Children's Services Plan is part of a suite of plans which outline how we are actively supporting the wellbeing and wellness of our children and young people. These include our Child Poverty Action Plan, Children's Rights Report, Corporate Parenting Plan, The Promise implementation, and our Child Protection Plans, all of which are at the centre of everything we do to support and nurture children and young people. Our Children's Services Strategic Partnership (CSSP) leads on the development of these plans and consists of key representatives from across our Community Planning Partners.

Central to our planning is ensuring children and young people's voices are heard and their rights are respected.

Our performance report is split up into five sections, relating to our five key priorities –

- The rights of children and young people are promoted and protected
- Acting early to improve what happens next
- Making things fairer
- Promoting good mental health and wellbeing
- Inspiring children and young people to be active

Appendix 1 contains updates against all of the actions set out in the 2023-26 Plan.

Appendix 2 contains a baseline of Performance Measures supporting our monitoring of the Plan.

A Children and Young People friendly summary of this report will be developed over the summer.

Caroline Cameron
Director of Health and Social Care Partnership

We hope you find this report informative. If you would like to contact us about anything related to this report, please contact *Lauren McMath* – laurenmcmath@north-ayrshire.gov.uk

Priority 1: The rights of children and young people are promoted and protected

Key Highlights and Case Studies

Childrens Rights

We continue to champion the United Nations Convention on the Rights of the Child (UNCRC), ensuring that all children in North Ayrshire have their rights met, protected and advocated for. We have further embedded our Equality and Children's Rights Impact Assessment (ECRIA) and this has been carried out on all new policies that affect the lives of our children and young people. In December 2023, it was agreed that the Council would treat "care experienced" as a protected characteristic for the purposes of Equality Impact Assessments (EIA).

Preparation continues to involve children and young people in the planning process for actions that affect them (related to Article 12 UNCRC). Further work has been undertaken to encourage this process including Nurture Bricks and Pupil Voice Templates (PVT) which are used in schools to gain an insight into how effectively we meet Additional Support Needs (ASN).

We continue to place human rights and the needs of every child and young person at the centre of all that we do. A new Learner Participation Strategy has been introduced involving schools and early years settings, clusters and local authority officers. Staff have participated in collaborative sessions to ensure that the new strategy is "fit for purpose". The Learner Participation Strategy will be further developed in session 2023-24 through the co-creation and co-design of a young person friendly version with learners. The strategy and follow up action plan will be monitored and reviewed.

Rights Respecting Schools (RRS)

Considerable progress has been made across the Rights Respecting Schools programme (RRS). This programme has been promoted and introduced into almost all of our schools. The Rights Respecting Schools Award recognises achievement in putting UNCRC at the heart of a school's planning, policies, practice and ethos. Children's rights underpin the Getting it Right for Every Child approach. Over 90% of our schools have achieved or are working towards RRS status, which is divided into bronze, silver and gold levels. RRS Gold Award is the highest level of the award and is granted to schools that have fully embedded the principles of the UNCRC into their ethos and curriculum. The accreditation is valid for a period of three years. The following North Ayrshire schools have achieved Gold status:

Ardeer Primary School; Beith Primary School; Dykesmains Primary School; Glencairn Primary School; Stanley Primary School; St Bridget's Primary School; St Luke's Primary School; St Mary's Primary School; St Matthew's Academy; Whitehirst Park Primary School.

The remainder of schools engaging with RRS awards are at Bronze level, working towards silver or working to maintain their Silver status. Rights education and the Rights Respecting Schools approach remain areas of success and strength. The RRS approach is evident in all schools with success being shared through their social media platforms and via attractive school and classroom displays.

Focus groups of children reveal that they are knowledgeable about their own and others' rights. Increasingly children and young people are taking on elements of responsibility and participation ensuring that all schools listen and involve pupils fully in decisions that affect them and their school

community. A focus on inclusion and equality by our schools and centres ensures increasing opportunities are provided for those with protected characteristics.

Supporting needs

Following a collaborative review of the processes involved in supporting needs, specific areas were targeted for redesign. Our Staged Intervention policy for identifying and planning for children and young people with additional needs was redesigned and simplified. This focuses on three elements of support: Enhanced Universal, Stage 1 and Stage 2. The policy includes detailed descriptors around each element which clarify the level of need and how these can be best supported. Streamlined approaches to short, medium and long term planning are in place along with clear guidance on how meetings with young people and their families are recorded to ensure we fully comply with legislation.

Processes for accessing supports such as the Outreach Support Service (Extended Outreach and Tuition Support), Early Years Inclusion Support Service (EYIST) and Accessibility Strategy have been streamlined to enable a service which is learner centred with clear routes to referral. Accessing these services can be time-critical and so the referral pathways have been improved.

At all stages, collaboration and co-creation have been crucial with evaluation ongoing. Leaders from all sectors and at all levels have been involved with the evaluations demonstrating the effectiveness of the approach in ensuring all voices are heard, policies are co-designed and there is a clear sense of joint ownership.

Following successful pilot projects running in Greenwood Academy and Irvine Royal Academy in 2021-22, Secondary Support Resources were established in all 9 secondary schools. This enhanced support resource is available to learners across all secondary schools and offers an environment which supports personalised learning for young people who have a range of support needs and require ongoing enhanced transition. This is not specialist provision, instead is a way of offering targeted support to those who require it to support their mainstream school experience.

Data and impact reports were compiled and showed that, in this first full year, over 300 learners were supported to attend their mainstream secondary provision. Data demonstrates that there were significant impacts in the areas of attendance, engagement, motivation and positive attitudes to school and self.

Links with educational psychologists and the mental health and wellbeing team have ensured that staff are well-trained and feel confident in the impact they are making on the lives of the young people they support. Evaluations from our people and their families demonstrate the high regard in which the support is held.

Youth Work

We held a celebration of Youth Work Week, emphasising the importance of youth work in the community. Events and activities during Youth Work Week aimed to raise awareness about the significance of youth work in supporting young people's personal and social development.

Community Learning and Development (CLD) hosted two strategic forums - the Joint Cabinet and Joint Youth Forum. Young people actively participated in shaping the CLD Strategic Plan, providing valuable input into the future direction of community learning and development initiatives.

Ongoing support is provided for Members of the Scottish Youth Parliament (MSYP), indicating a commitment to amplifying youth voices at the national level. We have active engagement with pupil councils and parliaments to empower young people in decision-making processes at a school

level. We have focused on engaging with ambassadors for mental health and climate change, addressing critical issues relevant to the well-being of young people and the environment.

We successfully re-established the Executive Youth Council, demonstrating a renewed commitment to youth governance and leadership. Campaigning and voting for the next Scottish Youth Parliament candidates saw significant participation. An error in the national Young Scot system led to a rescheduling of the voting process through paper ballots in January 2024 and we saw over 1,000 votes cast by our young people using these.

Young people aged 8-25 actively participated in co-designing and reviewing this year's participatory budgeting process, showcasing a commitment to inclusivity and empowering young people in decision-making. Over 105 projects across North Ayrshire were subject to participatory budgeting, providing a platform for young people to shape the allocation of resources for community initiatives.

A rights-based approach is applied to all youth work provisions. We collected data from over 200 young people regarding powers that could be added or used to facilitate youth decision-making. The survey also explored types of support needed for young people to build their capacity in the community and how to ensure inclusivity in decision-making processes.

During LGBT History Month, various school and community-based programmes and events were held. Ten young people from the Garnock Valley Umbrella Group have been engaged in discussions and workshops to create a Trans Resource for young Trans people.

The young parents group was launched with 15 young parents regularly engaging in weekly activities.

KA Leisure has engaged with our Youth Services to explore a range of options to better engage young people in the decision-making for leisure and sport provision. A new Youth Forum will be established in 2024 which will encourage young people across our communities to share their views.

Case Study - Kindness Murals Garnock Valley Dalry Community Gardens



Working with the Bee You Ambassadors group, the Mental Health Project Delivery Officer had many discussions around what issues young people faced in their local communities and how they could use their mental health training to benefit these young people. Through these discussions it was recognised that some work around suicide prevention should be prioritised. The young people felt a project highlighting positive mental health messages that would also give young people local signposting/ support services would support their peers in a proactive way.

Following on from the Kindness Mural Consultation across the Garnock Valley, the Project Delivery Officer developed the mural initiative, co designed and produced with input from young Bee You Ambassadors, Community Partners and Locality Staff. Working with Garnock Valley Youth Forum, supporting group meeting and facilitating session around the creation of the Mural in the Garnock Valley, the young people collaborated with a local graffiti artist and volunteers from Dalry Community Gardens. This was the first draft of the design was created

by the artist and young people.



The young people and Graffiti Artist would work on creating this design in November 2023 with the reveal and open day in December 2023. The vibrant and eye-catching mural is located at the community garden where young people can not only see the message of positivity but provided links through QR codes to support services and mental health and wellbeing mapping for young people. Bee You Ambassador Finley said: *"We were all really passionate about building a lasting legacy for young people in North Ayrshire. The reason for this is because we understand that mental health and the stark rise of young people impacted by suicide are both serious issues having a real, detrimental impact on the wellbeing of local young people today. So, over the last few months we have been speaking directly to our peers in both*

classroom and youth settings to hear more about their lived-experiences. This has given us an understanding of what is working well and if they need it, we've shared what support is out there locally. One key theme we have identified through this work is that there's so many young people out there who are unsure about where they can turn to outside of school."



Provost Anthea Dickson unveiled the new mural at the official opening ceremony. She said: *"Although the consultation stage has been several months in the making, the painting of the mural itself only started out on Monday last week, and what a transformation! I would like to thank all of the dedicated young people who came up with the mural design and to local graffiti artist extraordinaire Tragic O'Hara who has worked together with them on this striking modern mural for Dalry. Congratulations to everyone involved. You should all be really proud of yourselves."*

Advocacy

North Ayrshire Health and Social Care Partnership is committed to ensuring people have their voices heard, are able to express their needs, make informed decisions and have their rights and interests protected. Our new Advocacy Strategy will take us from 2022 to 2029 and has been influenced by a number of policy drivers.

We work closely with our national and local partners as we help to deliver 'The Promise' for Children, Young People and Families. The promise is responsible for driving the work of change demanded by the findings of the Independent Care Review. Made on 5th February 2020, the Promise seeks to improve the experience of all children, young people and their families if they require additional support. The Promise aims to create a more compassionate care service for families and young people. This includes five key foundations that all change must be delivered against. Among these is the foundation of 'Voice', in which all children must be listened to and respected and appropriately involved in decisions about their care. Specifically referencing advocacy, 'All care experienced children and their families will have access to independent advocacy at all stages of their experience of care.' 'Care experienced children and young people will be able to easily access child centred legal advice and representation'. Advocacy provision will follow the principles set out in the promise.

Barnardo's Hear 4 U is an independent advocacy service based in Kilwinning and operational across North Ayrshire. The service provides community-based advocacy to children and young people ensuring that they are aware of their rights as defined within the United Nations Convention on the Rights of the Child (UNCRC). Priority is given to children and young people who:

- Are involved in the child protection process and/or children's hearing system.
- Are Care Experienced in Foster Care, Residential Care and/or Kinship Care.
- Are on the periphery of Secure Care
- Were previously looked after and accommodated
- Have additional support needs

The feedback from children and young people using the services shows:

- They are more able to report safety concerns/complaints safer/at reduced risk.
- They feel more able to contribute to planning/decision making; and
- There is improvement in how their views are voiced and acted upon.

Priority 2: Acting early to improve what happens next

Key Highlights and Case Studies

Child Protection

We have set up a multiagency Implementation Group for the new National Guidance for Child Protection, with all core partners represented - Health, Police Scotland, Education, Social Work Services, SCRA. A series of briefings were developed on the new guidance to assist staff to be prepared on the changes, e.g. Child Protection registration changes and changes to Initial Referral Discussion (IRD). These were designed to assist frontline staff to be prepared and informed of the new expectations.

Feedback from Pan Ayrshire services was very positive about how helpful the briefings were in preparing the workforce. The guidance was implemented in September 2023 within the specified timeframe. The ongoing impact of the new guidance e.g. length of registration, inclusion of non-familial harm and numbers of IRD will require close monitoring via the Child Protection Committee to ensure all services work together effectively to keep children and young people safe.

Practice Reflective Improvement (PRI) Dialogue sessions encourage greater levels of reflection on cases with an element of child protection. North Ayrshire Child Protection Committee and North Ayrshire Health & Social Care Partnership continue to accept referrals for Practice Reflective Improvement Dialogue sessions. PRI Dialogue has been in place for over two years now and feedback from both participants and facilitators is showing the value of these sessions:

“It is really helpful to hear reflections from different perspectives – it makes it easier to understand the context of decision making and broadens ideas extrapolated from reflection” (Participant)

“It (PRI) validated the great work being done and the care and love practitioners have for their jobs and the children and families they work with. It showed that everyone believes in aiming for the best outcomes for young people. It also gave people permission to evaluate their own practice and talk about it openly. The difference it made was, there were no judgements made on the choices taken. It allowed people to see the different ways services work and raised the levels of mutual respect for the work we all do.”

Early Years

The percentage of pre-school children achieving their early learning milestones by the time they start primary school has once again increased to 81% in 2022-23 academic year. This is the best performance recorded since the measure was introduced, with improvements made in all aspects of the early learning milestones including literacy, numeracy and health and wellbeing.

We continue to offer all families support from a multi-disciplinary, integrated Universal Early Years (UEY) service. All children in North Ayrshire have access to the full Universal Health Visiting Pathway which consists of a minimum of 11 Health Visitor visits from the ante-natal period to the pre-school assessment when a child is 4 years old.

For younger parents, under the age of 21 years, they can opt-in to the Family Nurse Partnership (FNP) programme which provides more intensive and targeted support. The multi-disciplinary team consists of Health Visitors, Family Nurses, Early Years Social Workers, Health Visiting Support Workers, Family Nurturers, Perinatal Mental Health Nurses, Community Infant Feeding Nurses, and, during 2023-24 has been expanded to include a dedicated Dads' worker in partnership with national charity Dads Rock. 965 families have been supported by the team during this last year. In addition,

the wider team of support across the NHS, local authority and third sector organisations including services such as Speech and Language Therapy, Occupational Therapy and Paediatrics received 980 Requests for Assistance for children under the age of 5 years old in the last 12 months. In total, 1,945 children and their families have received additional support from a range of early years' services.

The service also receives notifications from services such as Police Scotland, NHS 24, NHS Ayrshire and Arran Emergency Department, housing (homelessness), North Ayrshire Drug and Alcohol Recovery Service (NADARS) and Paediatrics/ Paediatric in-patients where information pertaining to a child requires to be shared. During 2023-24, 2,436 notifications were received from these agencies/ services and were shared with Health Visitors and Family Nurses to support a holistic assessment of a child's needs.

NHS Ayrshire & Arran continued to work in partnership with the Breastfeeding Network to provide mother to mother peer support to breastfeeding mothers. Between April and October 2023, the service was offered to all first-time mothers who were breastfeeding on discharge from Ayrshire Maternity Unit. Up to September 2023, across Ayrshire, 85% of mothers took up the offer of peer support; 35% of those mothers were from North Ayrshire. At 6-8 weeks 48% of the mothers who took up peer support from North Ayrshire were exclusively breastfeeding their baby, while 26% of mothers were giving a mix of infant formula and breastmilk. In November 2023, the service expanded to offer peer support to all breastfeeding mothers.

Speech and Language

Data collected at the end of March 2024 confirms there were 86 children on our waiting list with an average waiting time of 79 weeks. It is projected that at the end of April 2024 there will be 82 children waiting with an average wait of 26 weeks.

We know that for many children the most effective way to support their development is by empowering the people who are communicating with them on a daily basis at home or in their school or nursery. Therefore an essential part of our support for families and other professionals is provided via the helpline support and also drop-in appointments when our Speech and Language Therapists provide advice and resources to support parents and staff working with the children depending on the child's needs.

These supports include linking with the communication champion in nursery or teacher in school, adapting the environment in nursery or school using a communication friendly approach, making sure the team around the child know how best to help them, providing families with links to helpful resources as well as topic specific webinars and drop-in appointments. Children are therefore only added to our waiting list when there is a difficulty that requires a Speech and Language Therapy assessment. We make sure we provide ongoing support for families and staff while children are on the waiting list by encouraging them to continue to access support using the drop-in clinics or helpline.

Over the course of 2022-23 the service experienced financial restrictions and budgetary vulnerability along with recruitment challenges which meant population needs, particularly the number of children waiting for individualised interventions, posed unprecedented challenges. The service consequently could not deliver timely, evidence based, individualised interventions nor could it effectively address the speech, language and communication needs of the wider population.

These challenges have now been addressed and the service is now financially stable and fully staffed. The focus of our recent improvement work has therefore been to improve our systems to support efficient flow from assessment to therapy and our communication with families regarding waiting times to help manage their expectations and encourage them to engage in the wider

supports available to them. Waiting time information suggests this work along with staffing and financial stability is helping to reduce the number of children waiting and the length of wait.

Parental Programmes

The Mental Health and Wellbeing Project Delivery Officers have provided support to parents through Take Time families programme and Bee You family sessions. The nationally accredited Your Resilience programme provided young people with the skills to increase their emotional resilience and provided toolkits and methods to enable them to safeguard their wellbeing. The establishment and support to our equality forum ensures that our LGBT+ community are heard, participating in youth work opportunities and increasing their wellbeing while supporting peers who are like minded and facing the same issues.

Developing a range of initiatives, interventions, and programmes to increase opportunities to enhance family engagement in learning continues to be the focus of our Family Learning Team. The Team has worked closely with schools and families to devise and develop family learning opportunities which meet the needs of parents and families.

In school session 2022-23 a total of 2,566 families engaged in Family Learning opportunities offered in schools and within the local community. Throughout this year Family Learning opportunities were delivered across 39 primary schools and 6 secondary schools. The programmes delivered by the Family Learning Team can be split into four key areas – Curriculum, Transition, Health & Wellbeing, and Learning Opportunities for Parents/ Carers. Through individual school requests the team has delivered 19 different interventions during 2022-23.

Bereavement support is young person centred and individually assessed case by case. In depth work has taken place with young carers with the programme being shaped by the young people with issues faced by themselves and their peers.

Care Experienced Children and Young People

The Promise is a large-scale, complex, 10-year change programme with multiple objectives across multiple partners. For North Ayrshire to realise the asks of The Promise, all our partners need to be clear on respective roles and responsibilities as a foundation for future development. Building this foundation alongside our key partners and strengthening the scaffolding around the change programme has been the major focus for North Ayrshire in the last three years.

The COVID-19 pandemic had impacted our ability to progress our ambitions as originally planned. There were reduced opportunities to work alongside children and young people. Despite this, we have included them when it was safe to do so, and our partners have remained strongly committed to progressing The Promise and have sought out creative and innovative ways to overcome some of the challenges presented by the pandemic.

The support that young people and families need to ensure they prosper and thrive is identified by The Promise as Scaffolding and is one of The Promise's Foundation Principles.

We have accomplished the following:

- Engaged with our Champions Board and other young people and involved them in discussions
- Employed a full time Participation and Engagement Lead
- Employed a full time Corporate Parenting Youth Worker
- Appointed a Participation Assistant

- Agreed the Governance arrangements to ensure partnership approach and accountability internally and with our partners.
- Developed a Promise Operational Group (PrOG) and sub-groups to drive priorities.

The Steering Group and Promise Operational Group (PrOG) have been established to ensure consistency and involvement across the Partnership at a strategic and operational level. The Promise Operational Group is attended by operational staff. There are four PrOG sub-groups:

1. Communication and Language
2. Alternative Care
3. Relationships
4. Data Mapping

Prior to and upon the publication of The Promise, we have made considerable progress in improving outcomes for care experienced children and young people and their families. We are confident that:

- The Getting it Right for Every Child (GIRFEC) principles and values are embedded in all that we do; our workforce recognises our children and young people are the most important people in our communities.
- Partnership working is embedded in our operational and strategic efforts through our Corporate Parenting Steering Group. This is not just across the Corporate Partnership but also in partnership with young people through our Champions Board and care experienced networks.

We have strong partnership working across all public services, including Community Planning Partners and third sector. Our partnership strengths have resulted in –

- A focus on prevention and early intervention programmes.
- Co locating the workforce from different disciplines to reduce silo working.
- Listening and responding to children, young people, carers and parents at a pace that is right for them.

The Promise Conference

On 4th November 2022 North Ayrshire Community Planning Partnership held their first Promise Conference with over 130 delegates from across a range of Community Planning Partners, Government officials, Carers and Care Experienced Young People. Of the 130 delegates, 23 were carers and care experienced young people. The conference was facilitated by two care experienced young people who chaired throughout the day.

On the 8th December 2023, we held their second ‘Promise’ Conference with over 130 delegates from across a range of Community Planning Partners and Care Experienced Young People. Of the 130 delegates, **40 were Care Experienced young people**. The conference was facilitated by the Corporate Parenting Manager for the North Ayrshire Partnership and a Care Experienced young person. The conference’s aim was to bring together staff and front-line managers who engage with Care Experienced children and young people as part of their work, allowing them to meet one another and to learn about and discuss issues, ideas and work that focus on Care Experience. The expected outcome of this conference was that delegates, having made connections that will enable them to collectively and individually support the Care Experienced community to reach their potential, and leave the conference feeling inspired, motivated, and empowered with knowledge and solutions. The Conference was solution focused, addressing the three themes from the Promise Oversight Board Report 2 (June 2023) of **Education** (in its broadest sense to include skills, hobbies, learning and qualifications), **Moving On** (including transitions at other times), and **Brothers and**

Sisters. An additional theme of **‘Working Together’ with the Care Experienced Community** was discussed.

Discussion around the themes took place at tables with reflective activities, main discussion points and case studies. The Corporate Parenting Team are creating a report to summarise young people’s views from the day. This will be shared after consultation with our young people. The next conference will be co-designed with our school’s Care Experienced Youth Groups.

Care Experienced App

Our North Ayrshire Champions Board have created and launched a Care Experienced App named "CE4U". The app has lots of tips, advice, and information that we believe will help Care Experienced young people throughout their journey and beyond. The app has a little bit about everything from housing support, learning how to cook using recipes, tips on how to look after yourself physically and mentally, travel support as well as key contacts and events happening in our area. North Ayrshire Champions Board used their own experiences and journeys to produce the idea for an app as they often found they didn't know a lot of the information that was out there or they simply didn't know who or what to ask to find it for them, and so Scotland's very first Care Experienced app was created.

Signs of Safety Model

Health and Social Care have begun the implementation of the ‘Signs of Safety’ assessment and planning model. This model places parents, children and everyone naturally connected to the child at the centre of the assessment, decision-making and planning.

The Signs of Safety practice principles support our vision that the best place for children and young people to grow up is within their families and networks where they have the potential to care for them safely. When this is not possible, we will provide a secure, stable home, and help them achieve their full potential. We continue to be committed to giving families every opportunity to come up with and apply their own solutions.

We went fully live with Signs of Safety for all new cases in September 2023 for Children and Families Locality teams and the Child Protection team. Prior to then we had a period from June where we used the approach with a small amount of practice in order to build workforce confidence and knowledge. Since then, we have utilised this practice framework with over 250 children and young people.

We will be establishing an internal implementation steering group to monitor and drive progress. We are moving into our second year of a 5-year implementation plan to fully embed the model in practice. Over the next year we will transition all work with families over to a Signs of Safety model approach. Social Work Children and Families Teams will be working to ensure this support model is implemented for all children and young people receiving a service.

Partner agency briefings have continued and been provided to Children’s Hearing Scotland, SCRA staff, education colleagues, NHS colleagues, Police Scotland, and other third sector partner members. More than 25 partner briefing sessions have now been offered, with a mixture of face to face and online sessions, and approximately 450 multi-agency partners have received this input and have developed understanding of the aims and benefits of the practice model.

Safe and Together Model

Based on domestic abuse research, the Safe and Together Model has been implemented. The model is key to realising the Pan Ayrshire vision and directs us to reframe domestic abuse “as a parenting choice”, and it shifts assessments towards a “perpetrator pattern-based” approach as

opposed to solely focusing on incidents, which is crucial in the assessment of risk to a child and their non-abusing parent. The model provides a suite of assessment tools and enables practitioners to challenge and address the gender-based nature of domestic abuse through the following model principles:

- Keeping the child safe and together with the non-abusing parent. This is usually the most effective way to promote children's safety, healing from trauma, stability and nurturance.
- Partnering with the non-abusing parent in a strengths-based way. This approach is likely to be the most efficient and child centred way of assessing risk through mutual information sharing.
- Intervening with the offending parent to reduce risk and harm to the child.

Engaging and holding them accountable in a variety of ways, including connecting them to their parenting role, reduces the risks to children. We have a variety of multiagency trainers accredited to deliver the Safe and Together training, in partnership with Women's Aid as our third sector partners who also work to ensure the voices of those with lived experience are included.

The Multi-Agency Risk Assessment Conference (MARAC)

The MARAC model has been launched in August 2022 and continues to operate on a monthly basis. MARAC is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. The meeting provides a safe environment for agencies to share relevant and proportionate information about current risk, after which agencies agree actions to reduce risk and increase safety. The primary focus of the MARAC is to safeguard the adult victim. However, the MARAC will also make links with other processes and agencies to safeguard children and manage the behaviour of the perpetrator. MARACs are attended by a range of adult and children's services including Police Scotland, Women's Aid, local authority and health services.

Brighter Pathways: re-modelling care options

The Health and Social Care Partnership have embarked on a programme of work to address the current challenges associated with resources and accommodation for looked after and care experienced young people. A Programme Manager has been appointed and will work alongside a Planning Manager and Senior Management, to deliver and support the transformational change over the next two years. A Programme Board has been established and chaired by the Chief Social Work Officer, with membership from key stakeholders and Corporate Parents, to provide strategic leadership and governance to support the workstreams and allocate resources where required.

The Project Board will work jointly with key stakeholders to focus on shifting the balance of care from high cost purchased residential accommodation to alternative community resources, supported carers, supported accommodation, family placements (foster / kinship care) and to provide support to families in need of intensive support.

The work of the Brighter Pathways programme board will be closely aligned with The Promise development plan and the work of the Corporate Parenting Steering Group which is responsible for overseeing the six Corporate Parenting duties and each corporate parent upholds the rights and safeguard the wellbeing of Care Experienced people.

There is a shared awareness with regards to the current pressures and a commitment from all corporate parents and key stakeholders to contribute to the work of the project to deliver services differently and for children and young people to have access to the appropriate resources and supports into adulthood.

Unaccompanied Asylum-Seeking Children/ Trafficked Young People

Unaccompanied asylum-seeking children (UASC) and separated migrant children under the age of 18 who have been trafficked to Scotland, are looked after and accommodated by local authorities as children in need under Section 25 of the Children (Scotland) Act 1995.

Over the last few years there has been an increase in young people coming to North Ayrshire through the mandate of the National Transfer Scheme in 2021. Trafficked young people are spontaneous arrivals and we are required to identify appropriate accommodation for these young people at short notice as the notification is usually through out of hours social work and there is lack of opportunity to plan and resource accommodation options.

We are proud of the support that we offer displaced and disadvantaged young people and we are committed to supporting these young people into adulthood and support their asylum process, educational needs and their transition from residential care to semi-independent or independent living.

The Refugee and Resettlement team continue to liaise with a range of multi-agency partners. This work is usually more complex and involving Professional's Meetings and Team Around the Child Meetings as well. Each department brings its own area of expertise to enhance the client's experience and hopefully make difficult issues a little easier to understand and address.

We continue to work with Refugees from Syria, Afghanistan, and Ukraine (for social care only). However, it has been decided that we are no longer taking people on the UKRS (Syrian) programme. The Afghan programmes continue.

Currently we work with 624 people from Ukraine, Afghanistan and Syria all on programmes such as Scottish Super Sponsor Scheme, UKRS and ARAP. We also have contact with people on Homes4Ukraine programme and at times BNO's – Hong Kong Nationals. We found out earlier this year that one of our Syrian ladies has got through to the Adult Learners Final in Edinburgh.

We employed two Family Wellbeing Support Workers in early 2023. Training was developed and a Newsletter has been produced to provide information about services as well as informing clients, for example, bank holiday information, how to access services and dates for community events such as the Summer Fun days. The NHS team were up to full quota by May 2023 and have taken on the healthcare work related to our Ukrainian families.

Rosemount Crisis Intervention and Intensive Support Service

The Rosemount Crisis Intervention and Intensive Support Service continues to support children and families to remain together and prevent the need for children to become looked after and accommodated.

Family Therapies

Notre Dame have been commissioned to support children and young people under 12 years old, and their families, with specialist therapeutic interventions and counselling to aid their recovery and support them to overcome abuse they have experienced. We are expanding the criteria so that any child/ young person who has experienced emotional and/ or physical abuse or neglect can be referred to Notre Dame and be supported. Basing each case on 26-36 weeks of intensive therapy over three 10–12-week blocks, approximately twenty-four young people and family members (as appropriate), can be supported.

Break the Silence have also been commissioned to support children and young people over 12 years old with specialist therapeutic interventions and counselling to aid their recovery and offer support to overcome abuse they have experienced.

We have commissioned several forms of therapy including Art, Play, Dance and Pet Therapy to support children and young people.

Trauma

There is ongoing work within Police Scotland to deliver bespoke training to all staff ensuring trauma informed thinking is at the forefront of policing in Scotland. A Looked After & Accommodated Protocol is in place to minimise negative contact with police and care experienced persons.

The Active Schools Team have undertaken bespoke training to make sure the team are trauma informed and use these principles throughout all their work. The Trauma Informed principles will now be written into the Active Schools Annual Action plan collaborating closely with schools and communities. This will be the first of its kind across the Active Schools network.

We have appointed a Trauma Champion within the Health and Social Care Partnership and are establishing a Trauma Working Group which will focus on trauma aware and trauma skilled approaches, and the creation of a website and e-learning modules.

Health and Wellbeing

During school session 2022-23, we have continued to focus on ensuring children, young people and families have access to the right supports at the right time in our schools and communities. One cluster has piloted the Whole School Approaches to Mental Health and Wellbeing self-evaluation tool, and this has shaped the further enhancement of supports within establishments.

Education staff have had access to an extensive range of professional learning opportunities with an additional 200 members of staff engaging with our Children and Young People's Mental Health and Wellbeing Professional Learning Resource this session. We now have 93 members of staff across a range of schools who are trained to deliver Let's Introduce Anxiety Management (LIAM). To broaden the reach of this approach, we have this year developed a "LIAM at home" project which targets children and young people whose engagement with education is impacted by anxiety. This new project is showing early signs of success. 33 children and young people have completed the wider LIAM programme this year with an additional 8 engaging with group work. Positive impacts have included: young people who can now cope with being in crowded spaces; a reduction in exam stress; and an increase in the number of young people who are now able to come to school without feeling anxious.

We have delivered Suicide Prevention Training, with 15 additional staff trained in Applied Suicide Intervention Skills (ASIST), 54 members of staff trained in Assessing Suicide Risk in Kids (ASK) and 29 in safeTALK – Suicide Awareness training. All S6 pupils in our Secondary Schools have been offered Suicide Awareness Training (safeTALK) with over 100 young people taking part in training during June, feedback from young people indicates they feel more confident to have conversations around wellbeing with their peers.

Our partnership with See Me See Change continues to develop by contributing to the further enhancement of the national anti-discrimination and stigma youth programme. 200 senior pupils took part in training in June 2023 in preparation for next session. This session, the See Me Ambassadors delivered assemblies, PSE lessons, supported mental health and wellbeing sessions in Primary schools and held bakes sales to raise awareness of mental health.

We have invested in the recruitment of 12 additional Area Inclusion Workers who, along with the original team have undertaken extensive professional learning around supporting children and families with their mental wellbeing. They have a key role in maximising school attendance, providing support and guidance to families and delivering Health and Wellbeing sessions to children. Most pupils who have engaged with one of our Area Inclusion Workers have shown an improvement in their mental health and wellbeing and school attendance. Further evaluation is continuing to support the identification of the most impactful interventions.

Family Centred Wellbeing Service

The Family Centred Wellbeing Service (FCWS) is a partnership between North Ayrshire Health and Social Care Partnership and Education, targeting early intervention support to children of primary school age (5-12 years) and their families in two of North Ayrshire's localities. The remit of the FCWS has been expanded to include support for children with Neurodevelopmental Differences (NDD) and their families. This will support North Ayrshire's transformational approach to the national neurodevelopmental service specification and will see the service expand to all localities in North Ayrshire, including Arran.

The service has a focus on supporting children and families where neurodevelopmental differences (NDDs) are present – with or without a diagnosis – and this is impacting on family functioning and/ or a child's physical, social, emotional, behavioural and/ or mental health and well-being. This focus on NDDs has been necessary due to changes in CAMHS' referral criteria, that is, children will not be accepted for a neurodevelopmental assessment unless there is an accompanying mental health concern. It is anticipated there will be a significant level of unmet need in terms of upskilling parents in their capacity to understand and support their children's distressed behaviours in the context of their emotional wellbeing, whether they have a diagnosis or not. The service seeks to support parents to adopt strategies to assist their children to regulate their emotions, and to implement appropriate routines and boundaries that will help each child reach their full potential. Similarly, there will be a need to provide individual support to children and young people to build their resilience and equip them with skills to communicate their emotions and increase coping mechanisms.

From 01/10/23 to 31/03/24, the FCWS received 131 referrals for 258 children (including sibling groups). Of these referrals, known or suspected NDD was indicated in 62%, with the majority being children without a formal diagnosis.

The team has formed an alliance with the Neurodevelopmental Empowerment & Strategy Team (NEST) in Ayrshire, which offers resources on various issues that can affect a child with NDDs. NEST provides face-to-face workshops for parents and carers which are facilitated by health practitioners, covering topics such as sensory needs, diet, sleep, executive functioning, and so on. The FCWS has actively facilitated parents' attendance at workshops and taken on a role of assisting parents to implement strategies into their day-to-day routines. NEST now has a locality worker for North Ayrshire, and along with other local and national organisations, and the professionals who will be located within the service (Speech & Language, Occupational Therapist, and the Educational Psychologist) the team will be extremely well equipped to empower parents to meet the needs of neurodiverse children.

The team has actively linked families with Welfare Rights services to maximise income and ensure that parents/ carers are gaining access to benefits, such as, the Child Disability Payment, if they are entitled to this, particularly if a child does not have a formal diagnosis.

We also encourage parents who are not in employment to access employability services, such as, We Work for Families (The Lennox Partnership), and this contributes towards the outcomes and local priorities of tackling child poverty and mitigating the impact of the cost-of-living crisis.

In terms of reducing the number of families in crisis and children being subject to child protection registration, the FCWS has a pathway with the Child Protection (CP) team in North Ayrshire. Where safeguarding concerns exist, a CP social worker undertakes further assessment alongside the FCWS worker. Should risks be identified and concerns substantiated, the CP team will undertake formal investigation and take the family to case conference. Only when registration is implemented will the FCWS step back and the case will be progressed via the CP Team. However, in the past six months, only one case has progressed to a CP investigation. This did not result in registration, and it was decided that it would be proportionate for the case to remain with the FCWS and for our team to continue with an intervention.

The team has been effective in reducing families becoming involved with statutory services, and how the numbers of families requiring crisis intervention can be reduced by the availability of this early intervention resource.

Transitions Post School

Each secondary school has a Developing Young Workforce (DYW) Coordinator who promotes opportunities and pathways designed to ensure young people have the opportunity to develop skills responsive to future economic changes. Specific data is used by Skills Development Scotland (SDS) and other partners for early intervention and support in advance of anticipated school leaving date. For example, in partnership with SDS and our Local Employability Partnership (LEP), 169 young people were identified to take part in an offer delivered by employability training partners CEIS (Community Enterprise in Scotland). Young people took part in workshops focusing on confidence, skills & qualities, workplace health & safety and money management.

As part of the Local Employability Partnership, an evening was held targeting young people considering next steps beyond school. The Your Next Move event was attended by over 600 young people and families with over 40 local employers and Ayrshire College represented. Supplementary events were also held on Arran and a uniquely adapted Reverse Job Fair for Lockhart Campus to ensure universal access for all leavers.

Case Study - Scottish Fire and Rescue Service

The Youth Volunteer Service of the Scottish Fire and Rescue Service aims to create a safe, enjoyable environment for young people to learn, build relationships, and contribute to safer communities. It offers opportunities for skill development, community engagement, and insight into the workings of the fire service. Participants gain practical understanding and support community development while enhancing personal skills and confidence. The program doesn't guarantee future employment but focuses on personal growth and skill enhancement. Volunteers are encouraged to attend sessions regularly and participate in community events. The service is committed to providing an inclusive environment free from discrimination and harassment, aiming for volunteers to enjoy their experience and gain valuable skills. Clear expectations, support, and training are provided to ensure volunteers' safety, development, and enjoyment. Volunteers are expected to behave professionally, seek guidance when needed, and adhere to safety protocols.

So far, 22 volunteers have attended the unit, five have already progressed through the unit and are now instructors. One of these individuals has also now been accepted to represent SFRS On-Call Duty System, whilst another one of the youth volunteers is now an instructor also received the Youth Volunteer Award at the Tri-Services last year. The program has yielded positive outcomes, with several volunteers progressing to become instructors and receiving recognition for their contributions.



Priority 3: Making things fairer

Key Highlights and Case Studies

Child Poverty

Our Child Poverty Action Plan for 2023-24 continues to build on the work progressing to tackle child poverty and the cost of living crisis. In session 2022-23, financial gains for families who have worked with the Schools' Welfare Rights Officer was £572,060.

Workers in both the Rosemount Project and Family Centred Wellbeing Service are vigilant in ensuring that, where relevant, parents are encouraged to utilise Employability supports to increase their prospects of entering work, training or further education.

The Education service identified reducing the cost of the school day (COSD) as an area of focus for schools. It is recognised that education can support children to find a route out of poverty, but crucially only if children and young people can access education as fully and equally as possible. An action plan for reducing the cost of the school day has been used to build upon the priorities identified by North Ayrshire's Tackling Child Poverty and Cost of Living Board.

The Education Service, in partnership with the Youth Participation team has made very good progress towards reducing the COSD for children and young people. Learner Participation has played a key role within our Child Poverty strategy and action plan and as part of our commitment to ensuring children and young people are at the centre of our efforts to reduce the COSD. Our second COSD conference was held in May 2023, where we brought together over 170 pupils from across North Ayrshire Primary and Secondary Schools for a full day of activities led by Education staff and the Youth Services team.

All educational establishments have been encouraged to use the COSD toolkit. Schools using this approach have seen positive changes, including the following:

- Uniform recycling and new school uniform policies implemented to reduce costs
- Support towards transport to and from school and external trips and visits
- Food initiatives e.g. breakfast clubs, holiday lunch provision, healthy snacks
- Extra-curricular activities and after school Clubs
- Support and fundraising for equipment and trips
- Digital support
- Period dignity products
- Supporting children beyond the school day

Pupils and staff have shared good practice across establishments as well as throughout the community via school and early years networks, youth participation and locality planning forums. There is now a stronger commitment to continuous improvement and a focus on reducing the cost of the school day and the barriers experienced for children and families and poverty.

Attainment

The latest published achievement figures are for 2022. Combined Numeracy achievement for P1, P4 & P7 is 76%, an increase of 9 percentage points on the previous year. Similarly, combined Literacy achievement for P1, P4 & P7 is 67%, an increase of 8 percentage points on the previous year. It is evident that the additional interventions in literacy and numeracy have had a significant impact in continuing recovery from the pandemic. Early indications are that this improvement has continued throughout school session 2022-23.

Improving leavers' attainment in literacy and numeracy

Performance of school leavers in attaining Literacy at Level 4 and Level 5 displays a positive 5-year picture. In 2022, our school leavers have outperformed all other comparators at both level 4 and level 5, with 95% achieving literacy at level 4 or better and 84% achieving literacy at level 5 or better.

The performance of our school leavers in attaining Numeracy at Level 4 and Level 5 also displays a positive 5-year trend. For Level 4, 91% of leavers achieved this which is the second highest figure in the 5-year trend. Similarly for Level 5, 71% of leavers achieved this which is also the second highest figure in the 5-year trend.

Learner outcomes post-school

The School-College partnership with Ayrshire College continues to form a valuable part of the curriculum. The offer provides high quality senior phase vocational courses from Level 4 and above and continues to support young people to prepare for employment and Further or Higher Education. It also builds a network of support for young people as they move between school and college or university and plan progression pathways onto full-time courses. Our School-College Partnership team meet regularly to discuss the attendance and progress of each pupil to ensure all possible step success on their college course.

Education works in partnership with Employability Service to offer individualised support. This feeds into a programmes, partners and referrals process which offers various pathways for vulnerable leavers and supported by partner agencies. For example, Barnardos are employed for outreach and targeted work with young people, including care experienced, facing significant challenges in accessing a positive destination.

School Leavers entering an initial positive destination

An initial positive destination means that a school leaver has gone on to one of the following activities immediately after leaving school: further or higher education, training, skills development or employment. At 96%, the proportion of our leavers moving into an initial positive destination is the highest on record. To maximise the percentage of school leavers entering and sustaining positive destinations, schools continue to work hard in strong partnership with Skills Development Scotland.

The Annual Participation Measure for all 16-19 year-olds

The Annual Participation Measure (APM) is a measurement of the proportion of 16-19 year olds participating in education, training or employment over a whole year (1st April-31st March). The indicator provides a measure of the status of the wider aged 16-19 cohort – not just those who have left school. The Annual Participation Measure, covering the year from April 2022 – March 2023 showed that of the 5,872 16-19 year olds in North Ayrshire, 93.9% were in education, employment or training and personal development. This is the highest on record since the APM started in 2016.

Further details on school attainment and achievement can be found online at – [Education Services Standards and Quality Report](#)

Libraries

105 Bookbug Early Years Literacy sessions have been held with over 1,000 adults and 1,200 pre-school children attending. 1150 Bookbug bags were gifted to P1 pupils during library visits. Our Lifelong Learning team delivered a range of sessions for families such as, Bookbug on Tour, Forest Fun and sensory play at a range of indoor and outdoor venues across North Ayrshire. There were

193 primary/ early years class visits supporting a range of topics with 3,892 children and adults. As part of Book Week Scotland in November, 54 primary one classes and 1,022 pupils attended the interactive sessions in libraries. Support for afterschool activities continues to be strong with 272 sessions and 1,785 attendances from children.

The Learning Community Librarians (LCLs) are supporting 4 Duke of Edinburgh pupils to assist in the school libraries, 4 pupil volunteers to help deliver activities for the weekly book group, 4 S4 volunteers helping to organise the monthly Family Book Group and a senior pupil working in the library as part of their Saltire Award (assisted by Pupil Support staff). One LCL had a successful bid for national funding through the Scottish Library & Information Council's School Library Improvement Fund. The project aims to "bring pupils of Ardrossan Academy and Winton Primary together using stories. Events for "Let me Tell you a Story" with author Victoria Williamson so far have been very successful.

We were proud of one of our Junior Rangers who after 5 years with the group was the first recipient of the SCRA JR leadership award. Further information can be found here - [North Ayrshire Ranger Service](#).

Digital Learning

14 schools have achieved the Digital Schools award with almost all North Ayrshire schools registered and on the way to achieving this award. Many schools are also working towards the Digital Wellbeing award, demonstrating a strategic approach to cyber resilience and internet safety. Senior school leaders from across the authority engaged in a professional learning programme entitled 'Evolving Digital Thinking', supporting this journey. An established network of Digital Coordinators continue to meet termly to develop digital skills and cascade these within their school contexts. Pupil Digital Coordinators have met twice, learning new skills and networking with other schools, with plans to build on this further next session.

Care Experienced Children and Young People

Our Corporate Parenting Plan (2023-2026) has been co-designed by Care Experienced Young People and addresses their priorities and commitments we have made to them. All the priorities and actions lead to the fulfilment of the Promise.

Our Corporate Parenting Plan (2023-2026) can be found here – [North Ayrshire's Corporate Parenting Plan](#).

Some key highlights include:

- A Family Wellbeing Support Worker has been appointed to specifically work with families where two or more children are at risk of being looked after or are looked after and their principal role will be to strengthen relationships between family members.
- Every children's residential house has a named link Nurse to enhance communication and to address any health issues timeously.
- Health and Social Care have developed and implemented their 'Keeping Sisters and Brothers Together' policy. 73% of Sibling Groups are together in the same living environment. This is likely a result of the above policy and an even greater focus on keeping siblings together combined with guidance and updated processes.
- Police Scotland's 'Looked After & Accommodated Protocol' has been established to minimise negative contact with police and care experienced young people. Facilities within Police Offices have been modified to accommodate care-experienced young people and minimise trauma.

- The Health and Social Care Partnership have developed several new programmes focused on diversion and youth offending.
- Universal Early Years staff have Trauma Informed Modules within their mandatory training to support them to achieve a deep understanding in the context of trauma.
- Campus Police officers and the newly formed Community Wellbeing Unit are trained to support care experienced individuals through engagement and education.

Housing Services have introduced a care experienced housing officer to be a single point of contact for Care Experienced Young People. The Throughcare/Aftercare Service have a Housing Protocol in place where care experienced young people are prioritised and supported to ensure they maintain their tenancies. Young people are supported to remain with their Kinship Carers and eligible for continuing care. They will receive ongoing support from Throughcare, and their carers receive kinship care allowance until the young person is 21 years.

In the last three years there has been a 10.7% increase in young people in kinship care placements and significant increase in numbers of young people requesting continuing care. The uptake of Continuing Care has increased as training, guidance, policy changes, and embedding processes in the review meetings have all been established and implemented over the last three years.

We have more Children and Young People in positive destinations such as college or university than ever and in our three recent inspection reports, our approaches to continuing care have been highlighted as best practice. Kinship Care has also increased as we have adopted our 'family first' approach in practice and policy.

Care experienced children and young people continue to be supported through a range of interventions where the focus is on delivering equity and improving educational outcomes.

The MCR Pathways Young Talent programme supports our young people in, or on the edges of care within 6 secondary schools. In the last academic year 229 young people were supported through the programme. Of this number, all 102 S1 and S2 pupils participated in weekly group work throughout the academic year. The focus of this group work was on building self-esteem and confidence, strengths and interests, teamwork, problem solving and employability skills. A further 50 young people were directly supported by one of our MCR Pathways Co-ordinators, who are members of the school's extended pastoral support team. They provide an enhanced and integrated level of support, liaising with partners. A large number of this group are preparing to be supported by 1:1 mentors.

A key part of the MCR Pathways programme is the use of mentors from across our communities. Our mentors come from local businesses, the public sector and the third sector. They have a wealth of experiences and life skills. They all share the same desire to support a young person in their local community and give something back. Our mentors are trained and supported throughout each stage of their mentoring relationship with their young person. This year, 77 young people were supported in weekly face-to-face sessions by a mentor, with plans to increase this figure in the near future.

The impact of the MCR programme is evident in: improved literacy and numeracy outcomes for this group; improvements in the number and level of qualifications achieved and 100% of this year's leavers group supported by this programme entering a positive destination.

Case Study - MCR Pathways

Amy* and John (*Young Person Name changed) - Auchendarvie Academy

"When Amy was first introduced to the MCR Pathways programme she was a shy girl who had low self-belief. She had a clear idea of what she wanted to be when she was older, which was to be an aeronautical engineer. Amy was unsure of how she could reach this career, as she was struggling academically in most subjects, particularly maths, which was essential for her chosen post school career.

Amy was matched to mentor John who had spent a significant part of his career as an engineer. John and

Amy were both extremely laid back and had a calm demeanour. Amy needed a mentor who was not going to pressure her or be too persistent and John's patience and calm nature allowed the relationship to move at Amy's pace.

John and Amy bonded straight away. As well as having shared career interests, they also had many common hobbies/interests to discuss. The main commonalities being travelling and theatre. John was a great supporter of Amy and supported her to believe that she could achieve anything she set her mind to. He supported her with the subjects she was struggling with, and helped Amy grow in confidence and believe her goal could in fact be reality.

Amy is a young person who is now confident and has a strong work ethic. She applied for many aeronautical engineering apprenticeships and college courses and is going to pursue her unconditional offer for PEO at college. She has also attended college visits, day courses etc and has seized any opportunity for more experience to help her with her goals, with John encouraging her throughout this.

Amy's attitude is brilliant and I am confident she will go on to achieve her goals in life."



Care experienced leavers in North Ayrshire are continuing a positive 5-year trend of attainment in the number of Level 4 and Level 5 qualifications achieved. In 2022, 87% of our care experienced leavers attained at least 1 qualification at SCQF Level 4 or better, the highest performance in the 5-year trend. For Level 5, 62% of care experienced leavers achieved at least 1 qualification which is in line with highest performance in the 5-year trend.

Whole Family Wellbeing Fund

Through the Whole Family Wellbeing Fund, third sector organisations have been engaged in the transformational activity required to support holistic family support, shift focus to early intervention and prevention and work towards the aspirations of The Promise. This has included:

- Universal Early Years partnership with national charity Dads Rock to bring a Dads Support Worker into the existing integrated UEY team. The worker supports dads and other male caregivers with children in the early years with practical parenting skills, empowerment and confidence in their role as dad. One to one support, as well as group support is being provided by the worker and there is also a review of current processes within UEY to ensure inclusivity to dads, and not just mums.
- Barnardos - Barnardos will scale-up the existing Stronger Families service, providing a focus on Kinship Families who have been affected by substance use. Stronger Families is trauma-responsive and adopts a whole family approach, aligning with the National Principles of Holistic Whole Family Support, The Promise and Children's Rights. In the short time it has been operating, it has proven to be an effective and successful approach to supporting Children, Young People and Families impacted by substance use.
- Ayrshire Children's Services - Delivery of 3 x 15 week "Nurturing and Positive Parenting" Courses for parents/ carers who are currently awaiting referrals, are on the periphery of social work care and/ or are at the point of crisis. This is a new element to the existing work of Ayrshire Children's Services with the overall aim of developing a Family Wellbeing Service.
- Impact Arts - Plan to run two 6-month programmes a year for 2 years in different localities in North Ayrshire, working with ten to twelve parents or kinship carers in each programme, to support them to: better understand their child(ren)'s behaviour; develop tools to connect, communicate and support their child(ren) including approach (e.g. activities being led by the child; being curious), language and play activities; identify their own needs and develop coping strategies for themselves; connect with other parents, access peer support, and develop their local support networks by linking in with other local organisations which can support other aspects of family life.
- The Ayrshire Community Trust – will deliver a tiered model of universal family support and engagement within the Three Towns area with additional targeted family support to a smaller number of identified families through 1-1 and small group work provision. The project will build on the significant work already being delivered to support local families in relation to poverty, employability and community connectedness.
- The STAR Centre – Ayrshire's Rape Crisis Centre will use WFWF funding to recruit a family worker who will work with parents, carers and the wider family of young people aged 13 years and above who have been sexually assaulted. Currently only supporting the young person themselves, this expansion will provide a more holistic approach to the family, helping them to understand what has happened and enabling them to offer appropriate support to their child/ family member.

Case Study - Dads Rock

In a first of its kind partnership our Dads Rock worker is embedded in the Universal Early Years' team with funding from the Scottish Government Whole Family Wellbeing Fund. We're helping Dads and families to be the best that they can be by supporting them to give their children the best possible start in life. This means working with Health Visiting, Midwifery and Social Work to provide bespoke 1-1 support for dads and their families at home and in the communities of the Saltcoats, Stevenston and Ardrossan, with a view to supporting the whole of North Ayrshire in time.

A key part of this work is the new North Ayrshire Baby Group for Dads led by Ryan, our Dads Worker. After speaking to local dads, community partners and Health and Social Care partners we recognised that there needed to be a place for Dads to come together and share their experiences of growing as parents. Though Ryan provides the group it's the openness and care for one another that drives the group and creates the supportive atmosphere of the group. Ryan says: "The role has been extremely rewarding, right from day one. I've got over 10 years experience in family support work, most of which was creating Dads support in Glasgow and so I really feel like I'm right where I need to be. I like that every day is different and I get to create amazing connections for dads. So many of them don't have a pathway when they're struggling, and the NHS can find it difficult to design services around dads support needs- so by being a Dads Worker, these dads can connect to NHS resources through me and get the advice and support they need, meet other dads and build great connections".

"We know that dads will do anything for their children so the group is pitched more as a baby group for dads, rather than just a 'dads group' for a reason. It's a great way for Dads to explore how babies grow and develop, but it's also a really good way for dads to meet other dads and learn from one another".



Quote from Social Worker - "Ryan and I have worked closely together to provide extensive support, advice and guidance to two vulnerable families that are on my caseload. Since Ryan has started we have undertaken 5 joint visits some of which when families/dads have been in crisis. It has been a pleasure to work alongside Ryan. Ryan has been actively involved in the care plan for both families. Ryan clearly has a wealth of previous experience and has used his transferable skills to this current post."

Priority 4: Promoting good mental health and wellbeing

Key Highlights and Case Studies

Nurture

During school session 2022-23 we have undertaken a range of activities to support our Promoting Positive Relationships approach. This has included work on Building on Positive Relationships (based on the Non Violent Resistance approach) for both schools and parent workshops. We have run three parent workshops over the session with parents reporting a significant improvement in the behaviour of their children following the workshops. Using the widely available and respected Strengths and Difficulties Questionnaire as a basis for measuring impact, the mean scores for children's total difficulties significantly reduced following the 10-week parent group. We have also run workshops for our primary and secondary schools as well as our Area Inclusion Workers and further developed our Building on Positive Relationships plans in line with this.

A key part of our work has been a review of our whole school nurture approach to ensure that nurture principles are embedded within the whole school system at the same time as building capacity towards a consistent, authority-wide approach to whole-school nurture. This review has included surveys with stakeholders including:

- 832 staff who responded to our main review questionnaire
- 32 children and young people in focus groups across 4 primary and 2 secondary schools
- 11 Educational Psychologists, 15 Head Teachers and 141 teacher and classroom assistant responses to additional questionnaires

Following the review, work has commenced on updating the professional learning programme supporting this work, developing a whole school nurture benchmarking framework to support school self-evaluation and planning for improvement in this area and the establishment of a Service Improvement Group to take this work forward into session 2023-24 and beyond.

There are currently 22 Primary Nurture Groups and 9 Secondary Nurture Groups, with 4 further primary PEF funded groups operating a range of tailor-made nurture models with target groups, supported by the authority-wide Principal Teacher of Nurture. Clear guidelines have been produced and shared with each sector, alongside a quality assurance framework and weekly professional learning sessions.

Some of the positive outcomes of targeted nurture approaches include:

- Children and young people in primary and secondary settings who have received nurture support are showing gains in social and emotional progress and are continuing to access mainstream education.
- Children and young people who have received nurture support are attaining and achieving more closely in line with peers over time.
- Education establishments can demonstrate an increased understanding and application of whole school nurturing approaches. This will increase establishment understanding and awareness of the interdependencies between effective nurture and mental health and wellbeing support.
- Of the 832 staff who responded to our nurture survey, 78% felt confident applying what they have learned about nurturing approaches in practice.
- St Matthew's Academy were awarded the prestigious Marjory Boxall Nurture Quality Mark Award in 2023 in recognition of their support of children and young people. They also became

North Ayrshire's first secondary schools to achieve the Rights Respecting Schools Gold Award, in no small part due to their commitment to Nurture.

A longitudinal study is currently in preparation tracing the views and development of those pupils who attended nurture previously, with publication expected in session 2023-24.

Mental Health and Wellbeing

The integrated early years team empower and enable parents and carers to support their child in a range of areas. During 2023-24, 965 Requests for Assistance (RfA) from the wider integrated team were received. 527 Requests for Assistance (55%) were made to the Health Visiting Support Workers to support parents with topics such as communication, behaviour, sleep, weaning and toileting. 11% were made to the Family Nurturers for support with home conditions, community integration, and bonding and attachment. 11% were made to the Perinatal Wellbeing Team for support with maternal mental health difficulties during pregnancy or in the initial 9 months following the birth of a child. 7% were made to the Early Years Social Workers for support with parental mental health, relationship issues and home conditions.

The Health Visiting Support Workers within Universal Early Years assist colleagues in Education to deliver parenting programmes, such as Incredible Years, in a group setting.

The Out and About project in the Garnock Valley, encouraged families to use the assets in their local area and to spend family time together. Based on partner feedback a programme of Saturday morning events were funded in the Garnock Valley libraries in the run up to the summer holidays in 2023. Families identified by the Family Care Workers have also benefited from KA Leisure memberships to support them to continue to get out and about. They have also been gifted experience kits which includes a range of items and activity ideas for families to enjoy both indoors and outdoors. The Little Free Library was launched at Lochshore Park, Glengarnock with environmental-themed books for children and families to use on site or borrow as part of the project.

Connected Communities Mental health and Wellbeing have a variety of early intervention, positive wellbeing, resilience and confidence building events and activities. These are for age 5–25-year-olds, including whole family approaches, work in schools and communities. This varies from drama, accredited programmes, outdoor learning, roadshows, murals, climate engagement and young parents.

Active Schools continue to support all schools to deliver high quality extra-curricular programmes across Primary, Secondary and ASN schools. Our top 5 participation sports are Football, Netball, Multisport, Basketball and Dance.

Active Schools continues to support over 50 sport and physical activity clubs across the academic year to deliver within our school settings. This includes the co-ordination of the delivery of weekly sessions, health week inputs, full day delivery and promotional distribution.

A full counselling review has been undertaken this session and has involved consultation with stakeholders including children and young people, school staff and counsellors. A literature review of effective practice was also undertaken. This review has been used to shape the future model of primary school counselling and update the well-established secondary school counselling service.

In terms of how the counselling service has supported staff practice within our schools, the impacts can be summarised in three main categories:

- School staff are able to support individual pupils better (through for example being more familiar with appropriate support strategies and language).

- School staff have greater awareness and knowledge (of themes such as trauma and its impact).
- School staff have strengthened positive relationships (with for example other professionals working together to support a young person, as well as strengthened links with the home).

Children, Young People and Families have access to a range of supports and services within their communities to support emotional distress and to promote positive mental health and wellbeing. Data gathering and consultation with the community has been central to the development of services. Key highlights include the employment of a Welfare Rights Officer (WRO) to engage directly with families following referral from education staff. Over the course of the 2022-23 school year, this has resulted in financial gains of over £572,000 for families who need it most.

The link between financial insecurity and poor mental health is well documented and the positive impacts of our approach in North Ayrshire are increasingly evident. 71 children, young people and families have benefited from co-produced bespoke supports which have had a positive impact on mental wellbeing. Examples of referral reasons for support include family relationships/ home issues, poverty/ homelessness, trauma, with many children and young people experiencing multiple barriers to positive wellbeing.

A review of the Kilwinning and Largs Wellness models has taken place. We have used this review as the basis for developing a refreshed and expanded approach to supporting children and young people's wellbeing across the whole authority, with the revised Wellness Model being rolled out to additional localities. Our review highlighted the importance and benefits of all agencies working together to have a positive impact on mental health and wellbeing in our communities.

We have continued our focus on Whole school approaches to mental health and wellbeing (MHWB), ensuring children, young people and families have access to the right supports at the right time. One school cluster has piloted the Whole School Approaches to MHWB self-evaluation tool, and this has shaped the further enhancement of supports within establishments.

Education staff have had access to an extensive range of professional learning opportunities with an additional 200 members of staff engaging with our Children and Young People's Mental Health and Wellbeing Professional Learning Resource this session. In addition, we now have 93 members of staff across a range of schools who are trained to deliver Let's Introduce Anxiety Management (LIAM). To broaden the reach of this approach, we have this year developed a "LIAM at home" project which targets children and young people whose engagement with education is impacted by anxiety. This new project is showing early signs of success. Across the authority, 33 children and young people have completed the wider LIAM programme this year with an additional 8 engaging with group work. Positive impacts have included: young people who can now cope with being in crowded spaces; a reduction in exam stress; and an increase in the number of young people who are now able to come to school without feeling anxious. In addition we have delivered Suicide Prevention Training, with 15 additional staff trained in Applied Suicide Intervention Skills (ASIST), 54 members of staff trained in Assessing Suicide Risk in Kids (ASK) and 29 in safeTALK – Suicide Awareness training. All S6 pupils in our Secondary Schools have been offered Suicide Awareness Training (safeTALK) with over 100 young people taking part in training during June, feedback from young people indicates they feel more confident to have conversations around wellbeing with their peers.

We have refined our information sharing process from our Emergency Department for our Young Persons Suicide Prevention Pathway to ensure services receive the right information at the right time. This Young Person Suicide Prevention Pathway is intended for young people up to 18 years old who have made a significant attempt at taking their life i.e. non-fatal overdose, act of self-harm significant enough to require treatment & intervention or deliberate act of a suicidal nature. The pathway delivers a prompt partnership response with follow up arranged within 48 hours to ensure that no young person falls through the net.

The Suicide Prevention Task Force continues to circulate information across our Children and Families Services regarding Mental health and/ or suicide prevention training.

Our partnership with See Me See Change continues to develop with our Education Service contributing to the further enhancement of the national anti-discrimination and stigma youth programme. 200 senior pupils took part in training in June 2023 in preparation for next session. This session, the See Me Ambassadors delivered assemblies, PSE lessons, supported mental health and wellbeing sessions in Primary schools and held bakes sales to raise awareness of mental health.

The Child and Adolescent Mental Health Services (CAMHS) specification came into operation on the 1st August 2023 and with that, the national neurodevelopmental service specification. A North Ayrshire Children and Young People Neurodevelopmental Service Specification Implementation Group was established in June to take forward key aspects of the service specification. Progress to date has included:

- Mapping and gap analysis of available family supports for children with Neurodevelopmental Differences (NDD) and their families
- Training needs analysis of the current children's services' workforce including primary care, Allied Health Professionals, health visitors, school nurses, social workers, education staff and third sector organisations. A training plan will be produced from this to support workforce development.
- Further engagement with parents and carers of children with NDD to hear in more detail about their experiences of trying to access services and supports, strengths and areas for improvement. This will direct work in relation to family support, workforce development and assessment and diagnosis.
- Drafting a neurodevelopmental pathway for North Ayrshire for children who are of school-age but who do not have a co-existing mental health condition and commencing work to agree appropriate screening tools.
- Expansion of the Neurodevelopment Empowerment and Strategy Team (NEST) to provide dedicated support within North Ayrshire.

Pan-Ayrshire work to develop a diagnostic service is also underway. CAMHS has led some pilot work with a small number of schools to undertake neurodevelopmental assessments with identified children in the school, alongside their parents/ carers. Findings from the evaluation will inform future direction for assessment and diagnosis.

Young Carers are a core partner in the Joint Youth Forum network where they contribute to planning and shaping future plans and policies for both North Ayrshire and nationally. Needs are met through collaboration with young people when they complete the Young Carer's Statement.

The HSCP increased its investment in carer services threefold in 2023 through the recommissioning of the Carers Support Service – now the Carers Gateway. This has seen early indications of increased young carers registrations as well as an increase in support activity based around reducing social isolation.

This session Young Carers have completed 400 statements. This is approximately 93% of all Young Carers registered on school systems. Education and HSCP delivered a Young Carers Statement workshop for 27 staff at the Professional Learning Academy the feedback from staff was positive and contributes to building the skills within our teams of staff to support Young Carers across North Ayrshire.

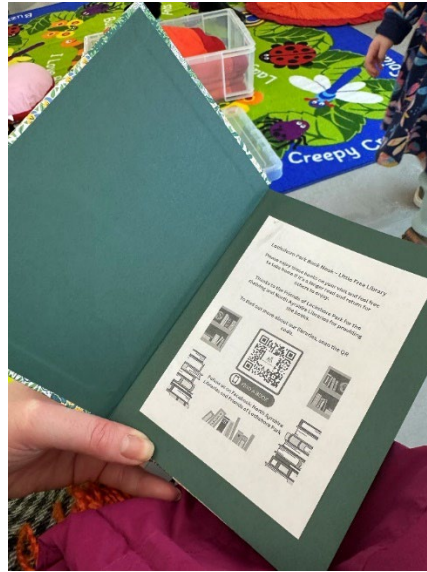
During 2023-24 the Public Health Department published a chapter of the Director of Public Health Annual Report titled “Director of Public Health - A Life-Course Approach to Understanding Mental Health Report”. The main aim of progressing a life-course approach to mental health will involve maximising the many opportunities to promote mental health and wellbeing across all of the life stages, through preventive approaches and timely access and intervention/support for people where a mental health need and mental illness/disorder presents. This will require a whole system approach, recognising and acknowledging current work and success, and building on this for future developments.

Over the coming year Public Health will continue to identify opportunities to have dialogue with colleagues and partners working in areas including children’s and mental health services regarding the life course approach.

Examples of Public Health Department activity in the previous year includes:

- Delivery of “Mental Health Improvement – a practical approach” to colleagues and partners working with infants, children and young people (i.e. Education, those working with non-attenders at school, community groups)
- Promotion and provision of Children and Young People’s Guide to Mental Health and Wellbeing among other resources
- Support for a whole school approach to mental health and wellbeing.

Case Study – Book Nook at Lochshore Park



North Ayrshire Libraries has teamed up with Friends of Lochshore to create a new Book Nook for the community. Nestled indoors, next to the café, at Lochshore Park Hub between Beith and Glengarnock, it was launched on Wednesday 14 February at the community hub's monthly Story Tots session.

Named, the Little Free Library, the Book Nook features nature-themed books for all ages. A welcoming focal point, it forms part of a wider community project called 'Out and About' in the Garnock Valley where library services and partners have been working on behalf of communities to support families to get out and about in their local area, discovering some of the amazing spaces on their doorsteps – all at no cost.

This is the third Book Nook of North Ayrshire's Little Free Libraries' initiative – with others located at the Harbour Arts Centre and at the Townhouse/Portal in Irvine. At the new community space, parents and carers are encouraged to share a nature-themed story with their children during their visit and use the books there to help identify flowers, fauna and a host of creepy crawlies that can be found on the walks around Lochshore.

Already a popular venue with local sports clubs, schools, and young families, Lochshore Hub's new Little Free Library is all about encouraging visitors of all ages to pick up and donate books out-with conventional library locations while learning more about what's on offer at Lochshore Park. Other elements of the redevelopment at Lochshore include the newly-created 5km leisure route and walking path, the surrounding woodland plantation of over 12-hectares, and the construction of a Natural Play Area currently underway.

Councillor Alan Hill, Cabinet Member for Communities and Islands said: "It is great to learn that our latest Little Free Library at Lochshore Park is proving a hit with young visitors there. "Thank you to everyone who has helped us to bring the project to life and special thanks to The Friends of Lochshore Park who have used their expertise to meticulously hand carve the decorative owl and branch bookends. The lovely reading nook really does look right at home, it's as if it's always been here. This is another brilliant example of how libraries can work together with communities, partners and local volunteers to widen their offering and provide exciting opportunities for experiencing the wonders of reading in new and exciting places. The project is also about inclusion and social-connection too, as people can come together to learn about nature and enrich their experiences at Lochshore."

Priority 5: Inspiring children and young people to be active

Key Highlights and Case Studies

Physical Activity

The Child Healthy Weight team continued to support children and their families to achieve a healthy weight via the Jumpstart programme. The programme works with families with children aged 5 to 17 years old. Programmes provided:

Jumpstart Junior:	Aged 5 – 9
Jumpstart Senior:	Aged 10 – 13
JumpStart Teens:	Aged 14 – 17
JumpStart Plus:	Children with Additional Support Needs

During 2023-24, 55 children and their families were referred to JumpStart (5 to 17 programme). The referrals were split evenly between males and females with 28 males (51%) and 27 females (49%). Of the 55 children referred, 29 children (53%) were aged 5 to 9 years old, 19 children (34%) were aged 10 to 13 years old and 7 young people (13%) aged 14 to 17 years old. Also, the largest majority of referrals were for families living in the most deprived areas 86% areas.

90 group based physical activity and health education sessions were delivered by the Child Healthy Weight Team in addition to attendance at 12 promotional events. We continue to partner with the Trinity Active Travel hub, supporting events and initiatives aimed at promoting active lifestyles and healthy habits.

Positive outcomes for those participating on the programme include an increase in physical activity levels; healthier eating habits including an increase in consumption of fruit and vegetables and less consumption of foods high in fat, sugar and salt; an increased parental score on their child's health related quality of life (Peds QL), resulting in stabilisation or reduction in Body Mass Index Standard Deviation Scores.

Participating families also make use of a free leisure pass to access amenities such as the KA Leisure Centres, which for many families would otherwise be cost prohibitive.

The early years Tier 2 child healthy weight programme, Jumpstart Tots continued to focus on working with health visiting service to identify families with children aged 2- 4 years who would benefit from targeted interventions to enable healthy habits for healthy growth.

During 2023-24, 9 children and their families were referred to the Jumpstart Tots early years programme. In total 16 families were supported by the early years programmes. There were 11 discharges, of which 6 families completed at least 75% of the programme and 5 families withdrew at the early stages of the intervention.

As with the school age programme, there were positive changes in dietary behaviours with those who completed e.g. increase in fruit and vegetable consumption and a decrease in sugary foods and drinks. Families are also offered free leisure passes to enable the whole family to access opportunities within KA leisure.

A multidisciplinary working group was established with representation from early years education across the 3 Ayrshire local authorities, further education, PEEPLE qualifications and dietetics with the aim of delivering nutrition focused PEEP (Parents as Early Education Partners) groups within a number of establishments in each local authority. The group identified 3 nutrition education sessions

for each of the 3 PEEP age groups and mapped NHS nutrition resources and activities to each i.e. 9 sessions developed in total. There have been 4 groups co-delivered between dietetics and early years education over our 3 local authority areas.

The team have worked closely with a number of partners including Ayrshire College to raise awareness of early years nutrition and child healthy weight. Pilot work has focused on training all early years students to increase knowledge and skills, as well as awareness of local supporting services and resources. During January to March 2024 the team trained 89 students. In addition the team have also participated in a service wide education event with Health Visiting to update on topical issues around infant and early years nutrition. We have also had the opportunity to give an update on early years child healthy weight programmes at a head teachers event in February 2024.

In partnership with the Public Health Department, the team have been able to commission HENRY (Healthy Eating and Nutrition in the Really Young) core training programme to a variety of partners which contributes both to maternal and infant nutrition and child healthy weight programmes. This training has a strong foundation in health behaviour change thus skilling participants to take a strengths-based approach to supporting families. Over 2023-24 there have been 7 cohorts of training with over 100 participants, including health visitors, school nursing, maternity staff, early years practitioners, oral health and allied health professionals. A recent post programme survey of participants highlighted the positive impact on practice of the course and the need to provide supporting resources to further embed the learning into practice.

In order to support early intervention and prevention the team are working with an area wide group to develop a child healthy weight toolkit which will provide guidance on topics such as: weight/ BMI measurement, raising the issue of weight/ health with families, health behaviour change, nutrition, physical activity, current community programmes and training opportunities. In addition to these topics, the toolkit will also provide pathways for different professions such as health visitors, school nurses, and other healthcare professionals, as well as wider services and agencies to support early intervention and prevention.

Case Study – Dance Therapy

During the 2023 Summer holiday period, the Child and Adolescent Specialist Substance Team (CASST) ran a hip-hop dance therapy summer scheme for children and young people affected by trauma and impacted by their own or parental drug or alcohol use, teaching dance classes to aged 5–11-year-olds and over 12. The aim of the dance therapy sessions was as an intervention to help with attention and focus, to improve communication, and to reduce feelings of isolation, social anxiety, and chronic pain. Overall, 24 children and young people attended across the summer holidays. This culminated in an end of summer dance show and prizegiving for those in attendance. Feedback was gathered from young people and their parents/carers using evaluation forms and was overwhelmingly positive. 100% of the children and young people who attended reported as enjoying the dance therapy classes and expressed that if given the option, they would attend again. Three of the parent's feedback was [anonymously] as follows: *“While home life is very difficult and her sister's needs tend to take up most of my time, it has been great for her to have something so positive that is just hers. The positivity and energy of the class has really given her a much-needed boost”, “I love that X has her own thing, has made friends (which she normally finds difficult) and dance improves her balance and coordination”, “Y is so happy and gets so excited when it comes to a Thursday, she said this is the best thing about the Summer holidays”.*

Due to the success of this, further dance therapy sessions have commenced, for age groups 12m - 5 years, and over 5. Dance therapy sessions are ran by our Family Worker and qualified Dance Teacher Nicola Kane.



An early years outdoor science resource was developed, led by our STEM team. The purpose of this was to link outdoor learning experiences to Science experiences and outcomes and Sustainable Development Goals. Professional learning sessions for this resource were attended by 215 practitioners. Evaluations were completed by practitioners following the training, 100% of whom agreed that using the resource has helped them to make links between outdoor learning and science experiences and outcomes, and that this would improve and extend the quality of outdoor learning experiences.

Over 100 staff attended further professional learning on outdoor learning and learning for sustainability for primary-aged children. Whole-school training sessions have been delivered in three schools and the STEM team has supported a further three schools through outdoor learning team teaching inputs.

School gardening training sessions were delivered by Ardrossan Academy staff to 10 primary schools. A school gardening handbook has been created collaboratively, with advice, guidance and good practice, and this has been shared with all schools. Finally, six of our schools participated in a successful partnership with Go Wild Scotland, to provide nature experiences for learners, linked to the curriculum.

Last academic year Active Schools supported 51 North Ayrshire clubs to engage in schools. Clubs delivered the following:

- Curriculum enhancement sessions (PE slots over and above the schools 2 hours of PE)
- Health week sessions
- One off days in schools
- Visits to the club
- Promotion of club through distribution of flyers

Furthermore, the progression of our North Ayrshire Community Sport Hub has gone from strength to strength. In joint partnership with KA Leisure we have been supporting clubs with training, venues and one to one development sessions. In collaboration with selected affiliated clubs, we have been supporting the delivery of satellite clubs to encourage more localised participation.

We are very proud of the number of distinct participants we are engaging with during extracurricular. 9,425 young people have attended a variety of sport and physical activity sessions across 2022-23, over 53% of the whole young people population. Nearly 9,000 individual sessions were delivered to achieve that number with 91,246 visits being made. 98% of delivery of our sessions were delivered by volunteers – one of the highest across Scotland.

We have robust leadership pathway from P6 to S6 and beyond. Our P6/7 programme Move and Improve has 946 young people who have completed their training. Our Young Ambassador programme bolsters 118 young people from all 9 secondary schools and ASN School. Our flagship North Ayrshire Sports Academy had 189 young people as part of the programme, and they gained on average 12- 15 qualifications that will support them either into employment or onto a positive destination. On completion of these courses the young people then delivery sport and physical activity sessions within schools and communities – over 5,000 volunteer hours have been delivered.

The role of the Active Schools and Community Partnership is to work with key partners and stakeholders to remove barriers for young people and families within Care Experience to take part in Sport and Physical Activity using a Whole Systems Approach to lead a healthier Lifestyle.

Across the last year we have delivered 47 different experiential opportunities to 332 young people. The opportunities have ranged from residentials, skiing, team building days to outdoor activities. The target groups for this work are care experienced, kids on the cusp, the inactive, New Scots (42), or ASN (90 from Lockhart only). The participants are then supported into more frequent activity within their own school or community of which 67% currently have taken this opportunity on. This number is ever growing as this work is a key component of the role of the Active Schools and Communities Partnership Officers.

APPENDIX 1 – Childrens Services Plan Action Updates 2023-24

The rights of children and young people are promoted and protected		
No.	Action	Update 2023-24
1	Implement the North Ayrshire UNCRC Plan actions, ensuring the rights of all children and young people are protected.	The plan is currently in development, and we are working with National Partners to follow all relevant guidance.
2	Ensure the voices of children and young people are heard and influence the work of the Community Planning Partnership.	Engagement took place with young people around the North Ayrshire Partnership Community Plan (LOIP) at meetings of the Joint Youth Forum and Youth Council in 2023. These results are being used to inform our approach to including young people throughout the lifespan of the Plan, as well as developing a 'Plan on a Page' to summarise the LOIP priorities.
3	Provide opportunities for children and young people to develop their citizenship skills, including active democratic participation opportunities.	Young people are fully embedded in the Participation and Citizenship work within Connected Communities including executive youth council, Primary 7 youth council, Climate Change Ambassadors, Mental Health ambassadors, Joint Cabinet, Joint Youth Forum and Pupil Councils.
4	Equality and Children's Rights Impact Assessment (ECRIA) will be carried out on all new policies that affect the lives of our children and young people.	Our Equality and Children's Rights Impact Assessment (ECRIA) process includes children's rights and all new policies consider this.
5	Through the engagement workstream of the care experienced task force, work proactively with Children and Young People.	Some of the engagement work includes: <ul style="list-style-type: none"> • Joint Youth Cabinet with over 40 Care Experienced Young People • The passing of the Council Motion for Care Experienced to be treated as a Protected Characteristic • The creation of a Champions Board network that involves over 50 care experienced young people being involved on a monthly basis. • The Promise is an ongoing activity and our Corporate Parenting Plan is based on the calls for action. We also employ a whole family wellbeing worker funded by the Promise Partnership
6	Co-create with children and young people new, systematic mechanisms for maximising learner participation and voice and create a new Learner Participation Policy.	The Learning Participation Policy has been created and is now in place.
7	Ongoing consultation with children and their families on service design and delivery.	Connected communities support consultation with young people for various departments throughout the year, this is facilitated through focus groups, online surveys, events such as Primary 7 youth council, executive youth council and Joint cabinet.
8	Ensure that Children's engagement forums focus on rights, helping children and families understand UNCRC and what this means.	Connected communities support primary youth forums using a rights-based approach and through the transition work with Primary 7s working with parents and young people.

9	Work with local partners/members to identify opportunities for children and young people to become involved locally.	Connected communities work with third sector organisations to promote opportunities for young people across North Ayrshire.
10	Through our Advocacy Strategy prioritise community-based advocacy to children and young people ensuring they are aware of their rights and are appropriately represented.	Barnardo's Hear 4 U is an independent advocacy service based in Kilwinning, although operational across North Ayrshire. The service provides community-based advocacy to children and young people ensuring that they are aware of their rights as defined within the United Nations Convention on the Rights of the Child (UNCRC). Hear 4u is funded by North Ayrshire Health & Social Care Partnership. Priority is given to children and young people who: <ul style="list-style-type: none"> • Are involved in the child protection process and/or children's hearing system. • Are Care Experienced in Foster Care, Residential Care and/or Kinship Care. • Are on the periphery of Secure Care • Were previously looked after and accommodated • Have additional support needs
11	Implement learning and improvements identified through the HSCP SDS Learning Review Board for the Children with a Disabilities Team.	Phase 2 of this work is commencing in April 2024. There are eight priority areas for action that are being taken forward in partnership with Horizons Research.
12	Include young carers in the planning and shaping of their services.	Young Carers are a core partner in the Joint Youth Forum network where they contribute to planning and shaping future plans and policies for both North Ayrshire and nationally. Needs are met through collaboration with young people when they complete the Young Carer's Statement.
13	Develop a young people users forum for KA Leisure and ensure their views and opinions are considered when developing programmes and initiatives.	KA Leisure has engaged with North Ayrshire Council's Youth Services to explore a range of options to better engage young people in the decision-making for leisure and sport provision. A new Youth Forum will be established in 2024 which will encourage young people across our communities to share their views. Active Schools continue to support KA to gather the views of young people to help influence future planning.

Acting early to improve what happens next

No.	Action	Update 2023-24
14	Work with our partners to keep all children and young people safe, with the robust implementation of the new National Guidance for Child Protection.	An implementation group has been set up and is chaired by a Senior Manager. This was a multiagency group with all core partners represented, Health, Police Scotland, Education, Social Work Services, SCRA. A series of briefings were developed on the new guidance to assist staff to be prepared on the changes, e.g. Child Protection registration changes, changes to IRD. These were designed to assist frontline staff to be prepared and informed of the new expectations. Feedback from Pan Ayrshire services was very positive about how helpful the briefings were in preparing the workforce. The guidance was implemented in September 2023 within specified timeframe. Example of briefing included. The ongoing impact of the new guidance e.g. length of registration, inclusion of non- familial harm and numbers of IRD will require close monitoring via CPC to ensure all services work together effectively to keep children and young people safe.
15	Support families with children aged 0-5 through our integrated universal early years' service.	Within North Ayrshire, we continue to offer all families support from a multi-disciplinary, integrated UYEY service. All children in North Ayrshire have access to the full Universal Health Visiting Pathway which consists of a minimum of 11 Health Visitor visits from the ante-natal period to the pre-school assessment when a child is 4 years old. For younger parents, under the age of 21 years, they can opt-in to the Family Nurse Partnership (FNP) programme which provides more intensive and targeted support. The multi-disciplinary team consists of Health Visitors, Family Nurses, Early Years Social Workers, Health Visiting Support Workers, Family Nurturers, Perinatal Mental Health Nurses, Community Infant Feeding Nurses, and, during 2023/24 has been expanded to include a dedicated Dads' worker in partnership with national charity Dads Rock. 965 families have been supported by the team during this last year. In addition, the wider team of support across the NHS, local authority and third sector organisations including services such as Speech and Language Therapy, Occupational Therapy and Paediatrics received 980 Requests for Assistance for children under the age of 5 years old in the last 12 months. In total, 1945 children and their families have received additional support from a range of early years' services. The service also receives notifications from services such as Police Scotland, NHS 24, NHS Ayrshire and Arran Emergency Department, housing (homelessness), North Ayrshire Drug and Alcohol Recovery Service (NADARS) and Paediatrics/ Paediatric in-patients where information pertaining to a child requires to be shared. During 2023/24, 2436 notifications were received from these agencies/ services and were shared with Health Visitors/ Family Nurses to support a holistic assessment of a child's needs.
16	Increase access to early learning and childcare.	A review of North Ayrshire Council's early learning and childcare provision has been undertaken within this reporting period. Data on uptake and engagement with staff and families accessing the service has informed a reconfiguration of delivery models. Families continue to be offered flexibility across each locality to access a full year or term time placement and a range of attendance patterns to suit their needs at a Council establishment, funded provider, or a blended placement. Reconfigured models, which will be introduced from August 2024, will enable the service to be delivered in a reduced budget envelope while ensuring a greater number of children are able to access their full entitlement of up to 1140hours of free early learning and childcare from North Ayrshire Council.
17	Work together with parents or carers to provide support to their children.	During this reporting period, education establishments have continued to offer a range of family learning opportunities, despite the closure of the Scottish Attainment Challenge funded family learning team due to funding reductions. Family

		learning and parental involvement and engagement continue to be core component across all education provisions with the service ready to implement the Learning Together National Action Plan once this is published by Scottish Government.
18	Improve outcomes for care-experienced young people.	The Police Scotland Youth Volunteering scheme in North Ayrshire builds life skills, enhances confidence and provide a supportive platform for the young people to move on to the next stage in their lives. It seeks to support care experienced young people in this programme to contribute to achieving better outcomes for them. Within North Ayrshire there are 27 members. They were involved with events such as the Marymass Festival in Irvine where they supported the police in looking after and reporting lost property and helped at the various poppy appeals. We have developed the corporate parenting Steering Group, chaired by an elected member and attended by Heads of Service and Senior managers from across the Community Planning Partnership. This group meets once every three months. We have also developed a Promise Operational Group (PrOG) that meets every 2 months and is chaired by a Head of Service and is attended by front line managers from across the Partnership and has four working groups. These are Data, Language and Communication, Alternative care, and Relationships. We have established a Champions Board network of over 30 care experienced young people that we are currently taking forward so they can have a voice in their care and policies that affect them.
19	We continue to develop and implement the Childsmile programme, focussing on early referral and preventive advice for all families.	We continue to implement the Childsmile programme on an Ayrshire wide basis, promoting early referral from a range of services and supporting access to dental care. At this time, we do not have any specific programmes of work only for North Ayrshire. Over the past 2 years we have introduced a programme to offer 3-year-old children living in any A&A SIMD 1 postcode who are not registered with a dentist with a Dental Health Support Worker to promote access to services. An oral health needs assessment for Ayrshire and Arran has recently been completed and an action plan will be developed to address the needs identified via this.
20	We will continue to deliver Jumpstart, a family centred healthy lifestyle programme for children aged 2-17, who are above a healthy weight.	The Child Healthy Weight team continued to support children and their families to achieve a healthy weight via the Jumpstart programme. The programme works with families with children aged 5 to 17 years old. During 2023/24, 55 children and their families were referred to JumpStart (5 to 17 programme). The referrals were split evenly between males and females with 28 males (51%) and 27 females (49%). Of the 55 children referred, 29 children (53%) were aged 5 to 9 years old, 19 children (34%) were aged 10 to 13 years old and 7 young people (13%) aged 14 to 17 years old.
21	Expand our peer support service to all breastfeeding mothers as part of our integrated infant feeding service working alongside the Breastfeeding Network.	NHS Ayrshire & Arran continued to work in partnership with the Breastfeeding Network to provide mother to mother peer support to breastfeeding mothers. Between April and October 2023, the service was offered to all first-time mothers who were breastfeeding on discharge from Ayrshire Maternity Unit. The latest data available is for mothers who received peer support until September 2023. Across Ayrshire, 85% of mothers took up the offer of peer support; 35% of those mothers were from North Ayrshire. At 6-8 weeks 48% of the mothers from North Ayrshire were exclusively breastfeeding their baby, while 26% of mothers were giving a mix of infant formula and breastmilk. In November 2023, the service expanded to offer peer support to all breastfeeding mothers.
22	Continue working with whole families, whole systems and whole communities to provide early intervention support to all of North Ayrshires Children.	Connected communities have established groups including young parents Group and Take Time families that looks at whole family support focussing on wellbeing, connections and resilience.

23	Providing training/guidance to families, schools, partners and communities that enhances the understanding of early intervention and provides skills needed for families to feel confident and equipped to manage family life.	Early intervention remains a key priority in supporting families to feel equipped to manage family life. A whole system approach is adopted across North Ayrshire Council and partner agencies in responding to need. This ranges from universal support provided by education staff and education's area inclusion workers to targeted interventions of the Health and Social Care Partnership's whole family wellbeing team as well as approaches delivered by partner organisations such as the Sustain North Ayrshire (Aberlour) project.
24	We will implement the Signs of Safety approach to social work practice.	Health and Social Care have begun the implementation of the 'Signs of Safety' assessment and planning model. This model places parents, children and everyone naturally connected to the child at the centre of the assessment, decision-making and planning and is a significant paradigm shift for children's services, where the dominant culture is for professionals to define the problems and what is required to solve them. We went fully live with Signs of Safety for all new cases in September for Children and Families Locality teams and the Child Protection team. Prior to then we had a period from June where we used the approach with a small amount of practice in order to build workforce confidence and knowledge. Since then, we have utilised this practice framework with over 250 children and young people This is great progress, but we recognise there is ongoing work to build all our confidence in establishing the approach. Further details are contained in the main report.
25	Improve planning for transitions of care to ensure children and young people are able to thrive moving into adulthood.	Three reports have been compiled over 2023/24 covering the experiences of workforce, children and young people and families of transitions. These reports are currently being considered alongside the extreme team work in learning disabilities. The aim is to support more person-centred services where structural barriers are eliminated wherever possible.
26	Invest in premises infrastructure to support children and young people experiencing distress in appropriate environments.	We have received some limited capital funding from Scottish Government as part of our "affiliate status" on our journey to deliver a Bairns Hoose in Ayrshire. We have used the funding to improve our facilities where child victims or witnesses are taken to be Joint interviewed by Social Work and Police. Our drive was to create a safe and warm, nurturing, welcoming space for children and young people to feel comfortable when being joint interviewed. The project has been progressing over the past few months and has been a real community initiative involving different elements of the HSCP. Police and Social Work have collaborated for the rejuvenation of the spaces, whilst our unpaid work team have helped to fill and paint both rooms and build furniture. It is hoped that both spaces will be ready soon once all furniture has been built and placed. Local businesses have also been used to furnish the rooms with fresh carpets to add a homely feel to the spaces.
27	Work across partners to develop robust pathways of support for infants, children and young people and their families seeking support for speech, language and communication development support.	We advise anyone who is worried about a child's speech, language or communication development and considering a referral to contact our service via our weekly Helpline and speak directly to an experienced Speech and Language Therapist (SLT) to discuss their concerns and identify the child's needs. We know that for many children the most effective way to support their development is by empowering the people who are communicating with them on a daily basis at home or in their school or nursery. Therefore an essential part of our support for families and other professionals is provided via the Helpline support and also Drop-In appointments when our SLTs provide advice and resources to support parents and staff working with the children depending on the child's needs. These supports include linking with the communication champion in nursery or teacher in school, adapting the environment in nursery or school using a communication friendly approach, making sure the team around the child know how best to help them, providing families with links to helpful resources as well as topic specific webinars and drop-in appointments. Children

		are therefore only added to our waiting list when there is a difficulty that requires an SLT assessment. We make sure we provide ongoing support for families and staff while children are on the waiting list by encouraging them to continue to access support using the drop-in clinics or helpline.
28	Improve access to Speech and Language therapy for children and young people who require specialist support.	Data collected at the end of March 2024 confirms there were 86 children on our waiting list with an average waiting time of 79 weeks. It is projected that at the end of April 2024 there will be 82 children waiting with an average wait of 26 weeks.
29	Develop a trauma informed workforce by rolling out trauma aware and trauma skilled resources.	The Trauma Informed Lead Officer was appointed in April 2024 and is currently designing a training offer as the first step.
30	Develop an evaluation framework to maximise resources to support children and young people, to enable system partners to invest and sustain early intervention approaches.	As part of North Ayrshire's approach to the Whole Family Wellbeing Fund, a monitoring and evaluation framework was established to support implementation and to ensure spend mirrored the aims and objectives of the Fund. The framework has been modified since being developed with all funded proposals now only expected to provide 6 monthly monitoring reports showing impact, progress towards WFWF aims and outcomes, targeting of priority groups, good practice and challenge amongst other things. There is no longer a requirement for an end of year evaluation, except for the final year of the Fund in 2026. In addition, all funded proposals have completed a Children's Rights Impact Assessment (CRIA).
31	Reach and identify all young carers earlier in their caring role and promote increased uptake of Young People's Carer Support Plans.	The HSCP increased its investment in carer services threefold in 2023 through the recommissioning of the Carers Support Service – now the Carers Gateway. This has seen early indications of increased young carers registrations as well as an increase in support activity based around reducing social isolation. This session Young Carers have completed 400 statements. This is approx. 93% of all Young Carers registered on school systems. Education and HSCP delivered a Young Carers Statement workshop for 27 staff at the Professional Learning Academy the feedback from staff was positive and contributes to building the skills within our teams of staff to support Young Carers across North Ayrshire.

Making things fairer		
No.	Action	Update 2023-24
32	Implement the North Ayrshire Child Poverty Action Plan.	The child poverty action plan continues to focus on reducing child poverty.
33	Improve attainment and achievement for all.	The recent School Leaver Destination Report (SLDR) was published in February 2024, reporting North Ayrshire has the highest level of destinations reported and was delivering results above the Scottish average and is ranked as 8th highest in Scotland, work will continue to support school leavers and their families. MCR Pathways mentoring programmes have been introduced in a further two secondary schools meaning that all eight mainland secondary schools now have access to this provision, specifically to support positive outcomes for care experienced learners through regular mentoring with adult mentors from the local business community. These programmes have been evaluated highly by care experienced learners at our recent care experienced joint cabinet live event.

34	Close the poverty related attainment gap.	<p>Planning continues for the further roll out of universal free school meals to primary six & seven pupils. This includes modelling of staff resources, kitchen capacities, equipment, and capital work requirements. We work closely with Education and Property Management and Investment to plan and progress capital works. The first phase of the capital work has been completed.</p> <p>We provided a free breakfast for all secondary pupils over the winter months. School holiday meals programme delivered across 17 sites.</p> <p>Schools have been implementing various initiatives and interventions using the Pupil Equity Fund, while local authority support through the Scottish Attainment Challenge has been streamlined.</p> <p>All schools are aware of the Child Poverty Action Group (CPAG) COSD toolkit. Reducing the COSD is a priority across all educational establishments and measures are in place to support children and families. This includes the purchase of Digital learning devices for children, access to free school uniforms, access to free healthy snacks, support towards residential trips, after school clubs and sporting activities. Fundraising in schools is not requested via staff and is only arranged through Parent councils to support opportunities for children, where it is handled sensitively and in a non-mandatory manner. Scottish Government also support free bus travel, free school meals, and clothing grants, etc.</p> <p>Schools with best practice have removed and others have significantly reduced the cost of school day. There is a £150,000 recurring investment in extending our school and community food network across all schools to support children and families. There is a £100,000 recurring investment in a School and Family PB Investment Fund for educational establishments to respond to local needs in relation to school uniforms, outdoor clothing, sports kit and recycling and reuse equipment.</p>
35	Implement the recommendations from the Independent Care Review (Scotland), The Promise.	<p>A Steering Group and Promise Operational Group (PrOG) have been established to ensure consistency and involvement across the Partnership at a strategic and operational level. The Promise Operational Group is attended by operational staff. There are four PrOG sub-groups. These are:</p> <ol style="list-style-type: none"> 1. Communication and Language 2. Alternative Care 3. Relationships 4. Data Mapping
36	Implement the recommendations from the Additional Support for Learning Review (Scotland).	The Supporting Needs Review has been running since December 2021 and will conclude in June 2024.
37	Build strong collaborative partnerships in local areas to ensure we deliver high-quality services for all of our children, young people, and families.	The Rosemount Project and Family Centred Wellbeing Service are also proactive in signposting and/or making referrals to Money Matters to ensure that families' benefits and income is maximised. The team would also liaise with Money Matters to support appeals if access to benefits, such as, the Scottish Welfare Fund, or Child/Adult Disability Payment is refused.
38	Create a new 3 year Raising Attainment Strategy.	This will be part of the Education Service Improvement Plan 2024-25.

39	Maximise opportunities to work with Third Sector providers to provide early intervention and prevention supports, with a particular focus on primary prevention approaches.	Through the Whole Family Wellbeing Fund, third sector organisations have been engaged in the transformational activity required to support holistic family support, shift focus to early intervention and prevention and work towards the aspirations of The Promise. In 2023 6 organisations shared £30,000, engaging with 657 members of the community, many of the programmes used outdoor activities and nature to promote positive mental wellbeing. A further 8 organisations have successfully bid for a share of £25,000 in 2024.
40	Providing a robust 'peer' support model that upskills parents and carers, providing training and volunteering opportunities and enhances employability skills as well as building self-esteem and confidence.	In 2023/24, the Employability service has registered 660 new parents who are engaging, developing skills, confidence, and resilience to secure and sustain employment in the future. In this period 80 parents have secured paid work experience through placements in third sector organisations, the council and 50 more have progressed into employment, with 130 more families in employment with increased household income this will contribute directly to addressing child poverty. Worked with The Lennox Partnership, Employability team, Ayrshire College, TACT and KA Leisure to provide a six-week Step Into Wellbeing Summer programme to help parents build confidence, upskill and move into work. Childcare provided by Out of School Care services to allow parents to attend. Programme will run again this Summer.
41	Take an asset-based approach to communities/children and families and build upon the skills and strengths that exist.	Health and Social Care have begun the implementation of the 'Signs of Safety' assessment and planning model. Children and Families Locality and CP teams have utilised a number of positive approaches to support and embed practice - e.g. Signs of Safety team support sessions, sharing of anonymised tools and examples via practice channels on Teams, shared drives. These strategies have created safe spaces for the workforce to share ideas, ask questions, raise challenges, and get both peer and managers' support.
42	Establish a Financial Inclusion Partnership in North Ayrshire to better support access to support for families.	A Financial Inclusion Partnership has been established with 28 partners from various organisations. Key actions for the group include: Interactive map of advice services <ul style="list-style-type: none"> • Communications Working Group • Fuel Poverty sub-group • Co-produced training calendar • Financial Inclusion Conference Health visitors from within the universal early years have supported a further 25 families to maximise their income through referrals to Money Matters, Lemon Aid, CHAP and Home Energy Scotland. Customer services teams continue to ensure that family's needs are supported financially via the administration of benefits including the Scottish Welfare Fund, Education Maintenance Allowance, Free School Meals, School Clothing Grants, Housing Benefit, Council Tax Reduction, Discretionary Housing Payments and Energy Support Crisis Payment. The processes for these are as seamless as possible for the customer to apply and where possible, automation is in place.
43	Develop peer support models.	Connected communities Modern Apprenticeship programme enhances delivery for young people by developing a peer led model of delivery in youth work, whilst on the job learning these MAs are an integral part of delivering a range of opportunities, engaging their peers in consultation and youth voice as well as a large selection of youth opportunities.
44	Strive for parity of access to support and services for our Island Communities including for Children and Young People.	Youth participation opportunities are open to all young people on our islands with access to Joint cabinet, Joint Youth Forum, executive youth council and Primary 7 youth council. Allocated spaces for young people on islands are provided for all of these events and activities.

45	Provide multiple points of access for young carers into carer support services.	Work with colleagues in Education remains a positive experience in relation to the identification of young carers in addition to the work of the Carers Gateway. Through completion of Young Carer's statements Young carers have identified individual supports. Unity Carers have expanded their team to provide direct support to our Young Carers. The Young Carers Co-ordinator is supported by 4 Support Officers allocated to localities. They are liaising with school staff and collaborating, particularly around transitions and access to funding opportunities. The Support Officers are raising awareness of carer support services to encourage engagement.
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Promoting good mental health and wellbeing		
No.	Action	Update 2023-24
46	Develop our nurturing approach across all Children's Services.	Currently moving from targeted nurture to Whole School Nurture, this will be implemented through a robust Professional Learning approach and will feature in Establishment Improvement Plans over session 2024-25
47	Work with children, young people, families, and communities to improve mental health and wellbeing through physical activity and social participation.	<p>The Out and About project in the Garnock Valley, encouraged families to use the assets in their local area and to spend family time together. Based on partner feedback a programme of Saturday morning events was funded in the Garnock Valley libraries in the run up to the summer holidays in 2023. Families identified by the Family Care Workers have also benefited from KA Leisure memberships to support them to continue to get out and about. They have also been gifted experience kits which includes a range of items and activity ideas for families to enjoy both indoors and outdoors. The Little Free Library was launched at Lochshore Park, Glengarnock with environmental-themed books for children and families to use on site or borrow as part of the project.</p> <p>Connected Communities Mental health and Wellbeing have a variety of early intervention, positive wellbeing, resilience and confidence building events and activities. These are for age 5-25 year olds, including whole family approaches, work in schools and communities. This varies from drama, accredited programmes, outdoor learning, roadshows, murals, climate engagement and young parents.</p> <p>Active Schools continue to support all schools to deliver high quality extra-curricular programmes across Primary, Secondary and ASN schools. Our top 5 participation sports are Football, Netball, Multisport, Basketball and Dance. The Active Schools events calendars are nearing completion. Events have been run across the academic year within individual/cross localities, and North Ayrshire wide events. This targets all schools as well as Lockhart. Additionally, we link with Ayrshire Sports Ability and Scottish Disability Sport to complement our ASN calendar to provide more bespoke events.</p> <p>Active Schools continues to support over 50 sport and physical activity clubs across the academic year to deliver within our school settings. This includes the co-ordination of the delivery of weekly sessions, health week inputs, full day delivery and promotional distribution.</p>
48	Continue to have appropriate pathways in place for supporting mental wellbeing.	The funding via the Children and Young People's Community Mental Health Supports and Services Framework continues to provide multiple community-based services for children, young people and families. 2 key projects that have made a difference are our 2 MHWB Project Delivery Officers (PDOs) and our Family Centred Wellbeing Support Service (FCWS). Our MHWB PDOs have engaged with 3671 children, young people and families since July 2023, activities include running Take Time Families sessions at Kilwinning Library, delivering 'Your Resilience' workshops in Secondary Schools and

		Ayrshire College. They have further developed the Mini- MH Ambassador Programme in Primary schools and have started a Young Parents group. Feedback has been positive, with one young parent describing the group as a "Lifeline", access to the group has helped to combat loneliness some new parents had described. An example of teacher's views of the Mini-MH Ambassador Programme is "The key points from the Programme that really supported the class were to think about what people are like on the inside be positive and kind, and resilience in having real life scenarios to work through" The children said, "You all helped me realise not to care so much about what others think, I have learned to believe in myself and to try and stop doubting myself if I fail".
49	Work together with children, young people, and their families to help build resilience.	We have continued to roll out our Building on Positive Relationships Families Programme, with 20 families completing the programme. We have trained our Area Inclusion Workers, the Family Centred Wellbeing Support Workers and some of the Rosemount team to deliver sessions, there is further training organised for June 2024. Of the 10 parents/carers who have completed evaluations 90% agree/strongly agree that the relationship between themselves and their child has improved. 100% have found the sessions useful, comments from parents/carers include "I feel that I have benefitted from being around other parents and heard how they managed. I have heard their views and their support and leaders support has helped me feel able to put things in place and "I have learned tools to de-escalate myself and my child."
50	Improve services for children with neuro-developmental conditions, implementing a whole system approach with partners across Health, Education, Social Services and the Third Sector. (Implementation of the National CAMHS and Neurodevelopmental Specifications).	The CAMHS specification came into operation on the 1st August 2023 and with that, the national neurodevelopmental service specification. In North Ayrshire, a North Ayrshire CYP Neurodevelopmental Service Specification Implementation Group was established in June to take forward key aspects of the service specification. For update on specific progress activities please refer to the main Performance report.
51	Public Health will implement a life course approach to Mental Health and Wellbeing, focusing on the first thousand and one days, infancy and Children and Young People.	During 2023/2024 the Public Health Department published a chapter of the Director of Public Health Annual Report titled "Director of Public Health A Life-Course Approach to Understanding Mental Health Report". The main aim of progressing a life-course approach to mental health will involve maximising the many opportunities to promote mental health and wellbeing across all of the life stages, through preventive approaches and timely access and intervention/support for people where a mental health need and mental illness/disorder presents. This will require a whole system approach, recognising and acknowledging current work and success, and building on this for future developments. Over the coming year Public Health will continue to identify opportunities to have dialogue with colleagues and partners working in areas including children's and mental health services regarding the life course approach. Examples of Public Health Department activity in the previous year includes: <ul style="list-style-type: none"> • Delivery of "Mental Health Improvement – a practical approach" to colleagues and partners working with infants, children and young people (i.e. Education, those working with non-attenders at school, community groups) • Promotion and provision of Children and Young People's Guide to Mental Health and Wellbeing among other resources • Support for a whole school approach to mental health and wellbeing.
52	Establish a Community Planning Partnership led Health and Wellbeing Alliance to bring key partners together	Established in December 2022, North Ayrshire's Health & Wellbeing Alliance builds on the existing efforts of partners across North Ayrshire to develop the strategic vision of the wellbeing agenda in North Ayrshire.

	to co-ordinate approach to targeting support to improve individual, family and community health and wellbeing.	<p>This involves building upon our well-established, sector leading, Health and Wellbeing Service, and accelerating our responsive, needs based, service led model. Utilising physical activity as an intervention to support public health, address and manage health conditions, engage with communities, and reduce inequalities. To address the challenges we are facing, our radical approach presents a real opportunity to reimagine leisure services to deliver a greater health and wellbeing impact.</p> <p>The North Ayrshire Wellbeing Alliance will provide a multi-level leadership body in the development and delivery of the Local Outcome Improvement Plan (LOIP) 2022 for North Ayrshire Community Planning Partnership (NACPP). Commencing in June 2023 a series of engagement activities has been underway and in October we presented our findings to the Steering Group from the engagement phase. This included representing hundreds of contributions through workshops and focus groups. We followed up by sharing this information with the wider group of people and organisations associated with the alliance on 05 March 2024. You can view the paper here. To support the paper we created a short explainer animation. You can view this here.</p>
53	Build on services that encourage parenting skills and interactions with between family members.	<p>The integrated early years team empower and enable parents and carers to support their child in a range of areas. During 2023/24, 965 Requests for Assistance (RfA) from the wider integrated team were received. 527 Requests for Assistance (55%) were made to the Health Visiting Support Workers to support parents with topics such as communication, behaviour, sleep, weaning and toileting. 11% (n=103) were made to the Family Nurture for support with home conditions, community integration, and bonding and attachment. 11% (n=105) were made to the Perinatal Wellbeing Team for support with maternal mental health difficulties during pregnancy or in the initial 9 months following the birth of a child. 7% were made to the Early Years Social Workers for support with parental mental health, relationship issues and home conditions. Through the Whole Family Wellbeing Fund we have worked with national charity Dads Rock to bring in a Dads Support Worker to support dads and other male caregivers with children in the early years with practical parenting skills, empowerment and confidence in their role as dad. One to one support, as well as group support is being provided by the worker and there is also a review of current processes within UEY to ensure inclusivity to dads, and not just mums.</p> <p>The Health Visiting Support Workers within UEY assist colleagues in Education to deliver parenting programmes, such as Incredible Years, in a group setting.</p>
54	Build on the National CAMHS Specification through the 3 established pathways (core, unscheduled care, neuro), ensuring young people are on the correct pathway at a much earlier stage.	All three aspects of the service are fully operational, Referral to Treatment Time (RTT) for CAMHS is presently 3 weeks.
55	Continue to provide 'worry workshops' e.g. identifying key issues raised as worries by North Ayrshire children and young people and using this to develop targeted workshops on these issues.	The activity mentioned in this action has been replaced by other programmes and supports.

56	Be responsive and pro-active in responding to and learning from Young Person's Suicide through our Young People's Suicide Prevention Taskforce.	The Young Person's Suicide Prevention Task force is currently reviewing their Crisis Response Plan to identify what has worked well, highlight any gaps and identify actionable areas for continuous improvement. The Young Person's Suicide Prevention Task force is currently mapping out all supports available to young people and ensuring that supports are in place for school holiday periods when the young people are not in school and can be more vulnerable.
57	Deliver the new National Secure Adolescent Inpatient Secure Unit (Foxgrove) for children across Scotland, which will also benefit young people in North Ayrshire.	Foxgrove is not yet operational and steps are being taken for the completion of the building and handover to take place in the coming months. The workforce remain deployed in other NHS Ayrshire and Arran services and training and induction is progressing to reduce the preparatory time once the building is complete.
58	Explore opportunities to ensure young people are not admitted to non-specialist environments including options to develop and in-house CAMHS inpatient provision.	The expansion of the CAMHS Unscheduled Care Service CUAIT has extended its operational working hours to 8am to 8.30pm seven days per week. There has been a concurrent reduction in the use of beds at Skye House since the introduction of the service and there have been no reported cases of young people recorded as admitted to adult Acute Wards or Adult IPCU's.
59	Building on the success of the Kilwinning Wellness Model, the Revised Wellness Model working group will now seek to roll out the approach across all North Ayrshire localities.	The Revised Wellness Model has now been rolled out to the Irvine locality and has been refreshed in the Kilwinning and Largs localities. Both education and Primary Health care staff describe the improved communication between the two as having a positive impact on the children and young people. There are plans in place to roll out to the Garnock Valley next.
60	Enable young carers to have a quality of life outside caring and ensure support when moving through key life stages.	North Ayrshire Young Carers fund is available and can be accessed by Education staff for any young person in North Ayrshire who is identified and recorded as a Young Carer with a completed Young Carers Statement. It can be used for anything that will improve or maintain the young person's physical, emotional mental health and wellbeing or life chances, reduce social isolation, attainment at school or in their community the same as non-caring peers. Examples of how the funding has been used include providing money for driving lessons, the purchase of ice skates and an annual cinema pass.

Inspiring children and young people to be active		
No.	Action	Update 2023/24
61	Create innovative physical activity and sports opportunities with communities and partners.	KA Leisure has continued to engage with partners to remove financial barriers to sport and physical activity in our communities. This includes both the cost of participation or clothing and equipment. Working with partners we have distributed 359 memberships in 2023. This has supported individuals identified to services where finance may inhibit their ability to take part in leisure services. We have also continued to collect clothing and recycling it for partners clients, local clubs or our communities. We also shared various campaigns and messaging to raise the profile of our concessional scheme Access Plus. This provides lower prices on a membership or concessional rate to our facilities and activities. We have offered free swimming and skating during the holiday period to 0-17 year olds. This was supported by funding from

		<p>North Ayrshire Council. We have also progressed the development of North Ayrshire's new Wellbeing Alliance. Its aim is to bring different people and organisations together to develop inventive ways of working together that give people in our opportunities to live the life they want. Collaborating through the lens of a whole systems approach, the Alliance builds on the existing efforts of partners across North Ayrshire to develop the strategic vision of the wellbeing agenda in North Ayrshire. Our radical approach presents real opportunity to reimagine traditional leisure services to deliver a greater health and wellbeing impact. Utilising physical activity as an intervention to support public health, address and manage health conditions, engage with communities, and reduce inequalities.</p> <p>The work of the ASCPO's continues with a focus on care experience young people, inactive and those on the cusp. All Secondary schools have received experiential opportunities for targeted young people. On completion of the above the team have been providing support for the attendees into more frequent activity as well as community club provision. Furthermore, the team have continued to work across the HSCP to provide support to the work of the Promise. Our Third sector work has also continued with a focus on teenage provision. ASN has been a focus as well across Lockhart and primary schools who have bases as part of their mainstream settings.</p>
62	Adopt a whole systems approach to diet and healthy weight.	<p>The team have worked closely with a number of partners including Ayrshire College to raise awareness of early years nutrition and child healthy weight. This pilot work within the North Ayrshire campus focused on training all early years students to increase knowledge, skills as well as awareness of local supporting services and resources. During Jan – March 24 the team trained 89 students. In addition the team have also participated in a service wide education event with health visiting to update on topical issues around infant and early years nutrition. We have also had the opportunity to give an update on early years child healthy weight programmes at head teachers event in February 2024.</p> <p>In partnership with the Public Health Department, the team have been able to commission HENRY (Healthy Eating and Nutrition in the Really Young) core training programme to a variety of partners which contributes both to maternal and infant nutrition and child healthy weight programmes. This training has a strong foundation in health behaviour change thus skilling participants to take a strengths-based approach to supporting families. Over 2023/24 there have been 7 cohorts of training with over 100 participants, including health visitors, school nursing, maternity staff, early years practitioners, oral health and allied health professionals.</p>
63	Design opportunities into the whole system to enable children, young people, and their families to access supported physical activity opportunities and have a healthy lifestyle.	<p>Active Schools continue to support all schools to deliver high quality extra-curricular programmes across Primary, Secondary and ASN schools. Our top 5 participation sports are Football, Netball, Multisport, Basketball and Dance.</p> <p>The Active Schools events calendars are nearing completion. Events have been run across the academic year within individual/cross localities, and North Ayrshire wide events. This targets all schools as well as Lockhart. Additionally, we link with Ayrshire Sports Ability and Scottish Disability Sport to complement our ASN calendar to provide more bespoke events.</p>
64	Ensure all our early years indoor and outdoor learning environments and activities enable children to be physically active.	<p>Significant investment was made in North Ayrshire Council's early learning and childcare estate as part of the expansion of the national commitment to delivering up to 1140hours of funded early learning and childcare for all eligible 2 – 5 year olds. Work has continued during this reporting period to deliver effective learning environments that enable children to have the best start in life.</p>
65	Promote access to leisure services for children and young people to	<p>KA Leisure continues to deliver a range of innovative marketing campaigns to promote our services to a range of user groups. We have also engaged with a variety of partners and services to provide seamless access for the children and young people they support.</p>

	encourage participation in physical activities.	
66	Promote the introduction of the INSPIRE programme to improve opportunities for alternative activities, including arts, drama and music.	The Active Schools team continue to distribute information promoting the INSPIRE membership as well as support partners such as HSCP/Extended outreach to purchase these for their client groups.
67	Create and protect safe spaces for children to play and enjoy being outdoors.	An early years outdoor science resource was developed, led by our STEM team. The purpose of this was to link outdoor learning experiences to Science experiences and outcomes and Sustainable Development Goals. Professional learning sessions for this resource were attended by 215 practitioners. Evaluations were completed by practitioners following the training, 100% of whom agreed that using the resource has helped them to make links between outdoor learning and science experiences and outcomes, and that this would improve and extend the quality of outdoor learning experiences. Over 100 staff attended further professional learning on outdoor learning and learning for sustainability for primary-aged children. In addition, whole-school training sessions have been delivered in three schools and the STEM team has supported a further three schools through outdoor learning team teaching inputs.
68	Support parents to understand the importance of movement and enjoyment for children and young people.	Through a wide range of programmes and contacts, many families have benefited from KA Leisure memberships to support them to continue to get out and about. To many families this would otherwise be cost prohibitive. Some families have also been gifted experience kits which includes a range of items and activity ideas for families to enjoy both indoors and outdoors. Within health visiting we utilise the national Play@Home resources (Baby, Toddler and Pre-school) to advocate the importance of play. Play-based approaches are also used to support work to improve bonding and attachment; communication; and any support for gross motor skill development. The Family Centred Wellbeing Team hosted a fun day in July 2023. The focus was on promoting health and wellbeing for families. In partnership with Active Schools, various physical activities were facilitated including archery, throwing, tennis and football for children and their families to take part in.
69	Work with local small business/fitness team to provide access to activity and nutrition information.	Bespoke gym programmes between schools and the ASCPO have been developed with 'Better U fitness' to support some of our targeted young people to be more activity in their own community setting. 6 – 12 weeks programmes, continue to be delivered and supports these young people back into school. Nutritional information is given throughout this programme. The ASCPO's have also supported KA Leisure on the roll out of the Elevate gym programme with a variety of schools and non-school groups.
70	Creation of new and local growing spaces to support communities to grow foods, to upskills families, enhance family time and connection.	Connected Communities mental health and wellbeing ambassadors alongside the Climate Change ambassadors have worked to create green spaces for young people to engage in nature and to plant within community gardens.
71	Ensure all primary, secondary and ASN schools are provided with quality extra-curricular opportunities in sport and physical activity that are open to all.	Active Schools continue to support all schools to deliver high quality extra-curricular programmes across Primary, Secondary and ASN schools. Our top 5 participation sports are Football, Netball, Multisport, Basketball and Dance. The Active Schools events calendars are nearing completion. Events have been run across the academic year within individual/cross localities, and North Ayrshire wide events. This targets all schools as well as Lockhart. Additionally, we link with Ayrshire Sports Ability and Scottish Disability Sport to complement our ASN calendar to provide more bespoke events.

72	Ensure all young people have the opportunity to compete and perform regardless of what level they are at.	We are very proud of the number of distinct participants we are engaging with during extracurricular. 9,425 young people have attended a variety of sport and physical activity sessions across 22-23, over 53% of the whole young people population. Nearly 9,000 individual sessions were delivered to achieve that number with 91,246 visits being made. 98% of delivery of our sessions were delivered by volunteers – one of the highest across Scotland.
73	Create and support a school to community club pathway for sport across North Ayrshire.	Last academic year Active Schools supported 51 North Ayrshire clubs to engage in schools. Clubs delivered the following: <ul style="list-style-type: none"> • Curriculum enhancement sessions (PE slots over and above the schools 2 hours of PE) • Health week sessions • One off days in schools • Visits to the club • Promotion of club through distribution of flyers Furthermore, the progression of our North Ayrshire Community Sport Hub has gone from strength to strength. In joint partnership with KA we have been supporting clubs with training, venues and one to one development sessions. In collaboration with selected affiliated clubs, we have been supporting the delivery of satellite clubs to encourage more localised participation.
74	Ensure an effective leadership pathway is developed for P6 through to S6 and beyond to develop transferable skills.	We have robust leadership pathway from P6 to S6 and beyond. Our P6/7 programme Move and Improve has 946 young people who have completed their training. Our Young Ambassador programme bolsters 118 young people from all 9 secondary schools and ASN School. Our flagship North Ayrshire Sports Academy had 189 young people as part of the programme, and they gained on average 12- 15 qualifications that will support them either into employment or onto a positive destination. On completion of these course the young people then deliver sport and physical activity sessions within schools and communities – over 5,000 volunteer hours have been delivered.
75	Ensure we remove any barriers to participation for care experienced young people to take part in sport and physical activity.	The role of the Active Schools and Community Partnership to work with key partners and stakeholders to remove barriers for the young people and families within Care Experience across North Ayrshire to take part in Sport and Physical Activity using a Whole Systems Approach to lead a healthier Lifestyle. Across the last year we have delivered 47 different experiential opportunities to 332 young people. The opportunities have ranged from residentials, skiing, team building days to outdoor activities. The target groups for this work are care experienced, kids on the cusp, the inactive, New Scots (42), ASN (90 from Lockhart only) or target groups. The participants are then supported into more frequent activity within their own school or community of which 67% currently have taken this opportunity on. This number is ever growing as this work is a key component of the role of the Active Schools and Communities Partnership Officers.
76	Expand and develop the Health and Wellbeing Service to accommodate children and young people, with a focus on partnership working within the Mind and Be Active programme to establish an early intervention approach that provides supported physical activity opportunities for	As identified in the KA Leisure Recovery and Renewal Plan (2021/22), developing Mind and Be Active (MBA), an adult mental health programme to accommodate children, young people and their families was deemed a priority to ensure we had the greatest reach to be able to increase activity levels, improve people's health and wellbeing and contribute to reducing health inequalities across North Ayrshire. MBA is funded by HSCP and is designed to support adults, however, we have/and or are delivering a variety of projects with partners to replicate MBA to support children and their families. Examples include: <ul style="list-style-type: none"> • "Empower" Targeted project in secondary schools to support young people who are not engaging in school and who either require support in groups or on a 121 basis. This includes a range of co-produced activities and health and wellbeing topics. This is currently funded from the Young People Community Mental Health Fund

	<p>children and young people who are experiencing poor mental health.</p>	<ul style="list-style-type: none"> • “Confident Kids Can” a 12 week pan-Ayrshire project delivered in partnership with CAMHS to support neurodivergent children and their families who are experiencing emotional behavioural and mental health difficulties. The children participated in the planning and co-design of the programme and activities delivered and it provided a valuable support network for parents to share experiences and make new social contacts. <p>In addition we are also receiving referrals from a number of different partners including Children and Families, Young Person’s Support workers, North Ayrshire Community Link Worker Team and the Medical Paediatric Psychology Service who are seeking appropriate physical activity-based interventions to support vulnerable young people experiencing poor mental health. Whilst we are still developing a dedicated referral pathway and exploring funding opportunities, we are accommodating the referrals and this is providing valuable insight, learning and data to enable us to test and inform the creation of a dedicated programme to improve the health and wellbeing of children, young people and their families. 54 young people have benefited from tailored experiences with KA Leisure staff. The links with schools have been invaluable and feedback from education staff has been positive. Young people are more confident and are engaging more in class. The young people themselves say they feel more relaxed in school and are paying more attention. One young person is now keen to become involved with volunteering at the club. Parents and carers too are noting the difference with one Foster Carer describing the impact on her young person "I've seen him come out of his shell, and he now seems so much happier".</p>
77	<p>We will work with Community Planning Partners to establish a set of outcome indicators to measure progress on each of the priorities and actions.</p>	<p>A set of indicators have been agreed and these will be used as a baseline. These will be kept under review and may be replaced with more appropriate indicators if available.</p>

APPENDIX 2: Childrens Services Plan Performance Indicators 2023-24

The rights of children and young people are promoted and protected				
Indicator	2020/21	2021/22	2022/23	2023/24
Children and Young People receiving Advocacy Support	157	178	N/A	N/A
Number of young people taking part in influence and engagement through CLD (Community Learning and Development) (e.g. engagement, youth participation and citizenship work)	N/A (COVID)	12,749	20,694	15,202
Proportion of child protection re-registrations within 18 months	8.4%	17.8%	10.8%	N/A

Acting early to improve what happens next				
Indicator	2020/21	2021/22	2022/23	2023/24
Percentage of children meeting developmental milestones at their 27-30 month review	82.20%	78.70%	79.5%	N/A
Babies who have always been exclusively breastfed (reported at 6/8 weeks)	19.6%	20.1%	17.8%	N/A
Children referred to Reporter for offences (aged 8-15) (rate per 1000)	3.69	5.23	N/A	N/A
Children referred to Reporter for care and protection (aged 0-15) (rate per 1000)	14.9	16.26	N/A	N/A
Immunisation uptake for 6-in-1 - children (aged 24 months) (3 year rolling average)	97.18%	96.95%	N/A	N/A
Immunisation uptake for MMR - children (aged 24 months) (3 year rolling average)	94.87%	94.20%	N/A	N/A
Number of Requests for Assistance received - referred to Specialist Services - for Speech and Language	67	61	26	46
Number of Requests for Assistance received – referred to HV support workers within UEY (Universal Early Years) team in the period for Speech and Communication	179	193	139	157
Percentage of Primary 1 Children free from dental decay	N/A	71.16%	73.32%	N/A
Percentage of Primary 7 Children free from dental decay	N/A	N/A	77.34%	N/A
Uptake of the HPV vaccine in S3 girls (3 year rolling average)	75.81%	75.20%	78.23%	N/A
Deaths from suicide (aged 11-25) (rate per 100,000) (5 year rolling average)	16.78	N/A	N/A	N/A
Alcohol-related hospital admissions (aged 11-25) (rate per 100,000) (3 year rolling average)	269.07	216.75	N/A	N/A
Drug-related hospital admissions (aged 11-25) (rate per 100,000) (3 year rolling average)	204.29	164.48	N/A	N/A
Smoking during pregnancy as reported at antenatal booking (3 year rolling average) (Calendar year)	21.57	21.46	N/A	N/A

APPENDIX 2: Childrens Services Plan Performance Indicators 2023-24

Making things fairer				
Indicator	2020/21	2021/22	2022/23	2023/24
Proportion of Looked after Children with more than 1 placement in the last year	22.7%	18.8%	17.4%	N/A
Number of children looked after as at 31 st July (age 0-17)	504	446	404	N/A
Children on the child protection register as at 31 st July (rate per 1,000 children)	5.3	4.2	3.5	N/A
School attendance rate for whole population	91.4%	N/A	89.0%	N/A
School attendance rate for looked after children	89.5%	N/A	N/A	N/A
Number of families receiving cash payments for Free School Meals during holiday periods (school year)	3,047	3,120	2,706	N/A
Combined Numeracy achievement for P1, P4 & P7 (expected CFE level)	67.4%	75.5%	75.9%	N/A
Combined Literacy achievement for P1, P4 & P7 (expected CFE level)	58.6%	67.3%	68.5%	N/A
Percentage of pupils gaining 5+ awards at SCQF Level 5 (LGBF)	70%	67%	63%	N/A
Percentage of pupils from 20% most deprived areas gaining 5+ awards at SCQF Level 5	58%	53%	52%	N/A
Annual participation measure for all 16-19 year olds (calendar year)	90.12%	90.84%	93.85%	N/A
School leavers entering an initial positive destination	95.20%	96%	96.50%	N/A
Percentage of Children living in poverty after housing costs	24.70%	29%	N/A	N/A

Promoting good mental health and wellbeing				
Indicator	2020/21	2021/22	2022/23	2023/24
Number of referrals to CAMHS (ISD Child and Adolescent Mental Health Services in Scotland)	1,808	2,178	2,166	2,741
Percentage of referrals to CAMHS started treatment within 18 Weeks	97%	99%	95%	99%
Number of children and young people accessing Community Mental Health and Wellbeing Supports and Services	829	3,093	6,038	N/A
Total number of children accessing counsellors (school year)	413	549	666	N/A
Percentage of children who have reported an improved outcome following access to a counsellor	100%	100%	100%	N/A

Inspiring children and young people to be active				
Indicator	2020/21	2021/22	2022/23	2023/24
Child healthy weight in Primary 1 (5% to 95% centile)	65.3%	78.70%	N/A	N/A
Number of young people (Distinct participants) engaged with Active Schools during Extra Curricular (school year)	Not Collected due to Covid	6,570	9,285	Not available until End of July
Number of Young people who are leaders in our key Active Schools programmes (school year)		556	1,171	
Number of Active Schools experiential opportunities offered to Care experienced young people (school year)		9	31	
Number of ASN (Additional Support Needs) pupils engaging with Active Schools extra-curricular and through experiential opportunities (school year)		55	140	
KA Leisure memberships distributed either free or funded by partners	N/A	N/A	69	N/A
Active travel to school	44.46%	51.70%	47.49%	N/A

NHS Ayrshire & Arran

Meeting:	Ayrshire & Arran NHS Board
Meeting date:	Tuesday 21 May 2024
Title:	Whistleblowing Report – Quarter 4, January to 31 March 2024
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Karen Callaghan, Corporate Governance Coordinator

1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. Board members are asked to discuss the report on organisational activity in relation to Whistleblowing concerns raised in 2023-24 Quarter 4 (January - 31 March 2024).

2.2 Background

The National Whistleblowing Standards (the Standards) set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report summarises and builds on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns.

In NHS Ayrshire & Arran the agreed governance route for reporting on whistleblowing is to Staff Governance Committee and then to the NHS Board. The NHS Board report will be shared with Integration Joint Boards following the NHS Board meeting.

2.3 Assessment

2.3.1 In Quarter 4 (Q4) there were four contacts raising a concern.

- Three enquiry contacts to the Speak Up mailbox

These individuals were seeking advice and support on how to progress issues or concerns. The concerns were related to bullying and harassment of an individual, alleged fraud and staff conduct and a staff member on behalf of a patient who had concerns about the care they had received. On all occasions the individuals were provided with guidance and put in touch with a Confidential Contact (CC).

The Confidential Contacts provided the individuals with support and information on the most appropriate route to raise their concerns dependent on the concern raised, for example, HR, the Fraud Liaison Officer and the Complaints Team. Information was also provided on who to contact to seek additional support such as a union or staffside representative and the staff care team.

- One whistleblowing contact to a Speak Up Advocate

The person raising this concern asked that it be reviewed as Whistleblowing. The individual was provided with guidance and put in touch with a Confidential Contact. The concerns related to staff conduct and patient care, with the concerns reviewed by the Whistleblowing Decision Team. On review it was agreed there were areas of patient care/safety which caused concern and which were appropriate for the Whistleblowing Standards (the Standards), however, these related to a local authority care facility and not a service provided by the NHS. As the Standards apply to care provided by, or on behalf of the NHS, it was agreed these concerns would be passed to the appropriate Health and Social Care Partnership (HSCP) for review. The concerns relating to the conduct of a NHS staff member would be best raised through HR processes. Due to the patient care concerns described this was highlighted to the Director for the HSCP to ensure that any patient care concerns could be addressed as required. Following discussion with the HSCP Director, reassurance was provided that no immediate risk to patient safety had been identified and no immediate action was required. Contact has been made with the whistleblower to advise of the outcome and way forward.

As none of the concerns received in Q4 were taken forward as Whistleblowing with the NHS, a detailed report is not possible, and therefore an update on recent whistleblowing activity to support the Standards is provided below.

2.3.2 Case Update: Table 1 below relates to an investigation ongoing from Q4 2022/23. The investigation for this case has been completed. The report is being finalised with the outcome awaited. The Lead Investigator is being supported to finalise the report and the Commissioning Director and the Whistleblowing Lead have been advised of the position.

Stage 2	Area	Ongoing	Closed	Not Upheld	Partially Upheld	Fully Upheld
Q4 2022/23	Acute - UHA	1	-	-	-	-

Table 1

2.3.3 Improvement plans: Table 2 reports the status of improvement plans from whistleblowing concerns raised in 2022-2023. Both improvement plans remain in progress. Improvement plans are monitored through the relevant department's governance group as agreed with the Commissioning Director, with feedback on closure to the Whistleblowing Oversight Group. Progress is monitored by the Corporate Governance Coordinator.

Year	Numbers of Improvement Plans		Number of Learning Plans	
	In Progress	Closed	In Progress	Closed
2022-23	2	0	-	-

Table 2

2.3.4 Training update: In February 2024 managers were reminded through Daily Digest and eNews that it is mandatory for line managers and leaders to complete the relevant Turas whistleblowing module. In Q4 there was an increase of 3% in the number of managers completing the Turas Whistleblowing e-Learning modules.

	Total Complete		Increase
	31/12/2023	31/03/2024	
An overview (Staff)	3506	3712	206
For Line Managers	162	179	17
For Senior Managers	439	443	4

Table 3

Monthly reports continue to be produced to monitor completion of the Turas Whistleblowing eLearning modules.

2.3.5 Communications: We continue to issue communications across the organisation to remind staff about whistleblowing, the Standards and how to raise a Whistleblowing concern. This is supported by our Communication Team through Daily Digest and eNews and using the 7-minute brief format which has been well received. We are working with communications colleagues on other ways we can raise awareness of the Whistleblowing Standards across the organisation and with our partners.

2.3.6 INWO Learning and Improvement Reports: The INWO receives complaints from whistleblowers who are unhappy with how their whistleblowing concerns have been investigated and responded to in Boards. The INWO team investigates each case independently and reports on the findings, outcomes and learnings. These reports are then shared with Boards via the INWO monthly Bulletin and published on the [INWO website](#). Locally these reports are reviewed when published to benchmark our processes and to identify if there are areas where we can learn and improve our local practice. Of the INWO reports published in Q4 the learning identified related to the content of the final stage 2 outcome letter issued to the complainant, with regard to the level of explanation and detail that should be provided, and this will inform the Stage 2 letters that NHSAA issue to ensure we would meet the INWO requirements.

2.3.7 Quality

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.8 Workforce

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of 'Caring, Safe and Respectful' and promoting a culture of psychological safety.

2.3.9 Financial

There is no financial impact.

2.3.10 Risk assessment/management

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation, if staff do not believe they will be listened to and do not feel senior leaders in NHS Ayrshire & Arran are fulfilling the organisation's Values of 'Caring, Safe and Respectful' and promoting a culture of Psychological Safety.

2.3.11 Equality and diversity, including health inequalities

A local Equality Impact Assessment (EQIA) for the Standards is in place and published on our [public facing web](#). This assesses the impact of the Whistleblowing Standards on staff and those who provide services on behalf of the NHS with protected characteristics.

2.3.12 Other impacts

- **Best value:** Governance and accountability and Performance management. The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care. Effective handling of concerns supports the delivery of the Healthcare Quality Strategy.
- **Compliance with Corporate Objectives** - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.13 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

2.3.14 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group on 11 April 2024
- Staff Governance Committee on 13 May 2024.

2.4 Recommendation

For discussion. NHS Board Members are asked to discuss the report for Quarter 4 (January – 31 March 2024).

