

Rapid Scoping Assessment Process

EVALUATION REPORT

Author: Susan Rintoul, Improvement Service



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About this report

Three Rapid Scoping Assessments (RSA) took place from November 2020 to March 2021. They explored how to apply the National Performance Framework, Place and Wellbeing Outcomes and 20 minute neighbourhood ambitions to different parts of Scotland, looking at a local, council and regional scale. The participants in the Rapid Scoping Assessments were invited to take part in an interview to share their experiences of taking part in the process. This report shares the findings from those interviews.

Summary of key findings

There was overall consensus that this process was successful at creating whole systems working. It brought together people who wouldn't normally have the opportunity to have this type of facilitated discussion and allowed them to share their expertise. All of the participants felt that it either challenged their thinking or reinforced what they were already thinking.

Many of the participants did not have any expectations for the process and this was felt to be due to the lack of understanding of the purpose, its goals, or aims. The majority of participants stated they would have benefited with further explanation around the process purpose but also the context. This includes the policy context but also the local area context for those coming from a national perspective. There was also agreement that the title 'Rapid Scoping Assessment' was not helpful as it didn't mean anything to the participants and '20 minute neighbourhoods' put off the rural local authorities. There is a need to understand the strengths and weaknesses of the process and explain those to participants and there is need for clarity on what the outcome of the process is. For participants not from the local area more context on how health and wellbeing has been considered in the area already was needed. A premeeting was suggested to allow participants to introduce themselves and for the local authority to provide more context about the plan.

Throughout the interviews, apart from with those from Public Health Scotland, there was a general confusion over the Place and Wellbeing Outcomes, how they are different from the Place Standard, what they add to it and their purpose. In terms of using the three checklists, there was consensus that this needs to be adaptable to the different local contexts and the majority of participants mentioned that the process was repetitive. The lack of digital being included was also raised.

There was overall consensus that external facilitation is key as this provides external expertise and a neutral perspective to local issues. The facilitator needs skills in summarising the conversation, making links between the outcomes, sense checking the plan and challenging thinking. Although the majority agreed that a how to guide or training would be useful, everyone agreed that the external facilitation gave the process more merit and training or mentoring was suggested as an alternative. A few mentioned they would want to see the benefit of undertaking the process before conducting it themselves. The time it takes for local authorities to participate in the process was also raised and this would make it challenging for them to conduct the process without support.

The majority of participants when asked weren't sure what has happened since the workshop took place or how the recommendations have been taken on board and suggested someone else to speak to about this. Edinburgh have been able to use the report as part of their evidence base and Ardrossan felt it gave more weight to their

decisions. Argyll and Bute have put the Indicative Regional Spatial Strategy process on hold for now but will come back to the report in due course.

The participants agreed that the process was appropriately challenging and that it was a useful process to help them think about the potential impacts on a range of factors covering place and wellbeing and it allowed them to sense check what they have already done.

There were differing opinions of which geographical scale the process best suited and a few participants highlighted the issue of the 20 minute neighbourhood concept not being appropriate for the rural setting. There was also differing opinions on where best the RSA was placed in the document timeline, with some emphasising the importance of the process at the beginning while others suggested it was best at the end as a method of scrutiny.

Key recommendations:

- ▶ Further support is needed to implement the Rapid Scoping Assessment process as it illustrates an effective whole systems approach.
- There is need to provide further clarity of the purpose and aims of the process from the outset, whether this is through further explanation in the briefing papers or a pre meeting with the participants.
- ▶ There is need to consider a new title for the process.
- There is need to create a briefing note explaining the Place and Wellbeing Outcomes to provide more clarity.
- ▶ There is a need to agree who will be leading on the delivery of the recommendations from the workshop and a mechanism in place to report back to the participants.
- There needs to be consideration on when the RSA process is best placed in the preparation of the document being considered.

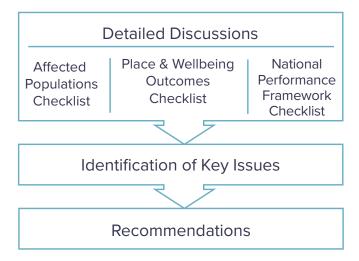
1. Introduction

1.1 Background on the RSA

The three Rapid Scoping Assessments (RSA) were organised jointly by the Improvement Service, Scottish Health and Inequalities Impact Assessment Network and the Spatial Planning for Health and Wellbeing Collaborative. It was also supported by colleagues in Public Health Scotland.

The RSA process involved identification of the relevant participants in each of the areas and sending out a briefing document to participants. A workshop was then held for each area on MS Teams, two in Edinburgh for each of the different scenarios explored. These were facilitated by Margaret Douglas and Irene Beautyman. Key issues and recommendations were identified in the workshop and these were written up into a report, which was sent round to the participants.

The discussions in the workshops involved detailed discussions around 3 checklists: Affected Populations Checklist, Place and Wellbeing Outcomes Checklist, and the National Performance Framework Checklist, which are listed in appendix 1.



Ardrossan North Shore Development Framework

| Summary | The RSA considered the impacts of the Ardrossan North Shore Development Framework. It considered the different impacts of the development on the wellbeing of those who live, work, play and learn in Ardrossan. It included the current community and those who will move |
|---------|--|
| Date | to the area as a result of the proposal. The workshop was held in November 2020 |
| Date | THE WORKSHOP Was Held III NOVEILDEL 2020 |

Edinburgh Local Development Plan

Summary The RSA considered the key impacts of two different options for

spatial planning policy: the traditional approach and a 20 minute

neighbourhood approach.

Date The workshops were held in August 2020

Argyll and Bute Indicative Regional Spatial Strategy

Summary The RSA considered the Argyll and Bute Indicative Regional Spatial

> Strategy and aimed to inform the final RSS vision and approach to support the 20 minute neighbourhood ambition, promote wellbeing and

reduce inequality.

Date The workshop was held in March 2021

1.2 Methods

All the participants were emailed and invited to take part in an interview to discuss their experience of taking part in the RSA. Participants opted in by replying to the email and then gave consent by returning a completed consent form in advance of the interview. Participant's details were stored securely with only Susan Rintoul and Nick Cassidy from the Improvement Service having access. All interviews were held online on MS Teams and were recorded. Handwritten notes were taken during the interviews and written up afterwards.

The interviews took place in August and September 2021. They gave the following perspectives:

- Planning
- Public health
- Economic regeneration
- Community planning
- National policy

2. Findings

The overall consensus of the process was that it was a positive experience.

"To actually talk through a plan with a health inequalities focus and that be the whole purpose of a whole afternoon conversation is really important, especially for those who don't work in the health field because they won't have looked at it in that way before so I think it's important."

The participants felt that it helped illustrate a whole systems approach and gave an opportunity to look at a plan from a health perspective.

Many of the issues raised crossed over and interlinked. The findings below are structured in the timeline process; before the workshop, the workshop itself and what has happened since.

2.1 Briefing/prep stage

Bringing the right people together

There was a general consensus from those interviewed that the process was successful at bringing people together, and for some they wouldn't normally have the opportunity to have this type of discussion.

"It's even the connections that you make in the conversations. You might have emailed somebody but actually having the time and space over those couple of hours really connects people"

One participant mentioned that they had a very positive experience:

"Hearing from participants who I wouldn't normally and quickly realised ... there was a lot of knowledge out there and insight that the participants had ... that I wouldn't have the chance to hear from otherwise."

A couple of participants felt that the process could have benefited from more involvement from community planning and looking at where the Local Outcomes Improvement Plan fitted into this. Although community planning were involved in the process it was felt that they should have had a more central role.

Another participant highlighted the importance of having the experts in the room "who understand the daily lived challenges and opportunities at those life stages or with those protected characteristics". They felt more experts could have been included in the workshops to help influence the discussion. They suggested a way to do that is through showing videos of the experts sharing their experience so everyone can gain a better understanding of their lived experience.

Uncertain on objectives/purpose of the workshop

The majority of the participants said they didn't have any expectations for the process. A few mentioned they were interested in taking part as it looked an interesting process but didn't know what to expect. A participant from Edinburgh wasn't expecting it to be hugely informative but felt that it had potential and after the first workshop was convinced of its benefits. Others mentioned that they had previously been involved in Health Impact Assessments so had experience in these types of impact assessments. Many said they were open to the process and interested to see what would come out of it.

A number of participants expressed that they were unclear on what the overall objective, purpose or end goal of the workshops were.

"I think the objectives weren't well communicated at the beginning in terms of why we are doing the process and what it will achieve."

They were unclear on what they were going to be doing and a participant mentioned confusion around whether it was going to be a discussion around 20 minute neighbourhoods or an assessment of a document. One stated they had no idea what was going on in the meeting.

A few participants mentioned that Edinburgh's RSA resulted in a number of further research questions, which was useful but they weren't sure if that was the aim of the workshop and were surprised that it was a result of the process.

There were also a few others who expressed that they felt they came into the process late and were trying to catch up.

"Trying to get my head around the workshop... didn't know how it fitted into the whole process."

A few mentioned that they didn't have a lot of context in advance of the workshop, especially for those who are not familiar with the area. While others felt there was a lot of information in the briefing beforehand to go through and perhaps needed a longer lead in time to read and familiarise themselves with it.

A participant from Argyll and Bute felt that some of the external participants didn't have a full understanding of the Indicative Regional Spatial Strategy and might have been useful to have sent something out in advance explaining the document's purpose. Another comment was that it is important to "[be] very clear on what we are going to cover and what we aren't and that key players are aware of that and what we want to get out of the workshops."

There was also a bit of confusion during some of the interviews from participants on how the process came about with one interviewee not realising it was looking at 'place with a health focus'.

Another participant highlighted that they "didn't feel like there was an opportunity to

collaborate on how the model could be adjusted in the meeting ... felt as if it was let's just get through this". They also said they knew beforehand from the title that it wasn't going to be applicable in the rural setting in Argyll and Bute.

Preparation before workshop/pre-meeting

This confusion led onto discussions around the need for something to provide additional context before the workshop. A few suggested a pre-meeting would have been helpful to introduce the purpose, provide more information about the context, understand everyone's knowledge levels on the topic, and what they bring to the workshop.

A few participants mentioned that they felt there could have perhaps been more linking with those from the local public health team before the event to have "a better understanding of the local process that had gone on beforehand and understanding how the local health team had been involved".

Especially for those coming from a national perspective they highlighted that there was a lot of information to get through when you didn't know the local context very well. One participant suggested a short video from the local authority setting out the context would have been helpful.

A participant highlighted the issue around there not being flexibility on timescales and they therefore couldn't give the commitment needed to prepare for the workshop in advance.

Timescales

There were differing opinions on when the process should take place: at the beginning of scoping out ideas or once there is a draft document in place. In Argyll and Bute the RSA came after a draft document was available. One participant said:

"If you have something drafted for people to look at then they have something to comment on [however] if they comment before it's maybe easier to take things on board, but yeah I would tend to the former ... having a draft document for people to comment on I think is a good thing."

It was generally agreed that having it earlier on in the plan development allowed for suggestions to be taken on board whereas later on in the process it allowed for scrutiny. A participant from Public Health Scotland highlighted that they felt those who were in the earlier stages responded better to suggestions than those later on in the process; this might be due to there being more scope to make changes.

A few participants mentioned that it would be good to repeat the RSA at different phases of the plan process. With one suggesting that there is potential to conduct a workshop at the beginning of the process as an initial scoping and then another at the end for scrutiny.

Another participant agreed stating:

"All it does is provide an insight to what you know and what you don't know but it needs to continue throughout, what didn't we know and do we know that now ... at the end go through that again."

Suggesting that it is a process that needs repeating to continually check if all the outcomes are being met.

2.2 Workshop stage

Facilitation

There was overall consensus that having an external facilitator is key. They can summarise the conversation, make links between outcomes, have external expertise, provide a neutral perspective to local issues, they won't have pre-conceived ideas and can provide scrutiny. Everyone agreed that Margaret Douglas was an excellent facilitator and kept everyone focused on the task at hand.

A participant stated that they felt the workshop was really good and well-structured and the chair kept to the point.

"I think the benefit was it was facilitated externally and [the facilitator was] further removed from the original process and the independence helps with the assessment or you just think we have covered that because you are so immersed [in the process] whereas that assumption isn't there [from the

Use of the three checklists

There were a lot of points raised around the use of the three checklists and there was a mixed response on whether this was the best process. There was consensus that a framework is needed to guide conversation and many stated that going through the 3 checklists is a very thorough process and provides a structure. However they felt people were fatigued by the end of it and that quite a lot of time was given to the first checklist.

A few participants mentioned the discussions that happened around a specific characteristic such as how different age groups fitted in with a number of the outcomes later on, leading to the process becoming repetitive.

A number of the participants raised the issue of the need to be flexible with the checklists and to tailor them to the specific context. One participant suggested that you could reduce the time the process takes if some of the population groups have already been covered in an Equality Impact Assessment (EQIA).

One participant suggested the Place Standard tool could be used in consultation, from this it will identify the key themes that need most work, these could then be used as a focus of the RSA.

'People will just get confused so it's being really clear about how to combine it and use both ... its being really clear that this is adding to the PS

Another suggestion was to only look at specific protected characteristics in the first checklist that are most important to the area and that the conversation could be about the Place & Wellbeing Outcomes and the different population groups, rather than going through them separately.

However, in contrast, another participant highlighted the importance of going through all of the checklists to make sure nothing is missed. One participant felt it was like "two different processes merging together" and another highlighted the crossover between different processes.

Another raised that "it says in the title rapid, so it wants very important things to be rapidly looked at" and that this was one of the process' weaknesses. They felt the questions could have been answered in a survey and then discussed, or to have shorter meetings to go through some of the answers and draw out richer responses from some people "who were on the side lines of the conversation". They also highlighted that the process excluded digital and stated that:

"It didn't give much to the digital era, so for example what is a 20 min community, why doesn't it count taking 20 seconds to get online and

They felt if digital wasn't included those in rural areas wouldn't be able to buy into the process and they "didn't understand how that wasn't part of the outcomes and how digital connectivity is so important why that wasn't part of the considerations". They felt this is needed when looking holistically at a place and there needs to be a statement saying the process doesn't include digital.

Place & Wellbeing Outcomes (P&WO)

One participant highlighted that there was potentially a lost opportunity to get feedback from local authority participants on their thoughts on the P&WO wording and experience of using it as a checklist.

There was a general feeling of confusion when it came to the P&WO. There was a lot of crossover of terminology used throughout the interviews such as health impact, equalities impact, and Place Standard tool. A lot of the participants referred to the Place Standard when they meant the P&WO. This links back to the need for more work prior to the workshops to explain the P&WO and provide more clarity.

Repetitive process

Many mentioned that the process was repetitive and there was an overlap in the checklists and that the participants felt fatigued by the end of it. A participant suggested that the workshops could have been broken down into chunks, while another felt it could have been completed via a survey.

2.3 Post-event stage

What's happened since the workshop?

There were only a few participants in each of the RSA that knew what has happened since the workshops took place, with many responding that they weren't sure what has happened and suggesting someone else to ask.

One participant praised the speed of the report being sent around after the workshop. Another highlighted that:

"Some of the recommendations are quite challenging for example working with public transport providers to make sure services are affordable ... there is elements of that in the project sphere of influence but others aren't as it's commercial ... elements need third party agreement but then it gives you that opportunity to have those conversations."

The progress made since the workshop in each of the areas is outlined below:

Edinburgh

A participant from Edinburgh highlighted that they have been able to use the report as part of their evidence base for their City Plan. This has helped them in certain aspects of the plan they knew they would be challenged on. They are now looking at things in more detail than they would have before and being more proactive. For example, when looking at play parks they aren't just looking at where there are gaps but also the quality, range of facilities they offer, do they accommodate disabled users etc. The workshops helped highlight the importance of this. Also the importance of thinking of "society not just as a homogeneous whole but demographics for example younger people can get overlooked".

Argyll and Bute

A participant from Argyll and Bute updated that they are focused on working on other things at the moment and are not in a rush to develop the final Regional Spatial Strategy. It will likely be in a years' time before this is picked up again. This means there will be a gap since the workshop took place and they felt that if they went straight into next stage of the Regional Spatial Strategy the process would have been helpful to inform it. They will use the report and go back to it but it might not be as relevant due to taking place a year before.

Ardrossan

A participant from Ardrossan highlighted that the general layout of the development has been approved by the planning committee in April and the architect for the school campus was appointed in June. They are now working on the layout in detail. The participant didn't feel that the layout had changed dramatically since the RSA but they hoped that the report had been passed onto the architect to challenge them on their design as the more detailed plan emerges. They felt the masterplan had already

considered a lot of the recommendations from the RSA but the process gave it more visibility and can now challenge the architect to respond.

2.4 Doing the process again

Would you like to do the process again?

The majority of participants said that they would be happy to do the process again, some comments made were:

- It was nice to hear other people's perspectives
- Integral to health in all policies
- The workshop would lend itself to any number of themes
- Value in using a structured framework before getting into the nitty gritty of a project
- Would maybe have liked it to have been broken into chunks

A few participants commented that they would like to understand the benefits of doing the process and if it made any difference before doing it again. Another participant from Edinburgh highlighted that they would like to see how they can use the outcomes to do a deeper dive and possibly use it in the Local Place Plan or the more detailed plans under the Local Development Plan.

One participant stated:

"It was a useful process and gives a layer of transparency over your decision making process... it encourages other to think more broadly and not just about their area of interest."

Support/capacity needed to do it again

Facilitator

As mentioned under the section 2.2 all participants agreed that the external facilitator was helpful. One participant from North Ayrshire stated that they have attempted to undertake the process themselves with smaller plans. They facilitated the session themselves and they found the process exhausting. It would be beneficial to have someone else taking notes, it was hard to keep to time and that you need somebody who has those skills to make it a meaningful process. A few mentioned the importance of having someone who wasn't involved in the document production to facilitate.

Another participant stated that you need someone to facilitate the discussions but also to provide support on the analytical side of things such as working on the detail of those high level recommendations and looking at more detailed recommendations for action planning at local level.

Capacity

There was overall consensus that the process can take up a lot of time that local authorities might not have. A number of participants highlighted having the right people attend the workshop was key, however not all of them have the capacity to spend the time needed to conduct the process. There is a need for admin support to get the process up and running and it needs quite a lot of prep time to get the right people in the room and make those local connections.

One participant highlighted the need to have different versions so it is accessible. For example, versions that connect with young people, versions for older people, or digital formats so it's easy to interact online.

How to guide

The majority of people felt a how to guide would be useful. One participant mentioned that this might not be enough and you might need a mentoring system and another mentioned the importance of including case studies. A participant highlighted that it might be useful to have someone sense check the materials they produce and another said they like guides and it's something they could help promote. Another suggested training for those who haven't been involved such as an online session as there is merit in an explanation rather than a how to guide.

A few mentioned that it is similar to the HIA process and guidance the Scottish Health and Inequalities Impact Assessment Network (SHIIAN) have produced and questioned what this adds as there are a number of other processes. A few highlighted they lose track of all the processes and which is now best practice. There is need for a clear purpose and what the benefit of this is. While another felt it was hard to comment on this until they could see the benefit of the process.

2.5 Other key points

Did the process challenge or change your thinking?

All the participants felt the workshop either challenged their thinking or it reinforced what they were already thinking as they already had a good background understanding.

A few participants said the process brought to light the challenges of fitting the 20 minute neighbourhood context into the rural areas. Also that it opened their eyes to that fact that "a lot of people in local areas do get it and understand the local health and wellbeing impacts".

One participant mentioned that the discussion highlighted:

"That we need to create ownership and a lot of the change has to come through actors, whether they be the public at large or private sector ... planning has its role in that but it's not a lever to be pulled on to achieve it." A few participants who are used to working at a national scale highlighted that it added to their own learning on how things are implemented in practice.

All the participants agreed that the process was appropriately challenging. It was good to have people from different perspectives. One participant felt that it was a very useful process to help them think more broadly about the potential impacts on the range of factors covering place and wellbeing and it helped sense check what they had already done. Another highlighted that by bringing different people together it created more visibility of the planning process and how they are considering health and wellbeing.

Tension/lack of understanding over the role of PHS in the process

A number of participants from PHS felt that they might have been perceived as being overly critical which resulted in a degree of defensiveness from some Local Authority participants. They felt that:

"Public health experts were coming in to tell them how to do their job rather than people from public health hoping to support the local authority process by providing a difference lens to consider the work they are doing."

Some other participants from PHS highlighted that they didn't get a positive response to some suggestions, that they felt constrained in what they could say and one highlighted that the process:

"Might have been agreed by one or two people in the local authority and the others maybe felt it was landed on them."

This links back into the early points around lack of understanding of the purpose of the process, participants feeling like they came in late to the process and the need for more explanation before the workshop to get buy in from all the participants.

Geographical scale

Each RSA covered a different geographical scale. There were mixed opinions on which geographic scale this process most suited. Some felt the process was hard to do at a regional scale whereas others felt this scale was easiest to consider the context of health and wellbeing outcomes.

One participant highlighted that they felt at times it was:

'Too generic or theoretical and that it really needed to apply to Edinburgh ... did a good broad brush but it's about going back and doing a deeper dive ... making sure it's actually reality for that geographical area and its appropriate and applicable'.

They also said that they would like to see how it progresses down the plans. They also felt in some of the discussions that they weren't sure on certain things and would have liked to have gone back to colleagues to have a chat about things further. It was also mentioned that it would be good to see "how it links into other policy like mobility, active travel and transport and really understanding that".

Rural issues

A few participants highlighted the issues with using the 20 minute neighbourhood concept in rural areas. One participant felt that "it was a model that didn't seem to fit well in a rural context and one that has islands" as "you're on the ferry for more than 20mins [and the] nearest supermarket is over 1 hour away" and made them aware that government policy and ideas can just get pushed down onto local authorities without them feeling part of the process.

Local government time

One participant highlighted the issue of how much time was taken out of local government for this process and that there is need for a "reality check and manage expectations on who they want to be involved in this process".

Appendix 1: Checklist of Populations and Outcomes

Populations

| Population Groups | How could these groups be affected |
|--|------------------------------------|
| (Remember many people are in several of these groups which may add to their vulnerability) | differentially by the proposal? |
| Older people, children and young people Women, men (include trans men and women and issues relating to pregnancy and maternity) Disabled people (includes physical disability, learning disability, sensory impairment, long term medical conditions, mental health problems) Minority ethnic people (includes Gypsy/Travellers, non-English speakers) Refugees & asylum seekers People with different religions or beliefs Lesbian, gay, bisexual and heterosexual people People who are unmarried, married or in a civil partnership People living in poverty/people of low income Homeless people People involved in the criminal justice system People with low literacy/numeracy People in remote, rural and/or island locations Carers (include parents, especially lone parents; and elderly carers) Staff (including people with different | |
| income Homeless people People involved in the criminal justice system People with low literacy/numeracy People in remote, rural and/or island locations Carers (include parents, especially lone parents; and elderly carers) | |

(The white spaces in each checklist are for you to write down your ideas if you wish, just as a reminder for the discussion)

Place and Wellbeing Outcomes

How will the proposal impact positively or negatively on these outcomes? Do you feel uncertain about any of these? Which groups of people will be affected?

| Theme | Outcomes | |
|---------------------|---|--|
| Moving Around | It's easy to move around using good-quality, well-maintained and safe wheeling, walking and cycling routes. | |
| | Wheeling, walking and cycling routes connect homes, destinations and public transport and are, where possible, protected and prioritised above motorised traffic and are part of a local green network. | |
| Public Transport | Everyone has access to an affordable, available, appropriate, and frequent public transport service. | |
| Traffic and Parking | Traffic and parking do not dominate or prevent other uses of space and parking is prioritised for those who don't have other options. | |
| Streets and Spaces | Buildings, streets and public spaces create an attractive place that everyone can make use of, enjoy and interact with others. | |
| Natural Spaces | Everyone can regularly access and experience good-quality natural space. | |
| | Natural spaces are well-connected, well-designed and maintained, providing multiple functions and amenities to meet the varying needs of different population groups and the community itself. | |
| | No-one is exposed to environmental hazards including air/water/soil pollution or the risk of flooding. | |

| Theme | Outcomes | |
|---------------------------|--|--|
| | Adequate land is protected for agriculture and that supports community food growing. | |
| Play and Recreation | Everyone can access a range of high quality, well-maintained space with opportunities for play and recreation. | |
| Services and Support | Good quality, accessible services, facilities and amenities meet the needs of all local people and are well maintained. | |
| | Services are responsive to community need and priorities. | |
| | Services are planned and delivered in conjunction with the community. | |
| | Access to products and services that harm health are restricted and those that enhance health promoted | |
| Work and Economy | There is an active local economy and the opportunity to access good-quality work. | |
| Housing and Community | Everyone has access to a house that is affordable, energy efficient, provides access to private green and/or open space, is high quality and health promoting. | |
| | There is a variety of housing types, sizes and tenancies with a sufficient density to sustain local facilities and amenities. | |
| | Houses are designed and built to meet both current and future demand and are adaptable to changing needs. | |
| Social Interactions | There are a range of spaces and opportunities to meet people. | |
| Identity and Belonging | The place has a positive identity and people feel like they belong and are able to participate and interact positively with others. | |

National Outcomes

How will the proposal impact positively or negatively on these outcomes? Do you feel uncertain about any of these? Which groups of people will be affected?

| National Outcomes | | |
|---------------------------|--|--|
| Children and young people | We grow up loved, safe and respected so that we realise our full potential | |
| Communities | We live in communities that are inclusive, empowered, resilient and safe | |
| Culture | We are creative and our vibrant and diverse cultures are expresses and enjoyed widely | |
| Economy | We have a globally competitive, entrepreneurial, inclusive and sustainable economy | |
| Education | We are well educated, skilled and able to contribute to society | |
| Environment | We value, enjoy, protect and enhance our environment | |
| Fair work and business | We have thriving and innovative businesses, with quality jobs and fair work for everyone | |
| Health | We are healthy and active | |
| Human Rights | We respect, protect and fulfil human rights and live free form discrimination | |
| International | We are open, connected and make a positive contribution internationally | |
| Poverty | We tackle poverty by sharing opportunities, wealth and power more equally | |

iHub Quarrywood Court Livingston EH54 6AX

Tel: 01506 282012 Email: info@improvementservice.org.uk www.improvementservice.org.uk

November 2021

