Inquiring into Multi-layered, Preventative Partnership

Executive Summary

Co-produced by Aberdeenshire Community Planning Partnership and What Works Scotland

Introduction

This is the Executive Summary to the report *Inquiring into Multi-layered Preventative Partnership Working* and the accompanying case studies, *Case Study 1: A Changing Relationship with Alcohol,* and *Case Study 2: Community Capacity-Building for Health and Wellbeing*.

The report and supporting case studies were co-produced by Aberdeenshire Community Planning Partnership (CPP) partners and What Works Scotland. A range of strategic, operational and community-facing staff from across the CPP's public and third sectors were involved in particular: the Council's CPP strategy and development teams (central and local), Aberdeenshire Health and Social Care Partnership (HSCP), Aberdeenshire Alcohol & Drug Partnership (ADP), NHS Grampian, Aberdeenshire Voluntary Action, the Aberdeenshire Rural Partnerships. 'Co-production' in this context was taken to mean involvement in any of the following activities: discussions that inform the report and the case studies, drafting text or taking part in the consultation work.

The report does not seek to evaluate Aberdeenshire CPP's policy and practice or What Works Scotland action research, or to provide 'the definitive answers' as to how multi-layered preventative partnership working should be done. Instead, it offers descriptions and discussion of areas of emerging policy and practice, through the two case-studies, as the CPP continues to explore 'putting Christie into action' and the opportunities and challenges arising from the Community Empowerment (Scotland) Act 2015. It aims to help others involved in public services and policy-making understand more about 'what is happening and why' in relation to this developing area of public service theory and practice.

Section 1: Inquiring into 'prevention'

This section charts the course of on-going inquiry work between the CPP and What Works Scotland through:

- an initial Collaborative Learning Day to explore current understandings and practices of partnership and participation across the CPP (section 2)
- a second Collaborative Learning Day to deepen the shared inquiry work into the existing evidence base on preventing inequalities and preventative spend (section 3)

- two case studies from the CPP – one led by the ADP (section 4), one by the HSCP (section 5) – that illustrate early developments of a Local Outcomes Improvement Plan (LOIP) Priority on alcohol and local cultural change and developing work on a strategic approach to community capacity-building
- a final section (6) of concluding commentary from What Works Scotland and further reflections from others involved.

The ongoing inquiry work is understood as collaborative learning and action – or collaborative action research (CAR) – loosely based on a three-phase model of collaborative work that scopes issues, explores evidence and test actions. This was not, however, a single coordinated inquiry but a series of inquiring activities from which the focus on and understanding of multi-layered preventative partnership-working has continued to emerge. In so doing, it illustrates the potential within CPPs for a widening 'culture of inquiry'.

Section 2: Working within current policy and practice

The section outlines the policy and practice context in which such multi-layered preventative partnership working is developing within the CPP. Emphasis is put on the Christie Commission's (2011) narrative of reducing demand on public services by preventing inequalities and other social problems arising in the first place. In particular, it put emphasis on varieties of 'partnership and participation' that include the pooling of resources, developing employability and community-led approaches. The Commission offers direction but doesn't give a roadmap on implementation.

Early strategic thinking by Aberdeenshire CPP[1] (Oct 2015) is outlined that recognises this context and points towards exploring evidence-informed approaches, local partnerships and building political support. A first **Collaborative Learning Day** (Dec 2015) was organised by Aberdeenshire CPP and What Works Scotland. Approximately 40 participants (strategic, operational, community-facing) from across the CPP including the HSCP and third/community sectors participated in discussions of the Christie Commission (2011) themes of partnership and participation. Current partnership and participation practices, issues and examples from across the CPP were mapped. Some examples from four broad discussions are given below. Also see the summary scoping report on the What Works Scotland website[2]. Key current challenges for 'putting Christie into action' raised included:

- How to do 'prevention', and balancing this with needs for acute services.
- Working out what 'local' means: the relationship between top-down and bottom-up.
- The 'how' of change management and re-designing services.
- Frustrations at the slow speed of change, lack of risk-taking, difficulties communicating with partners and communities.
- The risk of making inequalities worse: might emphasis on communities and local partnership benefit some communities better able to access resources than others?

---

[1] http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/91915.aspx
[2] http://whatworksscotland.ac.uk/publications/scoping-report-from-the-aberdeenshire-cpp-and-what-works-scotlands-collaborative-learning-day-8-december-2015/

Examples from the four key discussions at the first Collaborative Learning Day:

What does putting Christie into action mean to you?

- Fairer communities
- Get more community ownership
- Have to give up some of our control
- Making the shift to prevention from reactive/acute
- Changing mind set around personal responsibility
- Rural area developments
- Real sharing of budgets - Participatory budgeting
- Culture change - all staff working with same understanding
- Redesigning how services are delivered to 'Mrs Smith'
- Working together - blurring the boundaries - trust

Effective partnership working

- IT systems that 'talk to each other'
- Need local budget
- No-one just in one partnership - multiple perhaps - so stretchy
- Finding common focus - LOIP
- Shadowing / learning not assuming
- What is 'evidence'? How accurate is the data?
- Need to collect more effective evidence
- Co-location - effective if done properly
- Some partnerships driven by one partner
- Some partnerships are enforced from above - is this ok - sometimes?
- Public Sector internal silos and inconsistency across Shire
- Priority session to align and share vision with all stakeholders

Community-led approaches

- Distinction between co-production and community-led?
- Healthy living network
- Still can be just tick-box exercise
- 'Planning for real'
- Understand choices (Participatory budgeting)
- Should be a good example of community empowerment
- Good partnership - service - user
- The 'working poor' are too busy working
- Let communities try things with support - if things fail, learn from them and move on together
- But can it counter global economic power, corporate multinational interests?

What are we learning about putting Christie into action?

- Close gap not widen it! BUT participation won't feed the bairns!
- Start small - this cultural change won't happen overnight
- Recognise the good partnership working with communities that we already have
- We need to stop using jargon - common language - simple!
- A lot of views/ideas. How do these fit with practical service redesign?
- Need to engage those people within partner organisations who are not already engaging - people here already 'get it'.
- Sometimes you need to take a 'leap of faith'!
- Be aware that this is a huge cultural change for all involved and will be a lengthy project 'Slowly, slowly, catchy monkey!'
- Asking the difficult questions
- Get the LOIP right

A What Works Scotland commentary argues that the Christie Commission's aspirations for a fairer, healthier and more equitable society presents CPPs with very considerable challenges – given the pressures on services through increasing public demand and constrained resources. The messiness of tackling these 'wicked issues' (complex social problems) can be engaged with as multi-layered preventative partnership working but that this is both a new area of developing policy and practice and that CPPs cannot be expected to single-handedly achieve a fairer society.

Section 3: Scoping the challenges for preventative approaches

A second **Collaborative Learning Day** was organised by Aberdeenshire CPP, NHS Health Scotland and What Works Scotland (May 2016) to build on the emerging questions and challenges from the first Learning Day in relation to prevention, impacting on inequalities and managing change. It was attended by approximately 50 participants and sought to deepen the understanding of the evidence base for prevention, understand opportunities for developing preventative spend, and explore the development of local preventative work across the CPP.

Neil Craig, principal public health advisor at NHS Health Scotland, outlined the current evidence base on the prevention of health inequalities. He emphasised that prevention needs to bring together reducing health inequalities, improving population health and shifting to preventative spend that reduces pressure on services and creates savings. He also argued that the evidence points to system-wide approaches e.g. fiscal, regulatory and legislative, as being the most effective in reducing health inequalities – rather than those focused on individual behavior change. And that potential savings for public services would most likely be achieved in the longer-term rather than the shorter-term.

Ken Gibb, co-director at What Works Scotland, pointed to the considerable challenges of moving to preventative spend e.g. complexities of pooling budgets, periods of transition between existing and preventative services. We need to 'get serious' about: *disinvestment* from existing services to pass 'cashable savings' (where expenditure actual reduces) on to new preventative approaches; new approaches to *public sector accounting* that support longer-term public sector investment rather than a focus on one financial year; and freeing-up 'new' forms of *external investment* to support such transitions until service demand drops and savings arise e.g. integrating activity with other sources of public and private finance.

Kim Penman, the Health and Wellbeing Lead at Aberdeenshire HSCP, presented on the HSCP's work to develop upstream, whole population approaches to public health –i.e. preventative approaches. She also highlighted the links of such approaches to community planning and the CPP – for instance, their integration with the LOIP priorities being developed in line with the Community Empowerment (Scotland) Act 2015.

Following the presentations, discussions by participants were extensive and were used by the What Works Scotland researchers to generate ten broad themes of policy and practice (see diagram below). These give an indication of how CPP partners are seeking to develop multi-layered preventative partnership-working. These are summarised as *three emerging areas of challenge* and used to support discussion of the two case studies and the concluding section of the report – namely:

1. How to support effective, multi-layered partnership working focused on prevention?
2. How to deepen understanding of the realities of 'prevention' and preventing inequalities?
3. How to generate the necessary commitment – including political capital – and creative approaches to making and sustaining change that prevents inequalities?

A What Works Scotland commentary argues for a focus on not only what can be achieved realistically now but on developing informed dialogue and deliberation across services and communities that can direct further change.

Developing effective multi-layered partnership-working focused on prevention

- **Finding ways to improve collaboration and communication across complex partnerships:** investing in longer-term discussions so that organisations, services and communities can understand and monitor progress; and spot new opportunities, synergies and 'co-incidental' outcomes.

- **Culture change across partnerships needed to implement prevention:** unpacking what prevention means in detail across a partnership to develop shared outcomes and monitoring; learning with and from communities and the third /community sectors; and recognising the role of Human Resources.

- **Building a learning approach:** related to changing culture and learning from the evidence; allowing space for learning; recognising that in seeking new approaches some will 'fail' – at least initially – but will support development of preventative approaches.

Deepening shared understandings of 'prevention' and preventing inequalities

- **Recognising evidence has a crucial role to play:** the prevention evidence-base can help with crucial decisions about where to invest and disinvest, but that this is a challenging area without easy answers; recognising too that community intelligence is invaluable re. priorities and monitoring.

- **The challenge of getting preventative spend to 'work':** recognising he range of tensions faced here: overcoming budget silos and the lack of pooling of resources; shifting away from unhelpful competition for resources; recognising that savings may not be in the short-term.

- **Being realistic about the constraints and speed of change:** preventing inequalities suggests a longer-term, complex process of change – with potential for some shorter-term gains; realism is required and there are constraints on what local actions can achieve given wider policy and economic contexts.

- **Common understanding of and commitment to 'prevention' across all partners:** working together toward strategies that provide shared understandings: what are the priorities; who does what and is responsible for 'taking it forward'; how to unlock the necessary resources; and how can Local Outcomes Improvement Plans (LOIP) help?

Seeking committed and creative approaches to preventing inequalities

- **The politics of sustaining a focus on preventing inequalities:** alongside national policy and politics, there's the politics of organisations and partnerships; elected members, their local accountability and political party commitments; and communities and their networks – political bravery and political capital is required.

- **Community capacity building and community sector development:** developing local community assets and drawing on community intelligence; supporting the development of local community organisations and groups; participatory budgeting can help, and the Rural Partnerships and Aberdeenshire Voluntary Action.

- **The need for flexibility, imagination and 'entrepreneurial' approaches:** related to learning, but emphasising the need to support more flexible, risk-taking organisations – particularly those from the third and community sectors including social enterprise.

Section 4: Case Study 1: A Changing Relationship with Alcohol

This case study explores the early development of the CPP's Local Outcome Improvement Plan (LOIP) Priority on changing Aberdeenshire's relationship with alcohol and reducing harm. This work is being led by Aberdeenshire ADP and the study describes an early and rich scoping discussion with CPP partners and others, facilitated by What Works Scotland. The ADP has established a comprehensive internal review of the (current) evidence base that supports understanding of the impacts of alcohol-use on individuals and society. This includes a recognition that people on lower incomes are more likely to experience alcohol related harm than higher earners, despite alcohol use in more deprived areas being lower (the harm paradox). The ADP's report also outlines a range of plausible upstream (preventative), whole population approaches for consideration.

Early scoping discussions with key CPP partners also drew on the expertise of the Corra Foundation's Partnership Drugs Initiative[3] – with children and young people. Together they worked to build shared understandings of:

- existing partnership working and initiatives in Aberdeenshire
- recognising current challenges, issues and opportunities – shifting to a local alcohol culture (see diagram below)
- engaging with the ADP's evidence base and thinking further about its implications.

The further and emerging, ongoing dialogue across CPP partners is highlighting that, in engaging with this complex social problem (wicked issue), the partners are generating yet more questions and a range (over 50) of possible actions – but not all were necessarily decisively focused on upstream, whole population working. There was still work to be done to convince some partners of the value of shifting that focus to upstream working. Those leading the development of the LOIP Priority were recognising the need to build relationships and take a longer-term perspective.

A What Works Scotland commentary then argues for the value of creating 'safe' spaces through collaborative learning to support on-going partner *dialogue*. This can build multi-layered preventative partnership-working … and has the potential to support partners in *deliberation* and developing shared actions through shared engagement with evidence, reasoning, values and emotions (Escobar, 2011[4]). There is scope here to build a sustained discussion of the relationship between the LOIP Priority and preventing health inequalities, but a need to be intentional in doing so and committing for the longer-term.

LOIPs *can* then provide a valuable 'safe space' for such working. The ADP and CPP partners' interest in the potential of community sector organisations to engage with communities and citizens and build understanding and public support (mandate) for informed social change is likewise very encouraging.

---

[3] https://www.corra.scot/grant-programmes/partnership-drugs-initiative/

[4] Public Dialogue and Deliberation: A Communication Perspective for Public Engagement Practitioners https://oliversdialogue.wordpress.com/2013/08/01/public-dialogue-and-deliberation-a-communication-perspective-for-public-engagement-practitioners/

Opportunities, issues and challenges raised in talking with key partners:

OPPORTUNITIES

Developing effective partnership working challenges and opportunities:

- Targeting and supporting vulnerable people who are making most use of services
- Empowering staff to explore upstream opportunities in the midst of this downstream work
- Aberdeenshire Community Safety Hub developing CPP analytical capacity to bring together diverse sources of knowledge and data – can then be 'sense-checked' by local communities
- Pooling budgets and seeing preventative work as part of a shared remit to be resourced
- Untapped potential of the third and community sectors and community networks to promote health education, prevention and protection – but needs resourcing and training.

ISSUES

The issues around alcohol are complex:

- Involves stigma, prejudice and stereotypes, and blame; how to reduce this stigma?
- 'Alcohol-use' may be the presenting condition but should be seen in wider social context and the individual needs e.g. support for parents; multiple long-term conditions and ageing
- Safety and alcohol: link between alcohol and violence including domestic abuse, street assault, sexual assault and rape, drink driving and public safety.

CHALLENGES

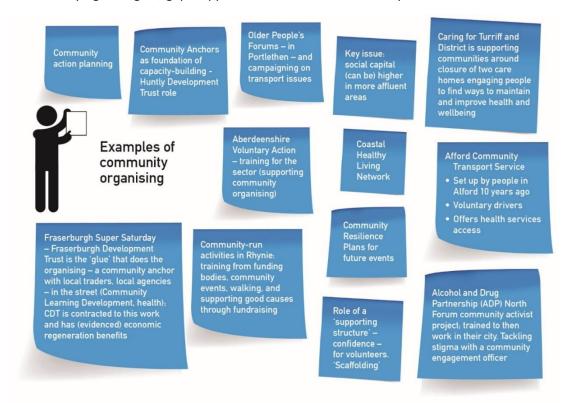**Shifting to a 'low alcohol culture' – avenues can include:**

- Changing drinking habits: alcohol-free nights; drinking in pubs rather than at home privately.
- Rewarding responsible venues e.g. 'Best Bar None' Awards; talking with venues and retailers
- Working with universities, student bodies and pubs to reduce student drinking and increase safety
- Community enterprises to develop alternatives: alcohol-free pubs/venues; local transport
- Local democracy and social inclusion: Marmot Review and Christie Commission make the case for the need to challenge inequality and poverty – relates to alcohol harm too.

Section 5: Case Study 2: Community Capacity-Building for Health & Wellbeing

This case study illustrates the use of collaborative learning and action approaches by Aberdeenshire HSCP, CPP partners and What Works Scotland to inform the HSCP's developing *strategic approach to community-capacity building (CCB) for health and wellbeing*. The HSCP is seeking to build its strategic approach to CCB with its CPP partners – public and third/community sectors. A development workshop in December 2016, facilitated by What Works Scotland, supported the HSCP and partners in:

- discussing a range of community approaches to build capacity: co-production; community enterprise; community organising; social action; volunteering (Crisp et al. 2016[5])
- mapping (some) of local initiatives that illustrate these different types of community approaches – see the diagram below giving local examples of 'community organising.
- identifying strengths, gaps, opportunities and issues currently 'active' across the CPP.

Examples of strengths, gaps, opportunities and issues included:

- The increasing complexity of local community sector activity across the CPP, e.g. development trusts, patient safety groups, community groups.
- The need to build further understanding of the evidence base for CCB.
- The potential for CPPs to work with 'community bodies' through the Community Empowerment (Scotland) Act 2015 on a range of actions and strategies.
- The need for well-developed and -supported 'community infrastructure' particularly for low income communities.

---

[5] Community-led Approaches to Reducing Poverty in Neighbourhoods http://whatworksscotland.ac.uk/wp-content/uploads/2016/09/Richard-Crisp-Presentation-220916.pdf

The HSCP had already supported a range of community-focused pilot projects and related research and consultation, and this too informed the development workshop (above). This included one project with its CPP partners and What Work Scotland as an *Inquiry into a Community Links Worker pilot project* in Insch, Aberdeenshire. The Inquiry identified five key elements of 'good practice' for such a worker and five key elements that support such good practice (infrastructure) including a credible local community organisation and well-coordinated very local community planning structures – view the full Inquiry report [on the What Works Scotland website](http://whatworksscotland.ac.uk)[6] or read a summary in the case study material.

This accumulating portfolio of local research is more generally informing the HSCP's developing CCB strategic approach. What Works Scotland was able to support further discussion of the wider evidence base at a strategic level, as the HSCP continues to wrestle with key questions such as: How to target resources for CCB? How can CCB support a shift to preventative spend? And how to integrate CCB and its benefits across services? For example, evidence from the *National Evaluation of Partnerships for Older People Projects* (Windle et al, 2009[7]) provides some encouragement for producing *cashable savings* for particular services through integrating services and community-based activity – but the highlights difficulties in passing such savings across organisational boundaries. The HSCP is now establishing a Programme Board (one of four such Boards) to continue to engage with such questions and lead on implementation of strategic priorities for community empowerment and engagement – sharing good practice re. prevention and participation and supporting culture change.

The What Works Scotland commentary on this case study argues that:

- Ongoing collaborative learning and action activities across the HSCP and its CPP partners – public and third/community sector – can in the more medium-term support the development of common understandings and practices across professions, services and communities (culture change) but that this is not likely to be a quick 'fix'.
- The existing evidence-base on the relationship between preventing inequalities, cashable savings for services and community capacity-building is complex. This is a developing area of practice and CCB won't necessarily provide simple solutions but offers a focus for dialogue and deliberation to continue to wrestle with these complexities.
- There is potential to build local infrastructures – local services, local community sector, local people – for instance, through local hubs, community anchor organisations and shared local income 'pots'; these can coordinate complex local activity and continue to shift resources towards preventative approaches.

---

[6] http://whatworksscotland.ac.uk/publications/learning-about-community-capacity-building-from-community-links-worker-approach-aberdeenshire/
[7] http://www.pssru.ac.uk/research/56/

Section 6: Concluding commentaries: what to learn next

This section draws from across the full report – scoping work, Collaborative Learning Days and the case studies – to consider what is being learnt, and what needs to be learnt, from the developing pool of knowledge within the CPP of seeking to develop multi-layered preventative partnership.

The What Works Scotland commentary draws from the two case studies to reflect on the *three emerging areas of challenge for policy and practice* identified through Collaborative Learning Day (section 3):

Supporting effective, multi-layered partnership working: the emphasis within the two case studies is on the use of various collaborative learning and action activities that can *facilitate informed dialogue* in 'safe spaces'. Here participants can develop deeper understanding of their different organisations and roles, and feel increasingly confident to engage in complex discussions with each other. These can provide the environment for further developing preventative partnership-working (policy and practice). In both cases, including by using the LOIP, there have been opportunities to deepen *dialogue* across an increasing number of CPP partners and to consider areas for shared action.

This points to the potential for related and more local partnership-based dialogue and discussions – including between services, communities and community sector. This starts to emerge in Case Study 2 (Section 5) where a community organisation had already become involved in the process. It also suggests the need for on-going and 'underlying' commitment from senior management and local politicians if this shared working is to support productive complex discussions that can generate shared actions.

However, this is very much a forming area of policy and practice. There is potential to explore further *sustained, externally-facilitated deliberative* processes that can take partnerships beyond dialogue and shared initial understandings. Such deliberation can open up discussions of evidence, experiences of practice, organisational objectives and interests, emotions and values. It can create an environment that supports the 'substantial exchange of reasons' (Escobar, 2011) – engagement with evidence, reasons, emotions and values. This would be particularly useful to explore in seeking to create culture change across partnerships where diverse partners are struggling to find a shared agenda. Examples from What Works Scotland's research into this type of 'deepening' of discussion are listed in the full report (pX).

Deepening understanding of the realities of 'prevention' and preventing inequalities: the two case studies illustrate early engagement across partners with the notion of preventing inequality. They show how the CPP is seeking to think more about how to bring together genuine efforts to reduce inequality, with improving population health and reducing demand – or the rate of growth of demand – on public services. These illustrations suggest that this will be a longer-term process. Different partners were still building understanding of each other and new approaches to partnership working. And what upstream, whole population/system-wide approaches can mean in actual local policy and practice – and what changes need to happen nationally too. Ongoing access to expertise that deepens knowledge on preventing inequalities and related partnership-working would be helpful to the process.

Both case studies were considering the role of community sector organisations and community social enterprise in building preventative approaches, and in Case Study 2 this pointed to the value of local hubs and use of local funding 'pots' in coordinating complex local activity. These can in smaller ways support both disinvestment through better coordination and external investment where grants can be brought in or local trading income generated. More detailed consideration of the opportunities for disinvestment and external investment – as in section 3 above, for instance – was still to emerge. These are, for instance, opportunities for supporting local community sector development and the generation of local income for investment through the following two models:

- *Community-wealth model*[8] provides coordination across larger locally-based public and third sector bodies that can resource local economic and social development strategies; including using public procurement to support the development of local community enterprise.
- *Community anchor model*[9]: locally-based multi-purpose community organisations that use *community ownership* and *community enterprise* to generate local income and resources.

How to generate the necessary commitment – including political capital – and creative approaches to making and sustaining change for preventing inequality?

Local democracy is highlighted as being important by the Christie Commission and change is in the air: for instance, the [Commission on Local Democracy](#) (COSLA, 2014)[10]; the Community Empowerment (Scotland) Act 2015; and now the development of [participatory budgeting](#)[11] across Scotland, a [Local Governance Review](#) and a proposed [Local Democracy Bill](#).

There are discussions in both the case studies about *coordinated local action by services, communities and community organisations*. CPPs could work with these local structures to build local participation and deliberative democracy, for instance, in:

- **Case Study 1:** building community understanding of local alcohol provision and use; community enterprise to develop spaces for alternative low-alcohol culture and, more generally, the building of public political support (capital) for social change.
- **Case Study 2:** recognising the potential for diverse forms of community action (Crisp et al., 2016) – co-production, community organising, social action, community enterprise and ownership, volunteering; and building 'local infrastructure' – local hubs, community anchors, local funding pots.

This focus on local democracy and empowerment could support public services and local infrastructure to engage locally and realistically with NHS Health Scotland's preventative evidence-base (Craig, 2014). For instance, community-led approaches could be used in smaller ways to explore supporting upstream and whole population approaches such as income maximization; improving

---

[8] Community-wealth approach: http://democracycollaborative.org/ and see also: http://community-wealth.org/strategies/cw-cities/index.html . See too, the Centre for Local Economic Strategies report (2017): *https://cles.org.uk/wp-content/uploads/2017/02/Community-Wealth-Building-through-Anchor-Institutions_01_02_17.pdf*
[9] WWS thinkpiece on community anchors: http://whatworksscotland.ac.uk/publications/community-anchors/
[10] http://www.localdemocracy.info/news/final-report/
[11] http://whatworksscotland.ac.uk/publications/review-of-first-generation-participatory-budgeting-in-scotland/

access to universal services; and advocacy on local inequalities (see Crisp, 2016[12]). Whilst the Community Empowerment (Scotland) Act 2015 with its emphasis on 'community bodies' across a range of activity, provides opportunities for a range of CPP partners to 'invest' in resilient community organisations in multiple ways.

Reflections from others – policymakers and practitioners – are also included.

- **Neil Craig,** NHS Health Scotland, highlights that the call for more evidence might be better focused instead on support at a local level to enable decision-makers to better use evidence.
- **George Howie,** Aberdeenshire HSCP, whilst recognising the need for upstream national action to *address inequality* too, points to the still considerable scope for local preventative action. He illustrates the development of the CPP's Child Poverty LOIP priority – including use of the What Works Scotland child poverty evidence review[13] .
- **Dawn Brown,** Garioch Rural Partnership, argues that *community-led solutions* require a genuine commitment that avoids tokenistic consultation and invests in building effective local capacity and infrastructure to ensure that inequalities are challenged not widened.

Other responses from the report's consultees highlight a range of emerging thinking from CPP partners regarding local democracy, urgency around change, and a framework of accountability for prevention.

Read and download the full research report and case studies on the What Works Scotland website:

whatworksscotland.ac.uk/publications/inquiring-into-multi-layered-preventative-partnership-working

A final Aberdeenshire CPP and What Works Scotland report on experiences of partnership working and collaborative learning will explore these themes further.

---

[12] https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/community-led-approaches-to-reducing-poverty-in-neighbourhoods.pdf
[13] http://whatworksscotland.ac.uk/events/preventing-and-mitigating-child-poverty/